

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: January 5, 2017

Auditor Information	
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Telephone Number:	505-977-7607
Date of Facility Visit:	September 20-21, 2016
Facility Information	
Facility name:	Dodge County Detention Facility
Facility physical address:	124 West Street, Juneau WI 53039
Facility mailing address:	SAA
Facility telephone number:	920-386-3726
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:	Tony Brugger
Number of staff assigned to the facility in the past 12 months:	88
Designed facility capacity:	465
Current population of facility:	442
Facility security levels/inmate custody levels:	Minimum, Medium Maximum
Age range of population:	18-85
Name of PREA Compliance Manager:	Kendelle Bowe
Email address:	kbowe@co.dodge.wi.us
Title:	Corrections Officer
Telephone number:	(920) 386-3777
Agency Information	
Name of Agency:	Dodge County Sheriff's Office.
Governing authority or parent agency:	Dodge County
parent agency: (If applicable)	
Physical address:	124 West Street Juneau, WI 53039
Mailing address: (If different from above)	SAA
Telephone number:	(920) 386-3726
Agency Chief Executive Officer	
Name	Dale Schmidt
Title:	Sheriff
Email address:	dschmidt@co.Dodge.wi.us
Telephone Number:	(920) 386-4115
Agency-Wide PREA Coordinator	
Name:	Kendelle Bowe
Title:	Correctional Officer
Email address:	kbowe@co.dodge.wi.us
Telephone Number:	(920) 386-3777

AUDIT FINDINGS

NARRATIVE: On September 20-21, 2016 Shannon McReynolds, a USDOJ certified PREA auditor, conducted an on-site visit as part of PREA audit of the Dodge County Detention Facility in Juneau, Wisconsin. The facility point of contact was Kendelle Bowe, PREA Coordinator for the Dodge County Detention Facility. The pre-audit activities included a review of facility policy and documentation reflecting that processes were actually employed to prevent, detect, and respond to sexual victimization. Officer Bowe supplied the documentation provided for pre-audit reviews and activities, and subsequently provided additional documentation necessary to make conclusive findings for the audit. The on-site visit consisted of an inspection of every housing unit, all service areas, program areas, and administrative offices.

In addition to document reviews and facility inspection, nineteen out of a complement of 90 staff members were interviewed, including senior management, medical staff, and members of the sexual abuse review team. Additionally, fifteen inmates were interviewed as part of the audit, including LEP inmates, LGBTBI inmates, and inmates scoring as high risk for sexual victimization. Additionally, Teresa Nienow, the director of the People Against a Violent Environment (PAVE) sexual assault victims advocacy program and Carol Gentry of the Beaver Dam Community Hospital SANE program were interviewed. The facility has 465 beds and an average daily population of 442 inmates/detainees.

Unique features of the Dodge County Detention Facility include:

1. It is a 16-year old facility connected to the county court house via tunnel;
2. Six housing units, including two dorms and one dedicated segregation unit for male inmates that includes a program for congregate activity, and 107 beds in a separate facility designated for work-release inmates.

The facility reports that there has been 1 substantiated report of sexual abuse made by inmates at the facility within the past 12 months. Criminal investigations are conducted by the Dodge County Sheriff's Department.

DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The Dodge County Detention Facility has work programs for inmates in food service and laundry. Additionally, the facility assigns inmates to perform cleaning duties within the facility. Huber inmates are allowed to participate in work-release programs.

SUMMARY OF AUDIT FINDINGS:

Inmates who were interviewed all cooperated with the interview process and those who scored as high risk for sexual victimization agreed to be interviewed. All of the inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they had received education on PREA through printed material and that a video produced by Just Detention International was shown during the booking process. Inmates indicated that have been through the formal PREA screening process, which was confirmed by the Pre-Audit Questionnaire submitted by the facility and by screening forms produced by the facility. All inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they knew the various mechanisms for reporting sexual abuse.

Dodge County Detention Facility staff cooperated with the interviews and all expressed support for the goals of PREA. All staff indicated that they had received training on PREA. The Dodge County Detention Facility relies on the Beaver Dam Community Hospital SANE program to provide SANE exams. Both Carol Gentry and Teresa Nienow indicated that the protocol for SANE exams and victim advocacy are based on the National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents.

Number of standards exceeded: 4

Number of standards met: 39

Number of standards not met: 0

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

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

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

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

The first element requires a written policy mandating zero tolerance towards all forms of sexual abuse and harassment and an outline of the agency's approach to preventing, detecting, and responding to such conduct. Policy #240.12 establishes the zero tolerance policy for all forms of sexual abuse and harassment and outlines the facility's approach to preventing, detecting, and responding to such conduct by mandating training for staff (including first-responder training) and inmates, screening staff and inmates, a credible investigation process, and providing a multi-route reporting mechanism. Thus the facility meets this element.

The second element requires that the agency employ an upper-level agency-wide PREA coordinator with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. Dodge County Detention Facility produced documentation showing Kendelle Bowe as the Agency's PREA coordinator, who reports directly to the Jail Supervisor, Jason Polsin. Ms. Bowe reported in her interview that she has sufficient time to develop, implement, and oversee efforts to comply with PREA. Thus the facility meets this element.

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

RECOMMENDATION: None

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

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

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

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

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

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

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

RECOMMENDATION: None

Standard

Number here: 115.13 Supervision and monitoring

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

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

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

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

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

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

The fourth element requires that the facility have a policy requiring supervisors to conduct and document unannounced rounds for all shifts and that staff are prohibited from alerting other staff that these supervisor rounds are occurring. Policy #240.12 has these requirements and logs provided by the Dodge County Detention Facility show that unannounced supervisor rounds are occurring on each of the three shifts. In an interview with a supervisor, the supervisor indicated that he makes unannounced rounds on a random basis in order to prevent staff from alerting other staff that he is making those unannounced rounds. Thus the facility meets this element.

RECOMMENDATION: None.

Standard**Number here: 115.14** Youthful inmates

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

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

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

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

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

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

RECOMMENDATION: None.

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

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

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

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

The first element requires that the facility shall not conduct cross-gender strip searches or cross gender body cavity searches except in exigent circumstances or when performed by medical practitioners. Policy #220.10 has language prohibiting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by medical practitioners. Thus the facility meets this element.

The second element in the standard has a date parameter starting August 20, 2015 and it requires a prohibition on cross-gender pat searches of female inmates, absent exigent circumstances, and that female inmates will not have access to programs restricted in order to comply with this element. Policy #220.10

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

The third element in the standards requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. Policy 220.10 requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches on form DOSO164. The facility reported in the pre-audit questionnaire that no cross-gender strip searches or cross-gender cavity searches had been performed in the past 12 months, so there was no documentation of any such searches. Additionally, interviews with staff and inmates also indicate that cross-gender strip searches and cross-gender visual body cavity searches are not performed. Thus the facility is determined to be meeting the intent of this element.

The fourth element requires that the facility have policies and procedures that enable inmates to shower, perform bodily functions and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances, and that opposite gender staff announce themselves when entering the housing unit. Policy 220.04 prohibits cross-gender viewing and requires opposite gender staff to announce their presence when entering a housing unit. A tour of the shower and toilet areas in the housing units indicates that there are adequate visual barriers to prevent opposite gender viewing. The tour of the facility also evidenced staff members of the opposite gender announcing themselves when entering the unit. Inmates unanimously confirmed that they are informed when opposite gender staff are in the units. Thus the facility meets this element.

The fifth element in the standard requires that the facility shall not perform strip-searches or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy 240.12 has a statement that prohibits such searches. The interviews with the intake staff indicate that they do not perform such searches. The facility reported no incidents in which inmates who identified as transgendered were searched for the sole purpose of determining genital status. No transgender or intersex inmates were currently being held at the facility, so no interviews could be conducted. Thus the facility meets this element of the standard..

The sixth element requires that security staff receive training in conducting cross-gender pat down searches and searches of transgender and intersex inmates in the least intrusive manner possible, consistent with security needs. Policy 220.10 mandates training on cross gender searches and searches of transgender and intersex inmates. The Dodge County Detention Facility provided documentation that officers had received this training and interviews of staff establish that staff have received this training. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

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

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

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

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

The first element requires that the agency shall take *appropriate* steps to ensure inmates with disabilities have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse, including the use of written materials, interpreters, etc. Policy #240.12 has this requirement. The facility also has written materials available for hearing impaired inmates and material for those inmates with developmental disabilities developed by the American University, and provided video for those who are sight impaired on preventing, detecting, and responding to sexual abuse. Thus the facility meets the requirements of this element of the standard.

The second element of the standard requires that the agency shall take *reasonable* steps to ensure meaningful access to the facility's efforts for inmates who are limited English proficient, including the use of interpreters. Policy 240.12 has this requirement and the facility has access to a translation service via telephone. Thus the facility meets this element.

The third element of the standard requires that the facility shall not rely on inmate interpreters except in limited circumstances. Policy 240.12 has a statement that reflects this requirement, and interviews with staff confirmed the availability of translation services that can provide interpreter services for LEP inmates. Staff indicated in interviews that in the case of a sexual assault, they do not use other inmates to interpret for the victim. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.17 Hiring and promotion decisions.

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

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

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

The first element of the standard requires that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates and who has engaged in certain prohibited behaviors. The interview questionnaire asks interviewees about prohibited behaviors and policy #240.12 has a statement that the facility will not hire or promote any employees or contractors who have engaged in the prohibited behaviors. Corporal Riter indicated in his interview that the facility does not hire or promote anyone who has engaged in the prohibited behaviors. Thus the facility meets this element of the standard.

The second element requires that the agency consider incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. Policy #240.12 has language that requires considering incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. In an interview, Captain Brugger confirmed that the facility considers incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. Thus the facility meets this element.

The third element requires that the agency conduct a criminal background check on new employees and make best efforts to contact prior institutional employers for information of substantiated allegations of

sexual abuse or any resignation during a pending investigation of an allegation. Policy 240.12 has this requirement and the county HR Administrator produced documentation of background checks and documentation that prior institutional employers are contacted to acquire information related to substantiated allegations of sexual abuse or any resignation. Thus the facility meets this element.

The fourth element requires that criminal background checks are conducted on contractors. Policy 240.12 has a statement that the facility requires background checks on contractors. Corporal Riter indicated in his interview that a background check is performed on all contractors, and a review of records provided by the facility confirmed that a criminal background check was performed on contractor for medical services. Thus the facility meets this element.

The fifth element requires that the facility conduct criminal background checks on employees at least every five years, or have some other system of capturing such information. Policy 240.12 has language requiring background checks on employees at least every five years. Because the standards requiring the 5-year background check went into force only four years ago there has not been a sufficient passage of time to measure whether the 5-year background checks have been performed. Nevertheless, due to the statement in the policy, the facility is determined to be meeting the intent of this element.

The sixth element requires that the agency ask all applicants and employees about misconduct in written applications or interviews or self-evaluations, and that employees have an affirmative duty to disclose misconduct. Policy 240.12 has language that supports this requirement. Thus the facility meets this element of the standard.

The seventh element requires that material omissions or false information are grounds for termination. The facility produced a policy statement that material omissions or false information are grounds for termination. Thus the facility meets this element of the standard.

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

RECOMMENDATION: None.

Standard

Number here: 115.18 Upgrades to facilities and technologies.

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

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

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

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

The second element requires that when installing or updating a video monitoring system or other monitoring technology, the agency must consider how it will enhance the agency's ability to protect inmates from sexual abuse. The facility has not yet initiated a planned upgrade of video monitoring. However, Captain Brugger indicated in his interview that the planned upgrade will supplement officer supervision of inmates and will aid staff by recording incidents for review as part of investigation efforts. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.21 Evidence protocol and forensic medical exams.

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

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

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

The first element requires the facility follow a uniform evidence protocol. The facility provided an extensively developed evidence collection protocol that was integrated and supportive of other facility policies. Thus the facility exceeds the requirements of this element of the standard.

The second element requires that the protocol be based on or adapted from the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. The interviews with Teresa Nienow and Carol Gentry confirmed that the protocol for gathering evidence is based on the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. Thus the facility meets this element.

The third element requires that the agency shall offer all victims access to forensic medical exams without cost where medically or evidentiarily appropriate performed by a SANE or SAFE and that the facility shall document efforts to provide SANEs or SAFEs. Nikki Shannon, (Director of medical services), Teresa Nienow, and Carol Gentry confirmed that SANE exams are provided without cost and that they receive and examine victims of sexual abuse from the Dodge County Detention Facility. Thus the facility meets this element.

The fourth element requires that the facility attempt to make available to the victim a victim advocate from a rape crisis center and if unavailable, the facility shall document its attempts to make one available. Ms. Nienow confirmed that PAVE provides victim advocates to victims from the facility in coordination with the SANE exams. Thus the facility meets this element.

The fifth element requires that, as requested by the victim, the victim advocate shall accompany and support the victim through the exam process and the investigatory process and provide emotional support, crisis intervention, information and referrals. The policy provided by the facility requires that the facility allow the victim advocate to support the victim throughout the exam and investigation, and the interview with Ms. Nienow and Nurse Gentry confirmed that a victim advocate may accompany the victim through the exam process and investigatory process if the victim requests. In view of the policy requirement and the interview with both Ms. Nienow and Nurse Gentry, the facility is meeting the intent of this element.

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

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

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

RECOMMENDATIONS: None.

Standard

Number here: 115.22 Policies to ensure referrals for investigations.

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

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

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

The first element requires that an administrative or criminal investigation be completed for all allegations. Policy 240.12 requires that a thorough investigation shall be completed for all allegations of sexual abuse and sexual harassment. A review of investigation records shows that investigations are completed on all allegations. Based on the policy statement and review of investigation records, the facility meets this element.

The second element requires that the agency shall have a policy that all allegations rising to the level of criminal violations are referred for investigation by an agency with legal authority to conduct criminal investigations, that the referral is documented, and that the policy is on the website. Policy #240.12 addresses referrals for criminal investigations and the facility website indicates that the policy is available upon request. A review of investigation packets shows that allegations rising to the level of criminal violations are referred for investigation by an agency with legal authority to conduct criminal investigations and that the referral is documented with the result that the referrals are successfully prosecuted. Thus the facility exceeds the requirements of this element of the standard.

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

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

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

RECOMMENDATIONS: None.

Standard**Number here: 115.31** Employee Training

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

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

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

The first element requires that the agency train all employees on 10 different topics related to PREA. Policy #240.12 requires employees to receive training and the facility provided a copy of the power point presentation used for the training. Thus the facility meets this element.

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

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

The fourth element requires that the agency document through employee signature or electronic verification that employees understand the training they have received. Ms. Bowe provided documentation of PREA Training signed by staff to support this element. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

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

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

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

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

The first element requires that all volunteers and contractors receive training on their responsibility under the agency's PREA policy. Policy #240.12's section on training for employees, contractors, and volunteers supports this element. Interviews with medical and food service contractors confirmed that they have

received training on PREA, and understood the training she had received. Additionally, the facility provided training certificates for volunteers and contractors. Thus, the facility meets this element.

The second element requires that the level and type of training received by volunteers and contractors is based on the level of contact they have with inmates and includes the agency's zero-tolerance policy and how to report sexual abuse. Policy #240.12 has a statement supporting this element of the standard. Thus the facility meets this element of the standard.

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

RECOMMENDATION: None.

Standard

Number here: 115.33 Inmate Education

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

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

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

The first element requires that inmates are informed at intake of the agency's zero tolerance policy and how to report. Policy #240.12 requires that inmates receive and this information at intake and sign documentation acknowledging their understanding of it. Interviews with inmates confirmed that they have viewed the training video, that they are aware of the zero-tolerance policy, and that they know how to report. Ms. Bowe provided records showing that inmates have received this information at intake in the inmate handbook. Thus the facility meets this element of the standard.

The second element requires that within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video on their right to be free from sexual abuse and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Policy #240.12 requires that inmates receive comprehensive training within 30 days of intake. Interviews with inmates confirm that the facility provides a video training for inmates. Thus the facility meets this element of the standard.

The third element requires that current inmates who have not received the training receive it within one year of the effective date of the standards and receive training upon transfer to another facility to the extent that the policies and procedures of the new facility differ from the previous facility. Interviews with a sample of inmates confirmed that they had received the training materials and seen the video produced by JDI. Thus the facility meets this element of the standard.

The fourth element of the standard requires that the agency provide inmate education in formats accessible to all inmates including those who are LEP, deaf, visually impaired, or otherwise disabled. The material provided included materials for visually impaired inmates or inmates who are developmentally disabled developed by the American University. Thus the facility meets this element of the standard.

The fifth element of the standard requires the facility to maintain documentation of inmate participation in these education sessions. The facility produced documents signed by inmates showing that they received the training. Thus, the facility meets this element of the standard.

The sixth element requires that the facility shall ensure that key information is continuously available to inmates through posters, inmate handbooks, and other written formats. The facility produced documentation showing that this information was available to inmates. A tour of the facility evidenced that information is posted in the housing units. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.34 Specialized training: investigations.

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

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

Standard 115.34 has four elements that the facility must meet for a finding of "meets standard". The first element requires that investigators received training in conducting sexual abuse investigations in confinement settings. The facility produced training certificates showing that detectives had successfully completed multiple training courses for investigators. Investigator Dan Steimsma confirmed in his interview that he has received the training. Thus, the facility exceeds the requirements of this element. The second element requires that the training include techniques for interviewing, Miranda/Garrity warnings, evidence collection and the criteria and evidence required to substantiate a case. The NIC lesson materials included all these topics and Dan Steimsma indicated that he had received this training. Thus the facility meets this element. The third element requires that the facility maintain documentation that the investigators have completed the training. The facility provided documents showing that detectives at the Dodge County Sheriff's Department have completed the training. Thus the facility meets this element. The fourth element requires that any state entity that investigates sexual abuse in confinement settings provides training to its agents and investigators. Under interpretive guidelines promulgated by the PRC, the facility cannot be held accountable for agents not under its direct control. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

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

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

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

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

The first element requires that medical and mental health staff received training in detecting and assessing signs of sexual abuse, preserving evidence, responding to victims, and how to report allegations or suspicions of sexual abuse. Policy #1.46 requires that medical staff receive such training. The Dodge County Detention Facility provided training documentation as evidence that this training has taken place. An interview with Medical Director Nikki Shannon, the director of nursing, and the mental health provider indicated that they had received PREA-specific training. Thus the facility meets this element of the standard.

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

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

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

RECOMMENDATIONS: None.

Standard

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

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

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

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

The first element requires that all inmates are screened during the intake process and upon transfer to another facility. Policy 240.12 has a policy statement that supports this requirement. The facility also produced completed screening tools showing that inmates have received this screening. Thus the facility meets this element of the standard

The second element requires that the screening take place within 72 hours of arrival. Policy 240.12 has a statement requiring that this screening take place within 72 hours and the facility provided copies of the screening tool. Interviews with classification officers and medical staff confirmed that this screening occurs within 72 hours. Thus the facility meets this element of the standard.

The third element requires that the assessments shall be conducted using an objective screening instrument. The facility provided completed copies of its screening tool with the criteria from the standard. Thus the facility meets this element of the standard.

The fourth element requires that the screening consider ten criteria for the risk of sexual victimization. The screening tool provided by the facility has all ten criteria. Thus the facility meets this element of the standard.

The fifth element requires that the screening consider three criteria to measure an inmate's the risk of sexual abusiveness. The screening tool provided by the facility has all three criteria. Thus the facility meets this element of the standard.

The sixth element requires that inmates are re-screened within 30 days. The automated system for screening inmates has an automatic notification of the need for re-screens every thirty days to be conducted by designated officers at the facility. Thus, the facility meets this element of the standard.

The seventh element requires that an inmate's risk level will be re-assessed when warranted, requested, or additional information is received. Policy 240.12 requires that an inmate's risk level will be re-assessed when warranted, requested, or when additional information is received. Interviews with program and medical staff confirmed that inmates are re-assessed when warranted. Thus the facility meets this element of the standard.

The eighth element mandates that inmates may not be disciplined for refusal to answer questions or disclose information during screening. Policy 240.12 prohibits the disciplining of inmates for refusing to disclose or answer questions. When interviewed, program staff indicated that inmates are not disciplined for refusing to answer questions on the screening tool. No evidence was produced that inmates had been disciplined for refusing to answer or disclose, and no inmates indicated in their interviews that they had received such disciplinary action. Thus the facility meets this element of the standard.

The ninth element requires that the agency implement controls on the dissemination within the facility to ensure sensitive information is not exploited to the inmate's detriment. Policy 240.12 requires controls on the dissemination within the facility to ensure sensitive information is not exploited to the inmate's detriment. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here 115.42: Use of screening information.

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

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

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

The first element requires that the agency shall use screening information to inform housing and program decisions with regard to inmates' safety. Policy #220.04 has a statement that the screening tool is to be used to inform housing and program decisions with regard to the inmates' safety. Interviews with booking staff at the Dodge County Detention Facility also confirmed that this is the practice. Thus the facility meets this element of the standard.

The second element requires that the agency makes individualized determinations to ensure the safety of each inmate. Policy #220.04 has this requirement and interviews with staff confirm that this is the practice at Dodge County Detention Facility. Thus the facility meets this element of the standard.

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

The fourth element requires that placement and programming assignments for each transgender or intersex inmate be reviewed every six months. Policy #240.12 has a statement requiring that placement and programming assignments for transgender or intersex inmates are reviewed every six months. Thus the facility meets this element of the standard.

The fifth element requires that a transgender or intersex inmate's views are given consideration. Policy 240.12 requires that a transgender or intersex inmate's views are given consideration. Thus, the facility meets this element of the standard.

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

The seventh element requires that the agency does not place LGBTBI inmates in dedicated facilities, wings, or units based solely on such identification or status. Ms. Bowe indicated in her interview that no such units exist in the facility. The facility indicated that though they have housed one transgendered inmate in the past, there are currently no transgendered inmates housed in the facility that the auditor could have interviewed. Interviews with inmates who identified as gay indicated that they were not placed in dedicated units or denied access to programs or out-of-cell activities, but were placed in general population. Interviews with the inmate population did not result in the identification of any transgendered inmates. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.43 Protective custody

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

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

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

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Policy 220.04 requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Interviews of staff indicate that placements in involuntary segregation require an assessment of alternative placements. Thus the facility meets this element of the standard.

The second element requires that inmates placed into involuntary segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Policy 220.04 requires that when privileges and programs are limited the reasons are documented. Thus the facility meets this element of the standard.

The third element requires that inmates are only placed into involuntary segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. Policy 220.04 requires that inmates are only placed into involuntary segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. Thus the facility meets this element of the standard.

The fourth element requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Policy 220.04 requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Thus the facility meets this element of the standard.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Policy 220.04 requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.51 Inmate reporting

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

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

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

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

The second element requires that the facility provide at least one way for inmates to report to a private entity or office that is not part of the agency and that is able to immediately forward reports to agency officials, allowing the inmate to remain anonymous. DCDF provides contact information for several local and national advocacy organizations that inmates are allowed to call. Thus the facility meets this element of the standard.

The third element requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Policy #240.12 requires staff to accept verbal, written, and anonymous reports, document verbal reports, and that third party reports will be accepted. Staff acknowledged this requirement in interviews. Thus the facility meets this element.

The fourth element requires that the agency provide a method for staff to privately report sexual abuse and harassment of inmates. Policy 240.12 allows staff to privately report incidents of sexual abuse. Interviews with facility staff indicate that they have several options for reporting incidents of sexual misconduct in a confidential manner that do not require following the chain of command, and include reporting directly to the County Sheriff's Office. Thus the facility meets this element.

RECOMMENDATION: None.

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

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

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

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

The facility does not have an administrative procedure to address inmate grievances regarding sexual abuse and the instructions on the audit tool state that standard 115.52 does not apply in this case and does not mean the facility is in non-compliance.

RECOMMENDATION: None.

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

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

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

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

The first element states that facilities shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations, and for persons detained solely for immigration purposes, immigrant service agencies. Teresa Nienow stated that PAVE has an MOU with DCDF to provide inmates with access to outside victim advocates. In interviews, inmates stated that they were aware of how to contact advocacy services. Thus the facility meets this element of the standard. The second element requires that facility inform the inmates the extent to which their communication will be monitored and the extent to which the report will be forwarded to authorities in accordance with mandatory reporting laws. Inmates indicated in their interviews that this information is provided in printed material and is given by a recorded message on the inmate phones. Thus the facility meets this element of the standard.

The third element requires that the facility enter into or attempt to enter into MOUs with community service providers who can provide inmates with confidential emotional support services. The Dodge County Detention Facility has an MOU with the PAVE. Thus the facility meets this element.

RECOMMENDATION: None.

Standard**Number here: 115.54** Third-party reporting.

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

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

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

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

RECOMMENDATION: None.

Standard**Number here: 115.61** Staff and agency reporting duties

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

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

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

The first element requires that staff are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Policy 240.12 requires staff to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Interviews with staff confirm that they are informed of this duty in training they receive. Thus the facility meets this element of the standard.

The second element requires that staff shall not reveal information to anyone other than make treatment, investigation, and other security/management decisions. Policy 240.12 has this requirement. Interviews with staff confirm that this is practice at the facility. Thus the facility meets this element.

The third element requires that medical and mental health practitioners are required to report sexual abuse pursuant to this standard and that they are required to inform the inmate of this duty. The interviews with Medical Director Shannon and Teresa Nienow support a finding of meets for this element.

The fourth element requires that if a victim is under the age of 18 or is considered a vulnerable person under statute, the agency shall report the allegation to the designated state or local services agency. Interviews with Captain Brugger and Kendelle Bowe confirm that if a victim is under the age of 18 or is

considered a vulnerable person under statute, the agency shall report the allegation to the designated state or local services agency. Thus the facility meets this element of the standard.

The fifth element requires that all third-party reports are reported to the designated investigators. Policy# 240.12 contains this requirement and the interview with Detective Steimsma confirms that this is the practice at the facility. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.62 Agency protection duties

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

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

Standard 115.62 has one element that a facility needs to meet for a finding of "meets standard". The standard requires that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmates. Interviews with facility staff indicate that this is the established practice at the Dodge County Detention Facility and that the inmate is separated from the potential threat. Policy 240.12.D, F requires that when an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmates. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.63 Reporting to other confinement facilities.

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

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

Standard 115.63 has four elements that a facility must meet for a finding of "meets standard". The first element requires that upon receiving an allegation that an inmate was sexually abused at another facility, the head of the facility shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. Policy 240.12.E requires that upon receiving an allegation that an inmate was sexually abused at another facility, the head of the facility shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. Thus the facility meets this element of the standard.

The second element requires that such notification is provided as soon as possible but no later than 72 hours after receiving the allegation. Policy 240.12.E requires that notification is provided as soon as possible but no later than 72 hours after receiving the allegation. Thus the facility meets this element of the standard.

The third element requires that the agency shall document that it has provided such notification. Policy 240.12 requires that the agency shall document that it has provided such notification. Thus the facility meets this element of the standard.

The fourth element requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Interviews with Captain Brugger, Kendelle Bowe, and Detective Steimsma confirmed that this is the practice at the Dodge County Detention Facility. Policy 240.12.F requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.64 Staff first responder duties.

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

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

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

The first element requires that upon learning that an inmate was sexually abused the victim and the abuser are separated, the crime scene is preserved, and that the victim is requested to take no actions that could destroy evidence. Policy #240.12.F details the coordinated response plan, and the lesson plan for employees include the requirement to preserve the crime scene and to instruct the victim to take no actions that could destroy evidence. Interviews with inmates and staff show that this is the practice at the facility. Thus the facility meets this element.

The second element requires that if the first staff responder is not a security staff member, the responder is required to request that the victim not take any action that could destroy evidence and then notify security staff. An interview with Medical Director Shannon confirms that this is the practice at this facility. Policy 240.12.F requires that if the first staff responder is not a security staff member, the responder is required to request that the victim not take any action that could destroy evidence and then notify security staff. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.65 Coordinated response.

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

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

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

This standard requires that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical practitioners, investigators, and facility leadership. Policy #240.12.F, 220.19, and 109.30 include a highly developed written institutional plan to coordinate actions in response to an incident of sexual abuse. Interviews with facility staff confirm that they are familiar with this plan. Thus the facility meets this standard.

RECOMMENDATION: None.

Standard

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

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

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

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

The first element requires that agency not enter into any collective bargaining agreement that limits the agency's ability to remove alleged staff abusers from contact with inmates pending the outcome of an investigation. In his interview, Captain Brugger indicated Dodge County Detention Facility employees are not represented by a collective bargaining unit. Thus, the facility meets this element.

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

RECOMMENDATION: None.

Standard

Number here 115.67 Agency protection against retaliation.

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

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

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

The first element requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other inmates or staff, and designates staff members or departments with monitoring retaliation. Kendelle Bowe is designated as the person who oversees the process of monitoring inmates for retaliation. Policy 240.12.E requires the facility protect all inmates and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other inmates or staff. Thus the facility meets this element of the standard.

The second element requires the agency to employ multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating and that the facility provide emotional support services for inmates or staff who fear retaliation. Interviews with staff and inmates confirm that they know what these

steps are and a classification staff member outlined in her interview the multiple measures used to protect inmates and staff who fear retaliation, including reassignment and monitoring. Policy 240.12 requires that the agency employ multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating. Thus the facility meets this element of the standard.

The third element requires monitoring those staff or inmates who make reports or cooperate with investigations are monitored for retaliation for 90 days. The interview with Ms. Bowe indicates that she monitors staff or inmates who make reports or cooperate for retaliation. Policy 240.12.E requires monitoring those staff or inmates who make reports or cooperate with investigations for retaliation for 90 days. Thus the facility meets this element of the standard.

The fourth element requires that monitoring includes periodic status checks. Policy# 240.12.E contains language that establishes periodic status checks. Ms. Bowe indicated that status checks are part of her monitoring efforts. Thus the facility meets this element of the standard.

The fifth element requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Policy# 240.12.E contains language that includes "other individuals". Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.68 Post-allegation protective custody.

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

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

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

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Policy 220.04 requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Interviews of staff indicate that placements in involuntary segregation require an assessment of alternative placements. Thus the facility meets this element of the standard.

The second element requires that inmates placed into involuntary segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Policy 220.04 requires that when privileges and programs are limited the reasons are documented. Thus the facility meets this element of the standard.

The third element requires that inmates are only placed into involuntary segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. Policy 220.04 requires that inmates are only placed into involuntary segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. Thus the facility meets this element of the standard.

The fourth element requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Policy 220.04 requires that if such an inmate is placed into involuntary segregation the facility shall document the

basis for the facility's concern for his safety and why no alternatives are available. Thus the facility meets this element of the standard.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Policy 220.04 requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.71 Criminal and administrative agency investigations

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

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

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

The first element requires that when an agency conducts its own investigations, it does so promptly. Policies #2470.12, 220.19, 220.20, and 109.30 constitute a highly-developed investigation protocol and require that investigations are initiated promptly for all allegations, including third-party and anonymous reports. A review of investigation documents confirms that allegations are promptly investigated. Thus the facility meets this element of the standard.

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

The third element requires that investigators collect evidence, interview those named in the investigation, and review prior complaints against the suspected perpetrator. In an interview with Detective Steimsma he indicated that this requirement was part of his investigative procedure. Policy 109.30 requires that investigators collect evidence, interview those named in the investigation, and review prior complaints against the suspected perpetrator. Thus the facility meets this element of the standard

The fourth element requires that when the quality of evidence supports criminal prosecution, the investigators conduct interviews only after consulting with prosecutors. Policy #220.20 has language to support this requirement. Detective Steimsma stated in his interview that if the evidence supports a criminal investigation, that he meets with the district attorney and interviews for administrative investigations are suspended. Thus the facility meets this element of the standard.

The fifth element requires that the credibility of a person is not determined by their status as an inmate or staff member and that there is no requirement that a person submit to a truth telling device as a condition for proceeding with the investigation. Detective Steimsma indicated in his interview that the credibility of inmates, staff, and other witnesses is not determined by their status and that there is no requirement that a person submit to a polygraph test or truth-telling device as a condition of proceeding with the investigation. Policy 220.20 requires that the credibility of an alleged victim, suspect, or witness is not determined by their status as an inmate or staff member and that they are not required to submit to a truth-telling device as a condition of continuing the investigation. Thus the facility meets this element of the standard.

The sixth element requires that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. Policy 220.20 requires that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. Thus the facility meets this element of the standard.

The seventh element requires that criminal investigations shall be documented in a written report with thorough descriptions of evidence. Policy #220.20 has a policy statement to support this element and the facility provided copies of written investigation reports. Thus the facility meets this element of the standard.

The eighth element requires that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Detective Steimsma indicated in his interview that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Policy 220.20 also has language that supports this element of the standard. Thus the facility is found to meet this element of the standard.

The ninth element requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. Policy #240.12 requires that case files are retained pursuant to PREA standards for as long as the abuser is incarcerated or employed plus 5 years. However, the audit cycle has not yet gone far enough to unequivocally say that records are kept for five years beyond the subject's exit date. Thus, the facility is determined to be meeting the intent of this element.

The tenth element requires that the departure of accused employees from employment does not provide a basis for terminating the investigation. Interviews with the investigators confirm that this is the practice. However, there was no policy statement to support this element. Policy 240.12 requires that the departure of accused employees from employment does not provide a basis for terminating the investigation and Detective Steimsma stated in his interview that the departure of the accused employee does not provide a basis for terminating the investigation. Thus the facility meets this element of the standard.

The eleventh element requires that any State component that conducts investigations shall do so pursuant to the above requirements. Pursuant to the interpretive guidelines promulgated by DOJ, the facility is not held accountable for other State investigation components.

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

RECOMMENDATIONS: None.

Standard

Number here: 115.72 Evidentiary standard for administrative investigations.

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

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

Standard 115.72 has one element that the facility must meet for a finding of "substantial compliance". The standard requires that the agency impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated. Interviews with Captain Brugger and Detective Steimsma confirm that this is the standard of evidence used to make a finding of substantiated. Policy 240.12 establishes the preponderance of evidence as the standard of evidence in determining when allegations are substantiated. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.73 Reporting to inmates.

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

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

Standard 115.73 has six elements a facility must meet for a finding of "meets standard". The first element requires that at the completion of an investigation, the facility must inform the inmate whether the allegations were substantiated, unsubstantiated, or unfounded. Policy #240.12 has a policy statement to support this element, and a review of investigation documentation evidenced that inmates were informed of the outcomes of the investigations into their allegations. In interviews, Detective Steimsma and Captain Brugger also indicated that inmates are informed of the outcome of investigations. Thus the facility meets this element.

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

The third element requires that inmates must be informed when an accused staff member is no longer posted in the inmate's unit, no longer employed, has been indicted, and has been convicted. Policy 240.12.F has this requirement. Thus the facility meets this element of the standard.

The fourth element requires that when another inmate is indicted or convicted on a charge of sexual abuse, the facility will inform the victim. Policy 240.12.F has a statement to support this element. Thus the facility meets this element of the standard.

The fifth element requires that all such notifications are documented. Policy #240.12 has a policy statement to support this element. Thus the facility meets this element.

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

RECOMMENDATION: None.

Standard**Number here: 115.76** Disciplinary sanctions for staff.

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

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

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

The first element requires that staff who engage in sexual abuse or harassment are subject to discipline up to and including termination. Policy #240.12 has a policy statement to support this element. However, there have been no findings of substantiated on investigations of staff members. Based on the policy statement and the available documentation, the facility is determined to have met the intent of this element.

The second element requires that termination is the presumptive disciplinary sanction for staff who have engaged in sexual touching. Policy #240.12 includes this requirement. Based on the policy statement, the facility is determined to have met the intent of this element.

The third element requires disciplinary sanctions for violations of agency policy shall be commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses by other staff. Policy 240.12 has a policy statement to support this element of the standard. The interview with Captain Brugger confirmed that disciplinary action is commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses by other staff. Thus, the facility meets this element of the standard.

The fourth element requires that all terminations or resignations for violations of the agency's policies are reported to law enforcement agencies and relevant licensing bodies unless the activity was not criminal. Policy 240.12 has a policy statement to support this element. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard**Number here: 115.77** Corrective actions for contractors and volunteers.

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

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

Standard 115.77 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was not criminal, and to relevant licensing bodies. Policy 240.12 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was not criminal, and to relevant licensing bodies. Captain Brugger indicated in his interview that any volunteer or contractor who engaged in sexual abuse would be

prohibited from contact with inmates and barred from the facility. Thus the facility meets this element of the standard.

The second element requires that facilities take remedial measures and consider whether to prohibit further contact with inmates when contractors or volunteers violate sexual abuse or harassment policies. Captain Brugger and Ms. Bove confirmed that volunteers and contractors who violate sexual abuse and sexual harassment policies are prohibited from further contact with inmates. Policy 240.12 has a policy statement to meet this element of the standard. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.78 Disciplinary sanctions for Inmates

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

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

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

The first element requires a formal disciplinary process for inmates who engage in sexual abuse. Policy# 220.09 is the policy statement requiring a formal disciplinary process used for inmates who engage in sexual abuse. Thus, the facility meets this element.

The second element requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates. Policy #220.09 has a policy statement that supports this element. Thus the facility meets this element.

The third element requires that the disciplinary process consider an inmate's mental disabilities or mental illness when determining what type of sanction is imposed. Policy #220.09 requires that an inmate's mental disability or mental illness is considered when determining what type of sanction is imposed. Captain Brugger also indicated in his interview that an inmate's mental disability or mental illness is considered when determining what type of sanction is imposed. Thus the facility meets this element of the standard.

The fourth element requires that *if* the facility offers interventions to address the abuse, the facility shall consider requiring the inmate to participate in such interventions as a condition of access to programming or other benefits. Medical Director Shannon indicated in her interview that the facility does not provide interventions to address abusive behavior. Based on the conditional requirement of the element, the facility is meeting this element of the standard.

The fifth element requires that inmates are sanctioned for sexual contact with staff only if staff did not consent to it. Policy 220.09 has a statement to support this element of the standard. Thus the facility meets this element of the standard.

The sixth element requires that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. Policy 220.09 states that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. Thus, the facility meets this element of the standard.

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

RECOMMENDATIONS: None.

Standard

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

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

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

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

The first and third elements require that inmates who disclose past sexual abuse during screening shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. In her interview, Medical Director Shannon indicated that this is the practice at Dodge County Detention Facility. Policy 240.12 has a policy statement to support this requirement. Thus, the facility meets this element of the standard.

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

The third element requires that any information related to sexual victimization or abuse shall be strictly limited to staff as necessary to inform treatment plans, and security and management decisions. Interviews with staff who perform screenings indicate that the information is used only to inform treatment plans and security/management decisions. Policy 240.12 requires that any information related to sexual victimization or abuse shall be strictly limited to staff as necessary to inform treatment plans, and security and management decisions. Thus the facility meets this element of the standard.

The fourth element requires that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. In her interview, Medical Director Shannon indicated that her staff obtains informed consent before reporting prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. Policy 240.12 requires that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

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

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

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

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

The first element requires that victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined appropriate by practitioners according to their professional judgment. Interviews with Medical Director Shannon, Teresa Nienow of PAVE, and Carol Gentry of Beaver Dam Community Hospital indicate that inmates at the Dodge County Detention Facility have unimpeded and timely access to medical and mental health services as determined by their professional judgment. Thus the facility meets this element.

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

The third element requires that inmates are offered timely information about pregnancy related medical services and sexually transmitted infections prophylaxis. Interviews with Medical Director Shannon and Carol Gentry of the Beaver Dam Community Hospital also confirmed that this is the practice in place. Thus the facility meets this element.

The fourth element requires that treatment services are provided to victims without cost regardless of whether they name the abuser. Interviews with Medical Director Shannon, Carol Gentry, and Ms. Nienow confirmed that this is the practice at the Dodge County Detention Facility. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

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

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

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

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

The first element requires that ongoing medical and mental health evaluations and treatment are offered to victims who, during the time of their current incarceration have been victimized. CCS Policy #100 B-05 has a policy statement to support this element. In her interview, Medical Director Shannon also indicated that this is the practice at the Dodge County Detention Facility. Thus the facility meets this element.

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

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

The fourth element requires that victims of vaginal penetration are offered pregnancy tests. Policy #240.12 has a statement that meets this element. An interview with Medical Director Shannon and Carole Gentry confirmed that pregnancy tests are offered to victims. Thus the facility now meets this element.

The fifth element requires that if pregnancy results from the conduct described in paragraph (d) of this section, such victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. In their interviews, Medical Director Shannon and Carol Gentry also stated that victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. Thus the facility meets this element.

The sixth element requires that victims are offered tests for STIs as medically appropriate. Policy #240.12 has this requirement. Interviews with Medical Director Shannon and Ms. Gentry confirmed that this is the practice. Thus the facility meets this element.

The seventh element requires that on-going treatment is provided without cost. Policy #240.12 has this requirement. Interviews with inmates also indicate that this is the information they received at this facility. Thus the facility meets this element.

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

RECOMMENDATIONS: None.

Standard

Number here: 115.86 Sexual abuse incident reviews.

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

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

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

The first element requires that the facility conducts an incident review at the conclusion of every investigation, including where the finding is unsubstantiated, unless the finding is unfounded. There was no policy statement to support this element. An interview with the Captain Brugger indicated that because there had not been a substantiated allegation within the past 12 months, no incident reviews had occurred within 30 days of the conclusion of the investigation. As corrective action, policy was revised to require an incident review within 30 days of the conclusion of each investigation.

The second element requires that such a review will occur within 30 days of the conclusion of the investigation. There was no policy statement to support this element of the standard. As corrective action, Policy 240.12 was revised to require that a review team convene every thirty days to conduct reviews of any PREA investigations at the facility. Thus, the facility now meets this element of the standard.

The third element requires that the review team include upper management officials with input from line supervisors, investigators, and medical or mental health practitioners. There was no policy statement to support this element. The incident review team I interviewed included the required employees. As corrective action, Policy 240.12 was revised to formalize the incident review process and include the required persons.

The fourth element requires the incident review team to include six specific requirements in the incident review. There was no policy statement to support this element including the six specific elements. In the interview with the Incident Review Team, they indicated that they review the six specific requirements. As corrective action, Policy 240.12 was revised to require an incident review that considers those six elements.

The fifth element requires that the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. There was no policy statement to support this element from the standard. As corrective action, Policy 240.12 was revised to require that the facility implement the recommendations or document the reasons for not implementing them.

RECOMMENDATION: None.

Standard

Number here: 115.87 Data Collection

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

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

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

The first element requires that the agency collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions, and that it shall include at a minimum all the data necessary to answer all the questions from the most recent version of the Survey of Sexual Victimization (SSV). The Dodge County Detention Facility uses the actual SSV as a data collection instrument to answer the Survey of Sexual Victimization (SSV) used to collect information. Thus the facility meets this element of the standard.

The second element requires that the agency shall aggregate incident based data annually. The facility provided two copies of reports that aggregated the data. Thus the facility meets this element of the standard.

The third element requires that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. There was no policy statement that requires that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. As corrective action, Policy 240.12 was revised to require that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews.

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

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

RECOMMENDATIONS: None.

Standard

Number here: 115.88 Data review for corrective action.

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

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

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

The first element requires that the agency review aggregated data to identify problem areas, take corrective action, and prepare a report of its findings and corrective action. The facility provided an annual report with all the elements listed above, thus the facility meets this element of the standard.

The second element requires that the report contain a comparison to the data of the previous year and provide an assessment of the agency's progress in addressing sexual abuse. The facility produced a report comparing the data to the data from the previous year. Thus the facility meets this element of the standard.

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

The fourth element requires that the agency redact information that, if published, would present a clear and specific threat to the safety and security of the facility and that the nature of the redacted material is indicated. The annual report was provided with personal identifiers redacted.

RECOMMENDATION: None.

Standard

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

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

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

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

The first element requires that the agency ensure that the data collected is securely retained. Policy #240.12.H has a statement regarding the collection and retention of data. Thus the facility meets this element of the standard.

The second element requires that the agency makes aggregated data available to the public at least annually through its website or if it does not have a website, through other means. The facility website has the report available for the public for review. Thus the facility meets this element of the standard. The third element requires the agency to remove all personal identifiers before making the data publicly available. All personal identifiers were removed from the report. Thus the facility meets this element. The fourth element requires that the agency maintain the data for at least 10 years after the date of its initial collection unless Federal, State, or local law require otherwise. The data collected by the agency only goes back to 2015, so the ten-year threshold has not yet been met. Having determined that the data goes back to at least 2015, the date when the facility began gathering data, the Dodge County Detention Facility meets the intent of this element.

RECOMMENDATION: None.

AUDITOR CERTIFICATION:

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

A handwritten signature in black ink, appearing to read "S. McDowell", is written over a horizontal line. The signature is stylized and includes a large flourish at the end.

Auditor Signature

January 5, 2017

Date