

# PREA Facility Audit Report: Final

**Name of Facility:** Marquette County Jail

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/12/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Yvonne Gorton

**Date of Signature:** 06/12/2025

## AUDITOR INFORMATION

**Auditor name:** Gorton, Yvonne

**Email:** yvonnegorton@yahoo.com

**Start Date of On-Site Audit:** 04/28/2025

**End Date of On-Site Audit:** 04/28/2025

## FACILITY INFORMATION

**Facility name:** Marquette County Jail

**Facility physical address:** 67 West Park Street , Montello , Wisconsin - 53949

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Kari Tomlin
<b>Email Address:</b>	ktomlin@co.marquette.wi.us
<b>Telephone Number:</b>	608-297-2115

#### Warden/Jail Administrator/Sheriff/Director

<b>Name:</b>	Joseph Konrath
<b>Email Address:</b>	jkonrath@co.marquette.wi.us
<b>Telephone Number:</b>	608-297-2115

#### Facility PREA Compliance Manager

<b>Name:</b>	Kari Tomlin
<b>Email Address:</b>	ktomlin@co.marquette.wi.us
<b>Telephone Number:</b>	(608) 297-3047

#### Facility Health Service Administrator On-site

<b>Name:</b>	Melissa Rodriguez
<b>Email Address:</b>	melnp08@gmail.com
<b>Telephone Number:</b>	414-828-8381

#### Facility Characteristics

<b>Designed facility capacity:</b>	60
<b>Current population of facility:</b>	27
<b>Average daily population for the past 12 months:</b>	32
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys

<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-99
<b>Facility security levels/inmate custody levels:</b>	Minimum, medium, maximum
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	57
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	1

AGENCY INFORMATION	
<b>Name of agency:</b>	Marquette County Sheriff's Office
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	67 West Park Street, PO Box 630, Montello, Wisconsin - 53949
<b>Mailing Address:</b>	
<b>Telephone number:</b>	6082972115

<b>Agency Chief Executive Officer Information:</b>
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<b>Name:</b>	Sheriff Joseph R. Konrath
<b>Email Address:</b>	jkonrath@co.marquette.wi.us
<b>Telephone Number:</b>	6082972115

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Rebecca Claesges	<b>Email Address:</b>	rclaesges@co.marquette.wi.us

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-28
2. End date of the onsite portion of the audit:	2025-04-28

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Hope House of South-Central Wisconsin

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	32
16. Number of inmate/resident/detainee housing units:	28
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	29
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	57
<b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	1

<b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	1
<b>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	Because of the small size of the jail, and the small staff, almost all of the employees of the Jail perform multiple roles. Auditors attempted to interview each staff person for each of the roles they fulfill, but only counted the interviews one time for each staff.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	5
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<div> <input type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
<b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	I ensured that I interviewed at least one male inmate and one female inmate and at least one from each housing unit.



<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	There were no barriers to conducting inmate interviews.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1

<b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The auditor, and the Jail Superintendent, consulted with health care staff to see if they were aware of any inmate in the jail who were blind or visually impaired. They were not.
<b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The auditor, and the Jail Superintendent, consulted with health care staff to see if they were aware of any inmate in the jail who were deaf or hearing impaired. They were not.

<b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	1
<b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	0
<b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The auditor, and the Jail Superintendent, consulted with health care staff to see if they were aware of any inmate in the jail identified as transgender. They were not. The Jail Superintendent, and other staff, said that they have had transgender inmates in the jail at other times, but on the day of the audit, there were no transgender inmates in the Marquette County Jail.
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	0

<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported that one inmate had made an allegation of sexual abuse but that upon initial investigation, it was determined, by viewing available camera footage, that the allegation was unfounded.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>The Jail Superintendent, and other staff as well, identified that they do not isolate inmates for risk of sexual victimization. They identified that they have enough housing units to make a safe housing assignment available for an inmate who needs that.</p>
<b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	<p>There were no barriers to interviewing targeted inmates except that there were not inmates in the jail, on the audit day, from all of the targeted groups. For example, on the day of the audit, there were no blind or visually impaired inmates in the jail, no deaf or hearing-impaired inmates, and no transgender inmates in the jail.</p>
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>	<p>4</p>
<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<p> <input type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>

<p><b>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The facility is a very small jail with a complete staff of 57. All of the staff fulfill more than one role at the jail. For example, all deputies rotate through the booking area where the intake screens and inmate education are completed. The Human Resource function is performed by an Assistant Deputy Sheriff, and the Jail Superintendent and PREA Coordinator are responsible for training of staff.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>8</p>
<p><b>56. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
<b>59. Explain why it was not possible to interview the PREA Compliance Manager:</b>	The facility is a county jail and is not required to appoint a PREA Compliance Manager.

**60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- ☐ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff



	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	All staff who were at the facility on the audit day were interviewed. All of them perform multiple roles because of the small size of the jail and the small number of inmates in the jail at any given time.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No

<b>68. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	The staff were eager to show us all areas and aspects of their jail. They were proud of the work they do their and especially their commitment to meeting the PREA standards.
<b>Documentation Sampling</b>	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
<b>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	We asked the facility to provide human resource records showing the process of the hiring they did in the past 12 months, we also asked for verification of staff training, which they provided, and for copies of intake screens and inmate education verification of all inmates we interviewed as well as any investigation files they had. The facility told us they had received two allegations in the past 12 months, one of inmate-on-inmate sexual harassment and one of staff on inmate sexual abuse. They also identified that the allegation of inmate-on-inmate sexual harassment did not meet the definition of sexual harassment and, after initial investigation, was not processed as an allegation of sexual harassment and that the allegation of staff-on-inmate sexual abuse was discovered to be unfounded during an initial investigation that included a review of camera footage. That was also not investigated as a sexual abuse allegation when it was discovered to be unfounded.

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

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

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	0

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

**78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

2

<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)



<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>86. Explain why you were unable to review any sexual harassment investigation files:</b>	Only one allegation of sexual harassment was made and upon initial investigation, it was discovered that the allegation did not meet the definition of sexual harassment.
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The facility did not receive any allegations of staff-on-inmate sexual harassment in the past 12 months.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

### Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

## AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/20205</li> <li>Marquette County Sheriff's Office Policy 304 Recruitment and Selection, effective date, 03/07/2025</li> <li>Marquette County Sheriff's Office Policy 107 Special Assignments and Promotions, effective date, 03/07/2025</li> </ol> </li> <li>Interviews <ol style="list-style-type: none"> <li>Informal interviews with inmates conducted during site review</li> <li>Facility PREA Director</li> </ol> </li> </ol>

### 3. Site Review Observations

#### a. PREA posters identifying agency's zero-tolerance policy

##### Findings (By Provision):

##### 115.11 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

Marquette County Sheriff's Office (MCSO) policy 606, Prison Rape Elimination Act, in Section 606.2 (p. 2). states, "This office has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This office will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment."

Auditors noted, during the review of the facility, that posters were visible, throughout the facility, that identified that the agency has a zero-tolerance policy for sexual abuse and sexual harassment. In informal interviews conducted with inmates during the site review, inmates were asked if they were aware of the agency's zero tolerance policy, and what they thought that meant. All of them were familiar with the agency's zero tolerance policy and responded appropriately when asked what it meant. All inmates who were formally interviewed, all staff who were interviewed, including contracted staff and a volunteer who was also interviewed, were familiar with the zero-tolerance policy and verified that they had received information, and training, regarding this policy.

##### 115.11 (a) - 2

The facility indicated, in their response to the PAQ, that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. MCSO policy 606 Prison Rape Elimination Act outlines how the agency will implement their approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Required by agency policy are:

- a. developing a written plan to coordinate response among staff first responders, medical and mental health practitioners, investigators, and facility management to an incident of sexual abuse,
- b. providing all inmates, at intake, the information explaining the facilities policy on zero tolerance for sexual assault, abuse, and harassment and how to report incidents, or suspicions of either,
- c. developing a staffing plan to provide adequate levels of staffing and video monitoring in order to protect detainees from sexual abuse,
- d. providing inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline number,
- e. ensuring the protocol describing the responsibilities of the Office and of another

investigating agency, if another law enforcement agency will be responsible for conducting any sexual abuse or sexual harassment investigations, is published on the facility website or by other means, if no website exists,

- f. implementing a process by which inmates may report sexual abuse and sexual harassment to a public/private entity or an office that is not part of the Office and that the outside entity or office is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to the Jail Captain/Administrator, allowing the inmate anonymity,
- g. establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions and providing all such data, upon request, to the U.S. Department of Justice,
- h. aggregating that data at least annually,
- i. establishing a process to monitor the conduct and treatment of detainees or staff who have reported sexual abuse and the conduct and treatment of detainees who were reported to have suffered sexual abuse,
- j. ensuring that Office policy governing investigations of allegations of sexual abuse and sexual harassment or the referral of such investigations of sexual abuse or sexual harassment (unless the allegation does not involve potentially criminal behavior), and information on how to report sexual abuse and sexual harassment on behalf of an inmate are published on the office website or by other means, if no website exists,
- k. ensuring audits are conducted pursuant to 28 CFR 115.401 through 28 CFR 115.405
- l. implementing a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment,
- m. ensuring agreements with outside investigating agencies include PREA requirements, including a requirement to keep the Office informed of the progress of the investigation, and
- n. ensuring the Office conducts follow-up criminal background records checks at least once every five years on members or contractors who may have contact with inmates or has in place a system for otherwise capturing such information.

The agency also has in place policy requirements that prevent hiring, or promoting, anyone who has engaged in sexual abuse in a confinement facility, that has been convicted of engaging, or attempting to engage, in nonconsensual sexual activity in the community, or has been civilly, or administratively, adjudicated to have engaged in these activities. MCSO Policy 304 Recruitment and Selection, in section 304.3.1, (p. 6), identifies that, "no members or contractors shall be hired who have:

- (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC § 1997).
- (b) Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent, or was unable to consent or refuse.
- (c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section.

The same policy identifies, in section 304.2.5, (p. 4), that, disqualifying factors for

employment by the agency include, but are not limited to, having been disciplined by any employer (including the military and/or any deputy or law enforcement training facility) for acts constituting racial, ethnic or sexual harassment or discrimination.

115.11 (a) - 3

The facility indicated, in their response to the PAQ, that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. MCSO policy 606 includes definitions of sexual abuse and sexual harassment on pages 1 and 2 of the policy. Additionally, agency policy 109 Discriminatory Harassment, in section 109.3.1, (p. 1), gives both a definition of sexual harassment and examples of behavior that may constitute sexual harassment

115.11 (a) - 4

The facility indicated, in their response to the PAQ, that the policy includes sanctions for those found to have participated in prohibited behaviors. MCSO policy 109, in section 109.2, (p. 1), identifies that the Office will take preventive and corrective action to address any behavior that violates this policy or the rights and privileges it is designed to protect.” MCSO policy 606, in section 606.7.1, (p. 8), identifies that, “staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy.” It goes on to say, termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”

115.11 (a) - 5

The facility indicated, in their response to the PAQ, that the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. MCSO policy 606 identifies as strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders:

1. training staff to respond to incidents of sexual abuse including offering medical and mental health care,
2. investigating all allegations of sexual abuse and sexual harassment,
3. maintaining hiring practices that prevent anyone who has prior adjudications for sexual abuse in a confinement setting from being hired or promoted,
4. performing criminal background checks on all potential new hires and on existing employees,
5. employing a PREA Coordinator at the agency level
6. considering sexual safety when acquiring new buildings or substantially modifying existing buildings,
7. using video technology and electronic surveillance systems to enhance the safety of inmates and staff,
8. employing adequate staffing levels in the facilities,
9. assessing the risk of victimization and abusiveness of each inmate upon admission to the facility and using that information to make housing, programming and work assignments with the goal of keeping potential abusers and potential victims separate from each other, and
10. considering placements of lesbian, gay, transgender or intersex (LGBTI) PIOC on

	<p>a case-by-case basis and giving serious consideration of the inmates' own views with respect to their safety.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.11 (b) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency employs, or designates, an upper-level, agency-wide PREA Director who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. MCSO Policy 606 Prison Rape Elimination Act identifies, in section 606.3, (p.2), that the PREA Coordinator is appointed by the Jail Captain/Administrator and is an upper-level manager with sufficient time and authority to develop, implement, and oversee office efforts to comply with PREA standards.</p> <p>115.11 (b) - 2</p> <p>The facility indicated, in their response to the PAQ, that the PREA Director has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities, In an interview conducted onsite, the PREA Director, confirmed that she does have sufficient time to complete all her PREA related duties.</p> <p>The facility submitted, in response to the PAQ, an organizational chart showing that the position of PREA Director is an upper-level position. This position reports to the Jail Captain/Administrator who reports to the Chief Deputy.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.11 (c) - 1, 2, 3 and 4</p> <p>The facility indicated, in their response to the PAQ, that the facility has not designated a PREA Compliance Manager.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard



## **Auditor Discussion**

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
  - a. Pre-Audit Questionnaire
  - b. Copy of Contract with the US Marshal system to house federal inmates
2. Interviews
  - a. Captain/Jail Administrator

Findings (By Provision):

### **115.12 (a) - 1**

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency currently has a Memorandum of Agreement (MOA), with the U.S. Marshal Service to house federal inmates. They presented a copy of the agreement. The U.S. Marshal Service is a governmental agency, not a private entity.

It should be noted that the Marquette County Jail does not contract with any other entity to house Marquette County inmates.

### **115.12 (a) - 2**

The facility indicated, in their response to the PAQ, that the above contract does require them to adopt and comply with PREA Standards.

### **115.12 (a) - 3**

The facility responded to the PAQ by identifying one MOA that allows them to house federal inmates.

### **115.12 (a) - 4**

The facility indicated, on the PAQ, that the agency does not contract with any agencies that are not required to adopt, and comply with, PREA standards.

A final analysis of the evidence indicates that the agency is in substantial compliance with this provision.

### **115.12 (b) - 1**

The facility indicated, in their response to the PAQ, that they do not contract with any entities to house Marquette County inmates.

### **115.12 (b) - 2**

The facility indicated, in response to the PAQ, that they do not contract with any entities to house Marquette County inmates.

	<p>A final analysis of the evidence indicates that the agency is in substantial compliance with this requirement.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard.</p>
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115.13	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office, Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> <li>c. Unannounced Supervisor Rounds log</li> <li>d. Facility Staffing Plan</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Warden or Designee</li> <li>b. PREA Coordinator</li> <li>d. Intermediate or Higher-Level Facility Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>15.13 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. They provided agency policy 606 Prison Rape Elimination Act that identifies, in section 603.3, (p. 3), as a responsibility of the facility PREA Coordinator, the development of a staffing plan to provide adequate levels of staffing and video monitoring where applicable to protect detainees from sexual abuse.</p> <p>The facility submitted a copy of their staffing plan dated 04/2025. The staffing plan</p>

identifies that the design capacity of the Marquette County Jail is 60 inmates. Inmates housed there fall into the minimum, medium and maximum-security levels. The facility holds pre-sentence and sentenced male and female inmates and uses the North Point classification tree and PREA Risk Screening and Housing Plan to determine housing assignments of inmates.

The staffing plan takes into consideration the following items:

- a. Generally accepted detention and correctional practices,
- b. any judicial finding of inadequacy,
- c. any findings of inadequacy from internal or external oversight bodies,
- d. all components of the facility's physical plant including blind spots or areas where staff or inmates may be isolated,
- e. the composition of the inmate population,
- f. the number and placement of supervisory staff,
- g. institution programs occurring on a particular shift,

h. any applicable State or local laws, regulations, or standards, -  
the prevalence of substantiated and unsubstantiated incidents of sexual abuse -  
In 2024, the facility had one reported sexual abuse incident and one sexual harassment incident. Both were unfounded.

According to the staffing plan, staffing positions at Marquette County Jail consist of 22 full-time staff and two part-time staff. Staff are cross trained in the jail and NG911 communication center. The staff work a "Pitman schedule" (2 on, 2 off, 3 on, 2 off, 2 on, 3 off) and work 12-hour shifts. Day shift works 5 am – 5 pm and 6 am – 6 pm and night shift works 5 pm – 5 am and 6 pm – 6am. Both day and night shifts have a minimum of 4 staff and at least one of each gender working at all times. Through these measures, supervisors and administration ensure that a sufficient number of staff will be present throughout the facility.

The facility staff consists of one Jail Administrator / Captain. The captain works Monday – Friday, 8 am – 4 pm. The facility has four Sergeants, two sergeants on day shift and two sergeants on night shift. Each sergeant is assigned to a four-person team. If a supervisor is not on duty, the facility operates with an Officer in Charge (OIC) which is the most senior staff member on shift. Supervisors, or the OIC, routinely make unannounced supervisor visits (USV) throughout the facility to deter any form of sexual abuse and other misconduct. The USV rounds are documented in our Spillman (JMS) system. Programs are scheduled at various times throughout the week and staffing levels are monitored to ensure these programs take place in a safe environment. Programs generally scheduled during the day.

The design capacity of the Marquette County Jail is 60 inmates. The average daily population is 36 inmates. The Marquette County Jail is a county jail holding pre-sentence and sentenced male and female inmates. The facility uses the North Point classification tree and PREA Risk Screening and Housing Plan to house inmates.

The facility has 37 security cameras on the interior and exterior of the building. In April 2022, the facility installed 3 mirrors in two different hallways to remove any blind spots. In July 2023, the facility added a pre-booking area and a sallyport. The

facility also recently updated hallway door locking handles to ensure doors from the hallway were locked at all times. Staff are now required to key into all hallway doors.

The Marquette County Jail operates in accordance with all applicable laws, Wisconsin Department of Corrections (DOC) chapter 350, and the Prison Rape Elimination Act (PREA) standards. Any deficiencies are addressed in a timely manner and within known guidelines while adhering to best correctional practices. Minimum staffing levels are adhered to regardless of the overtime cost incurred. The facility is currently not under any judicial findings of inadequacy or any findings of inadequacy from internal or external oversight bodies,

115.13 (a) – 2

The facility indicated, in response to the PAQ, that the average daily number of inmates, over the past year, has been 29.

115.13 (a) – 3

The facility indicated, in response to the PAQ, that the average daily number of inmates on which the staffing plan was predicated is 29.

The Jail Superintendent/Captain said, in an interview, “our jail is set up so that there are not a lot of blind spots, it’s a perk of being a smaller jail. Our Officer in Charge makes the unannounced rounds but otherwise we have a supervisor assigned to each shift.”

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (b) – 1 and 2

The facility indicated, in response to the PAQ, that there are no deviations from the staffing plan because when a vacancy occurs, the facility hires overtime.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (c) - 1

The facility indicated, in their response to the PAQ, that the agency, in collaboration with the PREA Director, does review the staffing plan, at least annually, to see whether adjustments are needed to:

- the staffing plan,
- the deployment of monitoring technology, or
- resources needed to ensure adherence to the staffing plan.

Marquette County Sheriff’s Department (MCSD) Policy 606 Prison Rape Elimination Act, says, in section 603.3 c, that the facility staffing plan is to be reviewed a minimum of once each year and the Jail Superintendent/Captain confirmed, in an interview, that it is. Included as documentation was a memo from the Jail

Superintendent/Captain, to the Sheriff, identifying the most recent review of the staffing plan.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (d) - 1

The facility indicated, in their response to the PAQ, that the facility requires intermediate-or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. MCSO Policy 606 Prison Rape Elimination Act identifies, in section 603.3, m, (p.4), that mid-level or higher-level supervisors are required to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. Auditors interviewed supervisors who said they do make unannounced rounds as required. The facility also provided documentation of the rounds that were completed.

115.13 (d) - 2

The facility indicated, on the PAQ, that the facility documents unannounced rounds. In interviews, the supervisory staff verified that they do document the unannounced rounds they make. During the onsite review of the facility, auditors were able to view the documentation of these rounds and noted that they are conducted everywhere in the facility and on all three shifts.

115.13 (d) - 3

The facility indicated, in their response to the PAQ, that unannounced rounds do, over time, cover all shifts. Supervisory staff who were interviewed also verified that they make rounds on all three on both shifts. Auditors noted that the documentation submitted verified their claims.

115.13 (d) - 4

The facility indicated, in their response to the PAQ, that the agency's Policy 606 Prison Rape Elimination Act, in section 603.3 m, (p. 4), does prohibit staff from alerting other staff when unannounced rounds are taking place. The Superintendent said, in an interview, that although staff do their best not to announce these rounds, the jail is so small that almost every staff person on shift knows where the other staff are most of the time.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> <li>c. Daily Population Reports dated March 2024 through February 2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Jail Superintendent/Captain</li> </ol> </li> <li>3. Observations <ol style="list-style-type: none"> <li>a. No Youthful Inmates Onsite</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.14 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility does prohibit placing youthful inmates in a housing unit in which a youthful inmate will have sign, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>Marquette County Sheriff's Office (MCSO) policy 606 Prison Rape Elimination Act, identifies, in section 606.16, (p. 13), that youthful/juvenile inmates shall not be place in housing units in which they will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area or sleeping quarters. It also says that the Marquette County Jail has a Memorandum of Agreement (MOU) with the Waushara County Sheriff's Office to house their 17-year-old inmates if they do not have a court appearance scheduled within 24 hours of arrest. If a 17 year old will be housed in the Marquette County Jail, they will housed in a separate cell, in the booking area, that will have window coverings and is away from all other cells and every effort will be made to remove all adult inmates in the booking area to a different location in the jail to maintain sight, sound, and physical separation with youthful inmates.</p> <p>115.14 (a) - 2, 3, and 4</p> <p>The facility indicated, in their response to the PAQ, that any youthful inmates housed in the Marquette County jail are not there more than 24 hours and are separated from adults in dayrooms, sleeping areas and in showers. The facility does not place</p>

youthful inmates in the same housing unit as adults. Staff demonstrated, during the facility review, where youthful inmates are housed.

115.14 (a) - 5 and 6

The facility indicated, in their response to the PAQ, that, in the past 12 months, there have been two inmates under the age of 18 at the Marquette County Jail for a period of less than 24 hours.

A final analysis of the evidence indicates that the facility is substantially compliant with this provision.

115.14 (b) - 1 and 2

The facility indicated, in their response to the PAQ, that the Marquette County Jail does maintain sight, sound, and physical separation between youthful and adult inmates in areas outside of housing units and also provides direct staff supervision in areas outside housing units where youthful inmates may have sight, sound, or physical contact with adult inmates. The staff indicated where youthful inmates are housed and demonstrated that the area is sight and sound separated from adult inmates.

A final analysis of the evidence indicates that the facility is substantially compliant with this provision.

115.14 (c) - 1

The facility indicated, in their response to the PAQ, that the facility is required to document any exigent circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities might be denied. In an interview with the Jail Superintendent/Captain, she stated that youthful inmates who do not have a court appearance scheduled within 24 hours of their arrest, they are transferred to the Waushara County Jail where accommodations for youthful inmates are more plentiful.

115.14 (c) - 2

The facility indicated, in their response to the PAQ, that, in the past 12 months, there have been no inmates placed in isolation to separate from adult inmates.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard.

115.15	Limits to cross-gender viewing and searches
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 512 Searches, effective date, 03/07/2025</li> <li>c. Marquette County Sheriff's Office Policy 806 Inmate Hygiene, effective date, 03/07/2025</li> <li>d. Marquette County Sheriff's Office Policy 504 Inmate Safety, effective date, 03/07/2025</li> <li>e. Marquette County Sheriff's Office Training documentation, all staff, PREA training and Inmate Search Training, training completed, 03/11, 03/13, and 03/13, 2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Random Sample of Staff</li> <li>b. Random Sample of Inmates</li> </ol> </li> <li>3. On-site Observations <ol style="list-style-type: none"> <li>a. Windows of the holding and housing unit doors are frosted to obstruct view and prevent cross-gender viewing, views of toilets in housing unit cells are obscured by window frosting</li> <li>b. Opposite gender notification</li> <li>c. Black out spots on cameras that provide a view into a wet cell</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.15 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Marquette County Sheriff's Office (MCSO) policy 512 Searches identifies, in section 512.4.4, (p. 5) that, "unless conducted by a qualified health care professional or in case of an emergency, a modified strip search or strip search shall be conducted by members of the same gender as the person being searched. Any cross-gender modified strip searches and cross-gender strip searches shall be documented.</p> <p>All of the inmates who were interviewed confirmed that they had never been subjected to cross-gender strip or visual body searches at this facility. Random staff who were interviewed, during the onsite phase of the audit, also confirmed that no</p>



cross-gender strip or cross-gender visual body searches are conducted at the facility except in exigent circumstances. None of the staff interviewed could recall a time when cross-gender strip, or visual body searches, had been conducted.

115.15 (a) - 2

The facility reported, in their response to the PAQ, that, in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates was zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.15 (b) - 1

The facility indicated, in their response to the PAQ, that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances.

MCSO policy 512 says, in section 512.3, (p. 2), "except in emergencies, all pat-down searches will be conducted by a member of the same gender as the inmate."

115.15 (b) - 2

The facility indicated, in their response to the PAQ, that the facility does not restrict female inmates' access to regularly available programming of other out-of-cell opportunities in order to comply with this provision. The facility staffing plan identifies that a both male and female staff will be scheduled on each shift. Staff who were interviewed identified that if it occurs that a female staff is not available in the jail to perform pat searches, a female deputy can be called in off the road to perform the pat-down search.

115.15 (b) - 3

The facility indicated, in their response to the PAQ, that there were no searches of female inmates conducted by male staff during the audit period.

115.15 (b) - 4

The facility indicated, in their response to the PAQ, that there were no searches of female inmates conducted by male staff during the audit period.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15. (c) - 1

The facility indicated, in response to the PAQ, that the facility policy requires that all cross-gender strip searches and visual body cavity searches be documented. MCSO policy 512.4.3, (p. 4), requires, in section that all strip searches and modified strip searches are to be conducted only with prior written supervisor approval. It also identifies that physical body cavity searches can only be conducted with the issuance of a search warrant, may only be conducted by a physician, physician assistant, or a registered nurse and that all such searches shall be documented.

115.15 © - 2

The facility indicated, in their response to the PAQ, that facility policy requires that all cross-gender pat-down searches of female inmates be documented. MCSO policy 512 Searches identifies, in section 512.3, (p. 2), that, "all cross-gender pat-down searches shall be documented."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (d) - 1

The facility indicated, in their response to the PAQ, that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). MCSO policy 806 Inmate Hygiene, in section 806.9 (p. 4-5) identifies that inmates shall be permitted to shower, perform bodily functions and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks or genitalia, except in exigent circumstances.

Auditor noted, in review of the most recent PREA audit, conducted in 2022, that, as a result of those audit findings, the facility took corrective action to install window coating, or frosting, that limited views of toilets in wet cells and showers to only those that do not expose an inmate's breasts, buttocks, or genitalia but still provide the opportunity to conduct security monitoring in those areas. Also, as a result of that audit the camera view of the top of the female shower was blocked using a black pixel block through the camera system.

Inmates who were interviewed confirmed that they are never naked in front of opposite gender staff, and all confirmed that they have the opportunity to shower, change their clothes and use the toilet without being viewed by opposite gender staff.

Auditors noted, in the onsite review of the facility, that the facility made very good use of privacy doors on toilet stalls, and shower curtains, to provide privacy for inmates while showering, using the toilet, and dressing.

5.15 (d) - 2

The facility indicated, in their response to the PAQ, that policies and procedures do require staff of the opposite gender to announce their presence when entering an inmate housing unit. MCSO Policy 504 Inmate Safety identifies, in section 504.3, (p. 1), that staff of the opposite gender are required to announce their presence when entering an inmate housing unit.

All the inmates formally interviewed said that opposite gender staff announce their entry into the housing unit and auditors noted, during the site review, that staff were consistent in making this announcement.

A final analysis of the evidence indicates that the facility is in substantial compliance

	<p>with this provision.</p> <p>115.15 (e) - 1 The facility indicated, in their response to the PAQ, that the agency does have a policy that prohibits searching, or physically examining, a transgender or intersex offender for the sole purpose of determining the offender's genital status. MCSO Policy 512 Searches identifies, in section 512.5, (p. 7), that “staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status.” Each of the staff who were randomly selected for interviews confirmed that they were aware of this policy requirement.</p> <p>115.15 (e) - 2 The facility indicated, in their response to the PAQ, the number of such searches conducted at the facility, in the past 12 months, was zero. There were no transgender inmates housed at the facility on the day of the onsite portion of the audit.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.15 (f) - 1 The facility indicated, in their response to the PAQ, that 100% of the security staff were trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. The agency uses a training developed by the National Institute of Corrections and provided documentation of staff training completions including staff signatures verifying that they understood the training they completed. Identified on the PAQ was that staff completed this training, most recently, in March of 2025 as well as an in-service training presented by the facility PREA Coordinator on March 11/13, 2025.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action A final analysis of the evidence indicates the facility is substantially compliant with this standard.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"><li>a. Pre-Audit Questionnaire</li><li>b. Marquette County Sheriff’s Office Policy 503 Inmate Orientation, effective date 03/07/2025</li><li>c. Agency Handbook Large Print, revised 01/2021</li><li>d. Report It – Posters in English and Spanish</li><li>e. Marquette County Sheriff’s Office Policy 602 Inmates with Disabilities, effective date 03/07/2025</li><li>f. Marquette County Sheriff’s Office Policy 606 Prison Rape Elimination Act, effective date 03/07/2025</li></ul> <p>2. Interviews:</p> <ul style="list-style-type: none"><li>a. Agency Head</li><li>b. Inmates (with disabilities or who are limited English proficient)</li><li>c. Random Sample Staff</li></ul> <p>3. On-site Observations</p> <ul style="list-style-type: none"><li>a. PREA postings in both English and Spanish</li><li>b. Audit postings in both English and Spanish</li></ul> <p>Findings (By Provision):</p> <p>116 (a) – 1</p> <p>The facility indicated, in their response to the Pre-audit Questionnaire (PAC), that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Marquette County Sheriff’s Office policy 503 Inmate Orientation identifies, in section 503.2.2, (p. 1) that inmates who cannot read, are visually impaired or have intellectual, psychiatric or speech disabilities or limited reading skills shall have materials read to them by a staff member or presented to them using audible recorded media. It also says that inmates who are deaf or hard of hearing shall be provided with interpretation services. The policy calls for reasonable efforts to be made by the staff to assist the inmate in understanding the information. Inmate education videos will have subtitles available for the deaf and hard of hearing and the facility has entered into a contract to provide access to interpreters who can interpret effectively and accurately, using</p>

any specialized means available.

MCSO policy 602 Inmates with Disabilities, provides, in section 602.3, €, that the Jail Captain/Administrator is responsible for establishing guidelines for services, programs and activities for the disabled and ensuring that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The policy goes on to identify other responsibilities as establishing guidelines for the accommodation of individuals who are deaf or hard of hearing, have common disabilities such as sight and mobility impairments and developmental disabilities, or have common medical issues and ensuring that subtitles are available on videos used to explain facility rules to newly admitted inmates.

The agency head identified that written information, such as the jail handbook are printed in both Spanish and English, posters throughout the facility identifying the facility's zero tolerance policy and reporting methods are printed in both Spanish and English, that facility employs the Language Line for translation, and that staff will read inmate orientation to inmates with difficulty reading and/or show them a video with the information." Auditors were able to interview two cognitively disabled inmates who said that the information is presented to them in a manner that they can understand. Additionally, a Limited English Proficient inmate was interviewed using the Language Line.

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.16 (b)

The facility indicated, in their response to the PAQ, that the agency has established procedures to provide equal opportunities, to inmates who are LEP, to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Marquette County Sheriff's Office policy 503 Inmate Orientation identifies, in section 503.2.2, (p. 1) that inmates who cannot read, are visually impaired or have intellectual, psychiatric or speech disabilities or limited reading skills shall have materials read to them by a staff member or presented to them using audible recorded media. It also says that inmates who are deaf or hard of hearing shall be provided with interpretation services. The policy calls for reasonable efforts to be made by the staff to assist the inmate in understanding the information.

Inmate education videos will have subtitles available for the deaf and hard of hearing and the facility has entered into a contract to provide access to interpreters who can interpret effectively and accurately, using any specialized means available.

The facility presented, as documentation, the inmate handbook and the PREA Pamphlet, printed in both Spanish and English, and auditors were able to observe PREA information posted, throughout the facility, in both English and Spanish.

A final analysis of the evidence indicates that it is in substantial compliance with this provision.

	<p><b>115.16 (c) - 1</b></p> <p>The facility indicated, in their response to the PAQ, that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations.</p> <p>MCSO Policy 606 identifies, in section 606.6, (p. 7), that first responders should not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety, the performance of first responder duties or the investigation of sexual abuse or sexual harassment allegations. All 10 inmates who were formally interviewed, and all staff who were interviewed, confirmed that the facility does not allow the use of inmate interpreters in making allegations of sexual abuse or in investigations of those allegations. The facility provides the Language Line for interpretation. Auditors were able to interview an inmate who is Limited English Proficient using the Language Line.</p> <p><b>115.16 (c) - 2</b></p> <p>The facility indicated, on the PAQ, that any instances where one inmate may be allowed to translate for another would be documented. However, there have been no instances where that happened, thus no documentation was available.</p> <p><b>115.16 (c) - 3</b></p> <p>The facility reported on the PAQ, the number of times, in the past 12 months, where inmate interpreters, readers, or other types of inmate assistants were used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-responder duties, or the investigation of the inmate's allegations, as zero.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p><b>Corrective Action</b></p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives forms, files, records, etc.)

- a. Pre-audit Questionnaire
- b. Marquette County Sheriff's Office Policy 304 Recruitment and Selection, effective date, 03/07/2025

2. Interviews

- a. Human Resources Staff

Findings (By Provision):

115.17 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

- (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution:
- (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse: or
- (3) has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

Marquette County Sheriff's Office (MCSO) policy 304 Recruitment and Selection indicates, in section 304.3.1, (p. 6), that no members or contractors shall be hired who has:

- 1) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention,
- 2) Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse,
- 3) Been civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above.

In addition, MCSO policy 107 Special Assignments and Promotions, says that the Office shall not promote, assign, or transfer any member to a position that may allow contact with inmates if the member has:

- 1) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention,
- 2) Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse,
- 3) Been civilly or administratively adjudicated to have engaged in the activity

described in (1) or (2) above.

The facility provided copies of personnel files demonstrating where applicants were asked, in interviews, the three questions noted above. The files demonstrated that these questions were asked of all interviewees and showed the interviewers' notes made on answers given.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (b)

The facility indicated, in their response to the PAQ, that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. MASO policy 304, in section 304.2.5, (p. 4), says identifies as a disqualifying factor for employment with the MASO, "having been disciplined by any employer (including the military and/or any deputy law enforcement training facility) for acts constituting racial, ethnic or sexual harassment or discrimination." The Human Resources Staff verified that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. A review of the documentation provided confirmed his response.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (c) - 1

The facility indicated, in their response to the PAQ, that before hiring any new employees or contractors who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. MCSO policy 304, in section 304.7, (9), identifies that every candidate shall undergo a thorough background investigation to verify his/her personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the MASO. outlines steps in the selection process. The policy also identifies that, "minimally, the Office should employ a comprehensive screening, background investigation, and selection process . . ." Included in a list of items to be reviewed and verified is, 304.6, (g), "local state, and federal criminal history record checks."

115.17 (c) - 2

The facility indicated, in their response to the PAQ, that, in the past 12 months the number of persons hired who may have contact with inmates who have had criminal



background record checks was six. Auditors reviewed all six employment files and determined that the requisite criminal background records check, and reference checks had been done.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.17 (d) - 1

The facility indicated, in their response to the PAQ, that before hiring any new employees or contractors who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. MCSO policy 304, (p.6 – 9), outlines steps in the selection process. The policy says, “minimally, the Office should employ a comprehensive screening, background investigation, and selection process . . .”

Included in a list of items to be reviewed and verified is, 304.6, (g), “local state, and federal criminal history record checks.” This same policy, on page 7, in section 304.3, identifies that, “the Office shall make reasonable efforts to contact prior institutions that the candidate has been employed by to inquire about sexual abuse allegations . . .”

#### 115.17 (d) - 2

The facility identified, in their response to the PAQ, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates as four. The Human Resources Director said that background checks are completed when the agency hires or promotes, that fingerprinting is done upon hire and every five years thereafter.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.17 (e)

The facility indicated, in their response to the PAQ, that agency policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. Listed as a responsibility of the facility PREA Coordinator, in agency policy 606.3 (o), (p.5), is, “ensuring the Office conducts follow-up criminal background records checks at least once every five years on members or contractors who may have contact with inmates or has in place a system for otherwise capturing such information.” Human Resources staff said, in an interview, “I use our KIME system, a system we use to run CCW, DL, Criminal Background checks. It’s the KIME system.” He also provided sample copies of background checks that had been run and a tracking system for

keeping the checks up to date.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (f)

The facility submitted, as documentation that it does ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section. Human Resources staff provided personnel files for all six staff who were hired in the past 12 months. The auditor's review of the files discovered that all applicants for employment are directly asked those three questions in interviews. The auditor viewed the questions in a completed interview protocol, along with the interview panel member's notes on the applicant's response to the questions.

MCSO policy 108, Ethics, identifies in section 108.5.2, (g), (p. 9), that, "failure of any member to promptly and fully report activities on his/her part or the part of any other member where such activities resulted in contact with any other law enforcement agency or that may result in criminal prosecution or discipline," is identified as a cause for discipline under section 108.5 of the same policy.

A final analysis of the evidence indicates that the facility is in substantial compliance with these provisions.

115.17 (g)

MCSO policy 304 identifies, in section 304.3.1, (p.7), that, "material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (h)

An interview with the Human Resources staff verified that if an employee signs an authorization for release of information, they are given access to the personnel file.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard.

115.18	Upgrades to facilities and technologies
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 1374 376">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="256 409 1126 757" style="list-style-type: none"> <li data-bbox="256 409 1126 443">1. Documents: (policies, directives, forms, files, records, etc.)               <ol data-bbox="256 454 692 757" style="list-style-type: none"> <li data-bbox="256 454 632 488">a. Pre-Audit Questionnaire</li> <li data-bbox="256 633 451 667">2. Interviews                   <ol data-bbox="256 678 692 757" style="list-style-type: none"> <li data-bbox="256 678 491 712">a. Agency Head</li> <li data-bbox="256 723 692 757">b. Jail Superintendent/Captain</li> </ol> </li> </ol> </li> </ol> <p data-bbox="256 869 587 902">Findings (By Provision):</p> <p data-bbox="256 936 408 969">115.18 (a)</p> <p data-bbox="256 981 1481 1227">The facility indicated, in response to the Pre-audit Questionnaire (PAQ) that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The last PREA audit was conducted in 2022, and since then, the facility added a pre-booking area and a sallyport. They also modified and updated three hallway door locking handles to ensure doors were locked at all times from the hallway.</p> <p data-bbox="256 1261 1469 1339">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="256 1451 408 1485">115.18 (b)</p> <p data-bbox="256 1496 1469 1865">The facility also indicated, in response to the PAQ, that the facility has updated a video monitoring system, electronic surveillance system, or other monitoring technology, in certain areas of the facility, since the last PREA audit. The Jail Superintendent/Captain said, in an interview, "Pre-book has one camera that is mounted in the middle of the room and is a 360. The sallyport has two cameras, one on the north wall and one on the south wall that can scan the whole area as well. We also changed a closet into an ADA cell that is set up just the rest of our holding cells but makes it a little easier for the inmate to get around so if someone is intoxicated, going through withdrawal, has behavior issues, they would be in one of those."</p> <p data-bbox="256 1944 1362 2022">A final analysis indicates that the facility is in substantial compliance with this provision.</p>

	<p>Corrective Action</p> <p>A final analysis indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> <li>c. Memorandum of Agreement with Sauk County</li> </ol> </li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>a. Random Sample of Staff</li> <li>b. Facility PREA Compliance Manager</li> <li>c. SANE/SAFE Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.21 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ) that the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct.) Marquette County Sheriff's Office (MCSO) policy 606 Prison Rape Elimination Act verifies, in section 606.7, (p. 7), "an administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment." The Jail Superintendent/Captain said, in an interview, "Yes, we have sheriff's department detectives to conduct our investigations." She went on to say that when an allegation is made, the PREA Coordinator begins the process and refers the matter to the Marquette County Detective Bureau unless the matter clearly does not involve criminal behavior.</p> <p>115.21 (b) - 2</p> <p>The MCSO Detective Bureau, which is part of the same agency as the facility,</p>

conducts criminal investigations.

115.21 (a) - 3

The facility indicated, in their response to the PAQ that if there is some reason why an outside agency would be a better choice for conducting a facility investigation, for example if a staff member is accused of sexual abuse, they would have the investigation conducted by detectives from nearby Sauk County Sheriff's Office. They provided a Memorandum of Understanding they have with the Sauk County Sheriff's Office.

115.21 (a) - 4

The facility indicated, in their response to the PAQ, that when conducting a sexual abuse investigation, investigators follow a uniform evidence protocol that complies with the Wisconsin Department of Justice Division of Forensic Sciences Evidence Handbook.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (b) - 1 and 2

The facility indicated, in their response to the PAQ, that MCSO Policy 606 Prison Rape Elimination Act, in section 606.7, (p. 7), requires that, "evidence collection shall be based on a uniform evidence protocol using the most recent edition of the Wisconsin Physical Evidence Handbook (9th Edition - 2017) that is developmentally appropriate for youth, if applicable, and adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, 'a National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,' or similarly comprehensive and authoritative protocols developed after 2011." All random staff who were interviewed were well familiar with the agency's protocol for obtaining useable physical evidence and all of them knew who the facility's investigators were.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (c) - 1

The facility indicated, in their response to the PAQ, that the facility offers all inmates who experience sexual abuse access to forensic medical examinations. MCSO policy 606 Prison Rape Elimination Act, identifies, in section 606.10, that "these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s.

The facility PREA Coordinator identified, during an onsite interview, that inmates requiring a forensic exam would be transported to the Meriter Hospital where a SANE

is available. The auditor did interview staff at the hospital who verified that a SANE is available or on call.

115.21 (c) - 2

The facility indicated, in their response to the PAQ, that the facility does not offer all inmates who experience sexual abuse access to forensic medical examinations onsite because the facility does not conduct forensic exams. This information was verified during an onsite interview with health care staff who verified that the facility does not conduct forensic exams but would send victims to a local hospital where a SANE is available.

115.21 (c) - 3

The facility indicated, in their response to the PAQ, that the agency does offer all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. The PREA Coordinator identified that an inmate would be transferred to Meriter Hospital in Madison, WI, where there is likely a SANE available either on shift or on call. The auditor spoke with Emergency Room staff, at Meriter Hospital, who verified that they do have a SANE generally available either on staff or on-call, and that they would conduct forensic exams for inmates from Marquette County Jail if needed. The staff also said that if there should be a time when they cannot make a SANE available, they would refer to another hospital in Madison where one would be available. The staff was confident a SANE would always be available in the City of Madison, WI.

115.21 (c) - 4M

The facility indicated, in their response to the PAQ, that forensic medical examinations are offered without financial cost to the victim. MCSO policy 606, in section 606.10, says, "forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim."

115.21 (c) - 5

The facility indicated, in their response to the PAQ, that, where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiner (SANEs). MCSO policy 606 identifies, in section 606.10, "Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s." Staff confirmed that because Madison has multiple hospitals, there is always a SANE available.

115.21 © - 6

The facility indicated, in their response to the PAQ, that when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. WCSO policy 606 identifies, in section 606.10, (p. 10), that, "if neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination." However, both staff at the facility, and at the Meriter Hospital in Madison, said that a SANE is typically always available at one of the hospitals in the City of Madison.

115.21 (c) - 7, 8, 9 and 10

The facility indicated, in their response to the PAQ, that the facility documents efforts to provide SANEs or SAFEs. MCSO policy 606.10 requires that the facility documents its efforts to provide SAFEs or SANEs. The facility also indicated, in their response to the PAQ, that the number of forensic medical exams conducted, during the past 12 months was zero, that the number of exams performed by SANEs/SAFEs, during the past 12 months was zero, and the number of exams performed by qualified medical practitioners, during the past 12 months is zero. Thus, no documentation of efforts to provide forensic medical exams was available for review.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (d) - 1

The facility indicated, in their response to the PAQ, that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. MCSO policy 606, in section 606.9, (p. 9), that “a victim advocate from a rape crisis center should be made available to the victim.”

The facility provided, as documentation, a Memorandum of Understanding (MOU), dated 03/08/2022, between the MCSO and Hope House, a sexual assault service provider located in South Central Wisconsin. According to the MOU, Hope House will provide an advocate to accompany and support victims of sexual abuse through forensic medical examination and investigatory processes, emotional support, crisis intervention, information and referral to victims of sexual abuse in confinement at MCSO. In an interview conducted onsite, the facility PCM verified that the advocacy agency the facility uses is Hope House, that the agency has an MOU with them, and that they can call them if they have an inmate victim who requests their services. The auditor interviewed a representative from Hope House who confirmed that the services identified in the MOU are provided upon request for inmates housed at the Marquette County Jail.

115.21 (d) - 2

The facility indicated, in their response to the PAQ, that the facility's attempts to make a victim advocate from a rape crisis center available either in person or by other means, are documented. This is a requirement of MCSO policy 606 as stated in section 606.9, (p.9).

115.21 (d) - 3

The facility indicated, in their response to the PAQ, that if a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. MASO policy 606 identifies, in section 606.9, “if a rape crisis center is not available, the Office shall make available a qualified member of a community-based organization, or a qualified health care or mental health professional from the Office, to provide victim advocate services.” The Jail Administrator/Captain said that the

facility can obtain an advocate from the Marquette County Mental Health agency for inmates if one is not available from Hope House.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (e)

The facility indicated, in their response to the PAQ, that, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. MCSO policy 606, in section 606.10 (b), identifies that, "if requested by the victim, a victim advocate, a qualified office staff member or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information and referrals."

The sexual assault service provider, Hope House, provides advocacy services to inmates and will accompany an inmate through investigatory interviews if that service is requested. The facility PCM verified this as did staff at Hope House.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (f)

The facility indicated, in their response to the PAQ, that the agency does conduct both administrative and criminal allegations of sexual abuse. Allegations of sexual abuse that may involve criminal behavior are conducted by detectives from the Marquette County Sheriff's Department.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (h)

The Jail Superintendent/Captain identified, and it is identified in agency policy, that a qualified advocate is available through the mental health services that are part of the same agency, Marquette County.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant



	with this provision.
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date 03/07/2025</li> <li>d. <a href="https://www.co.marquette.wi.us/departments/sheriff/prea">https://www.co.marquette.wi.us/departments/sheriff/prea</a></li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Investigative Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.22 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct.) They said that all reports of sexual misconduct are documented and tracked for appropriate response. Those that meet the definitions of sexual abuse or sexual harassment transition to an administrative investigation. The facility makes a referral to law enforcement for criminal conduct when indicated. Marquette County Sheriff's Office policy 606 Prison Rape Elimination Act requires, in section 606.7, (p.7), that "an administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment and sexual harassment. The Jail Superintendent/Captain identified, in an interview, that all allegations are referred to the PREA Coordinator who contacts the agency detective bureau regarding allegations of sexual abuse unless the allegation clearly does not involve criminal behavior.</p> <p>115.22 (a) 2</p> <p>The facility indicated, on the PAQ that, in the past 12 months, two allegations of sexual abuse and sexual harassment were received.</p> <p>115.22 (a) - 3</p> <p>The facility reported, on the PAQ, that in the past 12 months, the number of</p>

allegations resulting in an administrative investigation was two.

115.22 (a) - 4

The facility reported, on the PAQ, that in the past 12 months, the number of allegations referred for criminal investigation was zero.

115.22 (a) - 5

The facility reported, on the PAQ, that, in the last 12 months, all administrative and/or criminal investigations were completed.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.22 (b) - 1

The facility indicated, in their response to the PAQ, that the agency's policy requires that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The Jail Superintendent/Captain verified that the detective bureau from the same agency conducts all criminal investigations of allegations of sexual abuse received in the Marquette County Jail. The agency does have a Memorandum of Understanding with Sauk County Sheriff's Department to conduct criminal investigations if staff are involved. All allegations of sexual abuse that are inmate-on-inmate are investigated by the agency.

115.22 (b) - 2

The facility indicated, in their response to the PAQ, that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The facility identified the website as <https://www.co.marquette.wi.us/departments/sheriff/prea>. The auditor reviewed the website and found that the information is included on the website.

115.22 (b) - 3

The facility indicated, in their response to the PAQ, that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. This is a requirement of MCSO Policy 606.7.1, and the Jail Superintendent/Captain demonstrated where these files are stored.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.22 (c) - 1

The facility indicated, in their response to the PAQ, that this provision of the standard is not applicable to the facility because the agency is responsible for conducting both

	<p>administrative and criminal investigations of alleged sexual abuse.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard.</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 308 Prison Rape Elimination Act Training</li> <li>c. PREA Training Module</li> <li>d. Documentation of 03/13/2025 PREA Training – All Staff</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Random Sample Staff</li> </ol> </li> <li>3. On-site Observations <ol style="list-style-type: none"> <li>a. Posters, with PREA information printed on the</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.31 (a) 1 - 10</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the agency trains all employees who may have contact with inmates by presenting Marquette County Sheriff's Office (MCSO) policy 308 Prison Rape Elimination Act Training which says, in section 308.3, (p. 1-2) that all staff, volunteers and contractors</p>

who may have contact with inmates shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within the facility. It goes on to hold the Jail Superintendent/Captain responsible for developing and administering the training, which must cover, at minimum:

- The zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents, The dynamics of sexual abuse and sexual harassment in confinement,
- The common reactions of sexual abuse and sexual harassment victims. Prevention and intervention techniques to avoid sexual abuse and sexual harassment in the jail,
- Procedures for the investigation of a report of sexual abuse and/or sexual harassment,
- Individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures,
- An individual's right to be free from sexual abuse and sexual harassment,
- The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment
- How to detect and respond to signs of threatened and actual sexual abuse,
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates.
- How to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities, and
- How to avoid inappropriate relationships with inmates.

The facility also submitted a PowerPoint training module that is used to present the annual staff training. The auditor reviewed the module and ascertained that all the above listed items were covered in the training. All the staff who were interviewed identified that they receive annual PREA training from their employee. All were able to discuss the training they received, and they all indicated that the above topics were discussed in the training.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (b) - 1 and 2

The policy goes on to say, also in section 308.3, (p. 2), that the training shall be tailored according to the sex of the inmates at the facility. The Marquette County Jail houses both males and females.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (c) - 2 and 3

	<p>The facility indicated, in their response to the PAQ, that, between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment using the Lexipol Knowledge Management System.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.31 (d) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. The facility provided documentation of employee signatures verifying that all employees completed the most recent PREA training, conducted on 03/13/2025, and understood the training they received. They also submitted a copy of the quiz all training attendees are required to complete at the end of the training.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard.</p>
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115.32	Volunteer and contractor training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PREA Volunteer-Contractor Training Acknowledgment Forms</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Volunteers and Contractors who have Contact with Inmates</li> </ol> </li> </ol> <p>Findings (By Provision:)</p> <p>115.32 (a) - 1 and 2</p>

The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Marquette County Sheriff's Office (MCSO) policy 308 Prison Rape Elimination Act Training, identifies, in section 308.3, (p.1), that all staff, volunteers and contractors who may have contact with inmates shall receive office approved training on the prevention and detection of sexual abuse and sexual harassment within the facility.

The facility presented a training video used to train volunteers and contractors before they have contact with inmates. The video was developed and obtained from Just Detention International. It explains the zero-tolerance policy, contains definitions of sexual abuse and sexual harassment, and outlines the responsibility of staff, volunteer and contractors in reporting any knowledge or suspicion of sexual abuse or sexual harassment. It also identifies the different avenues for reporting sexual abuse or sexual harassment. The facility indicated, in their response to the PAQ, that four volunteers and contractors, who may have contact with inmates, have been trained in agency policies and procedures regarding sexual abuse and sexual harassment and provided written documentation of the training that was signed by the volunteers and contractors. The auditor interviewed a volunteer, via telephone, who indicated that they had received PREA training prior to interacting with inmates inside the facility and have also received PREA education. Contracted medical and mental health workers were also interviewed.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.32 (b) - 1

The facility indicated, in their response to the PAQ, that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates.

Auditors interviewed contracted employees during the onsite portion of the audit, who verified that they had received the PREA training that all employees received, the training for volunteers and contractors, and that they receive annual training.

#### 115.32 (b) - 2

The facility indicated, in their response to the PAQ, that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditor viewed the video used for this training purpose and noted that it does identify the facility's zero-tolerance policy.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.32.(c) - 1

	<p>The facility indicated, in their response to the PAQ, that the agency maintains documentation confirming that volunteers and contractors understand the training they receive. The facility provided documentation of volunteers and contractor training and their signature confirming that they understood the training they received.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard.</p>
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115.33	Inmate education
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Intake Staff</li> <li>b. Random Sample of Inmates</li> </ol> </li> <li>3. Onsite Observations   <ol style="list-style-type: none"> <li>a. PREA Posters throughout the facility</li> <li>b. Use of the Language Line</li> <li>c. Review of Tablets Inmates have Access to</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.33 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that</p>

inmates receive information, at the time of intake, about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Marquette County Sheriff's Office (MCSO) policy 606 Prison Rape Elimination Act identifies, in section 606.3, (p. 2), as one of the agency PREA Coordinator's responsibilities, ensuring that all inmates, at the intake process, receive information explaining the facility's policy on zero-tolerance for sexual assault, sexual abuse, and sexual harassment.

115.33 (a) - 2

The facility indicated, in their response to the PAQ, the number of inmates admitted, in the past 12 months, who were given the above information at intake, is 485.

Auditor interviewed Intake staff who said that inmates are given the information at intake and provided copies of printed information given to inmates during the booking process, including information on the zero-tolerance policy. The facility also provided documentation of inmate education having been done within the required time frame for all inmates in the jail.

Of the 10 inmates who were interviewed, all of them said they received the information, at time of intake, about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. They said they viewed a video and received information printed in either English or Spanish, as appropriate.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 (b) - 1

The facility indicated, in their response to the PAQ, that 485 inmates were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. The facility reports that 100% of inmates who were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

The facility provided documentation of the prisoner education delivered during the intake process for the 10 inmates who were formally interviewed. All of them showed that the Orientation was received, by inmates, well within the required 30-day time frame. All the inmates who were interviewed verified that they were given orientation within 30 days of arrival at the facility.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.



115.33 © - 1, 2, and 3

The facility indicated that all inmates currently housed at the institution have been educated within 30 days of admission. Staff explained that all inmates, during the booking process, are provided with inmate education. The facility provided documentation of admission to the facility and of education of inmates that demonstrated that inmates are provided prisoner orientation during the booking process.

115.33 © - 4

The Marquette County Jail is a one facility agency operated by the Marquette County Sheriff's Office. Inmates are not transferred from one facility to another.

A final analysis of the evidence indicates the facility is compliant with all aspects of this provision.

115.33 (d) - 1, 2, 3, 4, and 5

The facility indicated, in their response to the PAQ, that inmate PREA education is available in formats accessible to all inmates, including those that are limited English proficient, those who are deaf, those who are visually impaired, those who are otherwise disabled, and those who are limited in their reading skills. Printed information, in both Spanish and English, and a video with captions are available, for inmates who are (LEP) and hearing impaired. Also available for inmates who do not speak English is the Language Line, which presents over-the-phone translation in a variety of languages. The auditor interviewed a LEP inmate, using the Language Line. Inmates who are visually impaired can listen to the video, as can inmates who are otherwise disabled, including cognitively, and staff who were interviewed said that if necessary, staff will read, and explain the information to an inmate who requires that type of assistance. A LEP inmate was interviewed who confirmed that the facility presents information in a manner he can understand. Also interviewed were cognitively impaired inmates who said they were given the information in a manner they could understand.

115.33 € - 1

The agency indicated, in their response to the PAQ, that they do maintain documentation of inmate participation in PREA education sessions. They said that participation and documentation are recorded electronically using a signature pad and that the automated form is stored in the inmate's record. They provided documentation showing that all prisoner education was provided during admission to the facility.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 (f) - 1

The facility indicated, in their response to the PAQ, that the agency ensures that key information about the agency's PREA policies is continuously and readily available or

	<p>visible through posters, inmate handbooks, and on tablets that inmates use. Auditors noted, during the site review, that information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, and tablets.</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard.</p>
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115.34	Specialized training: Investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. PowerPoint Investigative Training Module</li> <li>c. Certificate of Completion of Investigator Training</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Investigative Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.34 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Marquette County Sheriff's Office (MCSO) policy 606, in section 606.7, (p. 7), says that only investigators who have completed office approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases. A facility investigator was interviewed who said that he had completed investigator training in March of 2022 that was a 16-hour course at Northwest Technical College. He said that the training was all encompassing, including covering techniques for interviewing sexual abuse victims,</p>

	<p>proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. Provided as documentation of completion of the training was his Certificate of Completion of training at the Northwest Technical College.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.34 (b)</p> <p>Also presented as documentation was a PowerPoint module used in the Investigator Training. The auditor reviewed the training module provided by the facility and noted that it does cover techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.34 © - 1 and 2</p> <p>The facility indicated, in their response to the PAQ, that the agency maintains documentation showing that investigators have completed the required training. Reported on the PAQ was that the agency currently employs one investigator who has completed the specialized training. The facility provided a certificate of completion of the appropriate investigator training for that individual.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard.</p>
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115.35	Specialized training: Medical and mental health care
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-audit Questionnaire</li> </ol> </li> </ol>

- b. Marquette County Sheriff's Office Policy 308 Prison Rape Elimination Act Training, effective date 03/07/2025
- c. Mental Health Worker Training Documentation

#### Interviews

- a. Medical and Mental Health Staff

#### Findings (By Provision):

##### 115.35 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ) that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Marquette County Sheriff's Office (MCSO) policy 308 Prison Rape Elimination Act Training states, in section 308.4, (p. 2), "all full- and part-time qualified health care and mental health professionals who work regularly in the facility shall receive all of the member training listed above, as well as training that includes:

- (a) Detecting and assessing signs of sexual abuse and sexual harassment,
- (b) Preserving physical evidence of sexual abuse,
- (c) Responding effectively and professionally to victims of sexual abuse and sexual harassment, and
- (d) Reporting allegations or suspicions of sexual abuse and sexual harassment."

##### 115.35 (a) - 2

The facility indicated, in their response to the PAQ, that the number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy is four.

##### 115.35 (a) - 3

The facility indicated, in their response to the PAQ that 100% of all medical and mental health care practitioners who work regularly at this facility have received the training required by agency policy.

Medical and mental health care staff who were interviewed said that they received the PREA training that all staff are required to complete as well as specialized PREA training for health care staff.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

##### 115.35 (b) - 1

The facility indicated, in their response to the PAQ, that agency medical staff at this facility do not conduct forensic medical exams. Medical health care staff verified, in

	<p>interviews, that they do not conduct forensic exams at the facility.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.35 (c) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. Submitted on the PAQ were individual acknowledgment forms for all four medical and mental health care staff who received the specialized training.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.35 (d)</p> <p>The facility indicated that all medical and mental health care staff also receive the training mandated for employees under 115.31 or for contractors and volunteers 115.32, depending upon the practitioner's status at the agency. Documentation of training submitted for the mental and medical health care employees included confirmation of the receipt of the training mandated for employees under 115.31 and the training for contractors and volunteers mandated under 115.32.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this provision.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 507 Inmate Classification, effective date, 02/28/2025</li> <li>c. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> </ol>

## 2. Interviews

- a. Staff Responsible for Risk Screening
- b. Random Sample of Inmates

### Findings (By Provision):

#### 115.41 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Marquette County Sheriff's Office (MCSO) policy 507 Inmate Classification says, in Section 507.3, (p.1), "the plan should also include an initial screen process, risk screening assessment as well as a process for determining appropriate housing assignments."

The Jail Superintendent/Captain explained that all correctional officers rotate through the booking position and are responsible for conducting the risk screening as part of the booking process.

The screening consists of two parts, an in-person, face-to-face interview, and a records review. Of the 10 inmates interviewed, all recalled having been screened by staff, shortly after their arrival at the facility. Completed screens, for all 10 of the inmates who were formally interviewed were presented as documentation and all indicated that the inmates were screened within 72 hours of their admission to the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.41 (b) - 1

The facility indicated, in their response to the PAQ, that the agency policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. MCSO policy 507 requires, in section 507.3, (p. 2), that the facility classification plan includes an initial screening process, a risk screening as well as a process for determining appropriate housing assignments.

#### 115.41 (b) - 2

The facility indicates, in their response to the PAQ, that the number of inmates, whose length of stay at the facility was for 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, within the past 12 months, was 398. The auditor

requested copies of the completed screens for all inmates who were interviewed. The facility provided the requested documentation, and the auditor reviewed it and found it to be accurate. All 10 inmates who were interviewed said they were asked questions about things like whether they had ever been incarcerated before, whether they had ever been sexually abused, if they identified with being lesbian, bisexual, or transgender, and if they felt safe at the facility and all of them recalled that interview having taken place soon after their arrival at the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.41 (c and d)

The facility indicated, in their response to the PAQ, that the risk assessment is conducted using an objective screening tool. Submitted as documentation was the MCSO PREA Risk Screening and Housing Plan document. The screening tool is comprised of three sections. The screening involves a face-to-face interview where staff notes, in section I, the inmate's age, physical build, and asks questions such as if the inmate has ever been in jail or prison before, if they have concerns for their personal safety, if they identify as lesbian, gay, bisexual transgender or intersex, if they have been the victim of previous sexual abuse either in the institution or the community. Section II asks questions designed to determine if the inmate has a possible predatory risk, i.e. if they have ever been accused of institutional sexual abuse or has a conviction for a sexual offense. In section III, a determination is made as to whether the inmate is at risk of victimization or of being sexually abusive.

Intake staff identified that another part of the booking process is an interview with medical health staff who review whether the inmate has a mental, physical or developmental disability. The PREA Coordinator explained that all completed screens, after the booking process is completed, are routed to the PREA Coordinator for review.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.41 (e)

The facility indicated in their response to the PAQ, that the initial screening considers prior acts of sexual abuse, prior convictions for violent offense, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The screening tool, and the completed screens reviewed by auditors showed that the screening does ask, in section II, questions 13, 14, 15, 16 and 17, if the inmate has been accused of institutional sexual abuse, if the inmate has a history of institutional non-sexual violence, if the inmate is currently arrested for a sex offense, if the inmate has a conviction for a violent non-sexual offense, and if the inmate has a previous conviction for a sexual offense. Two staff who rotate through the booking officer position confirmed that these questions are asked of all inmates who are booked into the jail.

A final analysis of the evidence indicates that the facility is in substantial compliance

with this provision.

115.41 (f) - 1

The facility indicated, in their response to the (PAQ), that agency policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. MCSO policy 507.6, in section 507.6.1, identifies that the classification deputy is responsible for reviewing the status of all inmates who have been incarcerated in the facility for more than 30 days. It also requires that additional reviews be conducted every 30 days thereafter. The facility presented documentation identifying that nine of the 10 inmates who were interviewed were reassessed within 30 days. The one inmate who was not reassessed within 30 days was not in the facility long enough for a reassessment to be conducted. The average length of stay in the facility is 11 days.

115.41 (f) - 2

The facility indicated, in their response to the PAQ, that the number of inmates entering the facility within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake is 398. The auditor reviewed the sample screens submitted by the facility and determined that all of the inmates who were present in the jail for a period of 30 days or more were reassessed within 30 days.

A final analysis of the evidence indicates that the facility is in compliance with this provision.

115.41 (g)

The facility indicated, in their response to the PAQ, that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The facility did not receive any allegations of sexual abuse that actually met the definition of sexual abuse, during the audit period. However, a review of all intake screens and reassessments is conducted by the PREA Coordinator.

115.41 (h)

The facility indicated, in their response to the PAQ, that agency policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding:

- (a) whether or not the inmate has a mental, physical, or developmental disability.
- (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.
- (c) whether or not the inmate has previously experienced sexual victimization; and



	<p>(d) the inmate’s own perception of vulnerability.</p> <p>MCSO policy 507, in section 507.3.1, (p. 2), identifies that, “inmates may not be compelled by thread of discipline to provide information or answers regarding:</p> <p>(a) whether or not the inmate has a mental, physical, or developmental disability;</p> <p>(b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;</p> <p>(c) whether or not the inmate has previously experienced sexual victimization; and</p> <p>(d) the inmate’s own perception of vulnerability.</p> <p>Both staff who conduct screening and randomly chosen staff verified that inmates are informed that they will not be disciplined for refusing to answer these questions before the screening begins.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p>115.41 (i)</p> <p>The facility indicated, in their response to the PAQ, that the agency has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates. MCSO policy 507 identifies, in section 307.3, (p. 2), that, “information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know.”</p> <p>The Jail Superintendent identified that when the intake screening is completed, during the intake process, the screen is reviewed by the PREA Coordinator and the Classification Deputy, who also completes the 30-day reassessment, and the screen is then filed in the inmate’s file which is housed in the captain’s office. The intake staff also verified that corrections officers, including intake staff, do not have access to the inmate’s screen once the booking process has been completed.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)

a. Pre-Audit Questionnaire

b. Marquette County Sheriff's Office Policy 507 Inmate Classification, effective date, 02/28/2025

2. Interviews

a. PREA Compliance Manager

b. Staff Responsible for Risk Screening

3. Onsite Review of the Facility

a. Separate shower stalls

Findings (By Provision):

115.42 (a) – 1

The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the agency/facility uses information from the risk screening required by Standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Marquette County Sheriff's Office (MCSO) policy 507 Inmate Classification identifies, in section 507.3, (p. 2), that the classification plan for the jail must include an initial screening process that is used for making decisions about classification and housing assignments. In section 507.10, (p. 5), the same policy identifies that, "housing, bed, work and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive."

Staff who conduct risk screening verified, in an onsite interview, that the information is used to determine housing, work or programming assignments. The facility PREA Coordinator said, in an interview conducted onsite, the information is used to ensure that housing assignments are made appropriately and to keep inmates at risk of victimization away from inmates at risk of being abusive.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (b)

The facility indicated, in their response to the PAQ, that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. MCSO

policy 507, in section 507.3, (p. 1), lays out the classification plan implemented by the jail to determine housing assignments. The plan takes into consideration a variety of factors, such as age, sex, current charges, behavior during arrest and intake process, criminal and incarceration history, emotional and mental condition, potential risk of safety to others or self, special needs for vulnerable inmates, inmate's own perception of his/her vulnerability, gender identity, identification as lesbian, gay, bisexual, transgender or intersex, prior acts of sexual abuse, convictions for violent offenses, and any other criteria deemed appropriate by the Sheriff or the authorized designee. All of these conditions are taken into consideration for each inmate who is booked into the jail. This policy, in section 507.5.1, (p.3), says that individualized determinations shall be made about how to ensure the safety of each inmate. The facility also has a screening process that involves multiple areas of control within the facility. The initial risk screening is completed by the booking officer, a medical professional also completes a screening, during the booking process, both screenings go to the facility PREA Coordinator for review, and to the Classification Officer for determination of a housing assignment that takes into consideration all the information gleaned during the screening and review process.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.42 (c)

The facility indicated, in their response to the PAQ, that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. MCSO policy 507, in section 507.10, (p. 5), identifies that housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management or facility security concerns. The same policy goes on to say that "a transgender or intersex inmate's view s with respect to his/her own safety shall be given consideration."

There were no transgender inmates housed at the facility on the day of the audit.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.42 (d)

The facility indicated, in their response to the PAQ, that placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate. MCSO policy 507 says, in section 507.6, (p. 4), "housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate. The facility PREA Coordinator confirmed that placement and programming assignments for transgender inmates are done every six months.

A final analysis of the evidence indicates that the facility is in substantial compliance

with this provision.

115.42 (e) The facility indicated, in their response to the PAQ, that a transgender or intersex inmate's own views with respect to his or her own safety are given serious consideration when making facility and housing placement decisions and programming assignments. MCSO policy 507, in section 507.10, (p. 5), identifies that housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management or facility security concerns. The same policy goes on to say that "a transgender or intersex inmate's views with respect to his/her own safety shall be given consideration."

Staff who conduct risk screening identified that question 9, in Section I of the risk screen, asks if the inmate has concerns for his/her personal safety.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (f)

The facility indicated, in the response to the PAQ, that transgender and intersex inmates are given the opportunity to shower separately from other inmates. Staff who were interviewed said that this is accomplished by allowing them a separate time to shower in the housing units and that if transgender and intersex inmates want to shower in a separate area from the general population, they will afford them the use of a shower in the Huber area or in the medical isolation area.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (g)

The facility indicated, in their response to the PAQ, that the agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Agency policy requires, in section 507.11, (p. 6), that lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement or legal judgment.

Both the PREA Coordinator, and the Jail Superintendent, confirmed in interviews that the facility is not subject to a consent decree, legal settlement, or legal judgment.

A final analysis of the evidence indicates that the facility is in substantial compliance

	<p>with this provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.43 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Marquette County Sheriff's Office policy 606, Prison Rape Elimination Act, in section 606.11, identifies that, "inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation."</p> <p>The facility PREA Coordinator identified, in an interview, that the facility does not house inmates in isolated housing involuntarily for risk of victimization.</p> <p>115.43 (a) - 2 The facility indicated, in their response to the PAQ, that the number of inmates who were separated from the general population involuntarily, in the past 12 months, was zero.</p>

	<p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.43 (b) - 1</p> <p>The same policy, in the same section, says that “if an involuntary protective custody assignment is made because of a high risk for victimization, . . . inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education and work opportunities.”</p> <p>The facility indicated, on the PAQ, that no inmates were placed in segregated housing, for this purpose, in the past 12 months and the superintendent verified that.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.43 c and d</p> <p>The facility indicated, in their response to the PAQ, that in the past 12 months, placement in involuntary segregation while awaiting alternative placement was zero. The facility indicated, and the superintendent verified, that they do not place inmates in involuntary segregation for this purpose.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.43 €</p> <p>MASO policy 606 also identifies that any inmate placed in involuntary isolation for risk of victimization shall be afforded a review to determine whether there is a continuing need for protective custody every 30 days.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.51	Inmate reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (policies, directives, forms, files, records, etc.)</p>

- a. Pre-Audit Questionnaire
- b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025
- c. Report It Poster
- d. Memorandum of Understanding with Hope House
- e. Marquette County Sheriff's Office Policy 604 Foreign Nationals and Diplomats

## 2. Interviews

- a. Random Sample of Staff
- b. Random Sample of Inmates

## 3. On-site Observations:

- a. PREA Posters in English and Spanish through the facility

### Findings (By Provision):

#### 115.51 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment or staff neglect or violation of responsibilities that may have contributed to such incidents. Marquette County Sheriff's Office policy 606 Prison Rape Elimination Act says, in section 606.4, (p, 5), "inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose." The same policy identifies that third party reports of sexual abuse or sexual harassment will also be accepted.

All of the inmates who were interviewed, were familiar with the reporting methods and were able to articulate how they could make a report of sexual abuse or sexual harassment.

Auditors tested telephones inmates use and were able to access the reporting services identified on the posters. All the random staff who were interviewed were also familiar with the reporting methods and posters with the information on them were available throughout the facility.

A final analysis of the evidence indicates that the facility is not in substantial compliance with this provision.

#### 115.51 (b) - 1

The facility indicated, in their response to the PAQ, that the agency provides at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. They submitted a Memorandum of Understanding (MOU) with Hope House of South-Central Wisconsin. The (MOU) identifies that the Hope House will provide advocacy and support to inmates at the Marquette County Jail who are victims of sexual abuse, as requested by the victim via Marquette County Jail. The MOU also identifies that the Hope House will provide emotional, crisis intervention, information and referral, and may be contacted by mail, in person, by telephone, or an approved telecommunications method. In section B, 3, (p. 2), the MOU identifies that the Hope House Advocate shall obtain consent and a release of information from the victim before reporting (from the information received from a victim) an incident of sexual abuse, any safety-related fears or concerns, or other confidential information to Marquette County Jail.

The auditor interviewed an advocate from the Hope House. That staff identified that if an inmate were to call Hope House to make a report of sexual abuse at the Marquette County Jail, the advocate could FAX a release of information to the jail for staff to have the inmate sign, and jail staff could then, immediately, FAX the signed release back to the Hope House so that they can immediately relay the information to the agency. This person also said the process could be completed via e-mail. The Jail Superintendent/Captain verified that the staff at the Marquette County Jail frequently provide this kind of service to enable communication between inmates and their attorneys, and that staff are instructed not to read the contents of the communication while obtaining the inmates' signature. She also said that the same method of conveying information could be used to facilitate an inmate providing a signed release of information.

All the inmates who were interviewed, during the onsite portion of the audit, were easily able to articulate the reporting methods available to them, identifying that they are posted throughout the facility. They also said that the reporting methods are identified on the iPods they use.

All the staff who were interviewed were familiar with the way an inmate can make a report of sexual abuse or sexual harassment to a agency outside the Marquette County Jail.

#### 115.51 (b) - 2

The agency indicated, in their response to the PAQ, that the agency has a policy requiring that inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. MCSO policy 604 Foreign Nation and Diplomats, says, in section 604.4, (p. 1), "inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and officials at the U.S. Department of Homeland Security."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.



	<p>115.51 © 1 and 2</p> <p>The facility indicated, in their response to the PAQ, that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. MCSO policy 606, in section 606.4, (p. 5), says, “staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports.” Staff also made the auditor aware that the reporting methods are also available on iPods that inmates use.</p> <p>Staff who were interviewed understood inmates can report an incident of sexual abuse or sexual harassment verbally, in writing, anonymously and from third parties. All of them said they would treat all allegations the same, regardless of how they were reported, that they would immediately report all allegations to their supervisor and document them in an Incident Report.</p> <p>All the inmates who were formally interviewed acknowledged that they were aware they could make reports to staff, either in person or in writing, and that they could have a friend or relative make the report for them.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.51 (d) 1 and 2</p> <p>The facility indicated, in their response to the PAQ, that the agency provides a method for staff to privately report sexual abuse and asexual harassment of inmates. MCSO policy 606, in section 606.4 (p. 5), says, “staff may also privately report sexual abuse and sexual harassment of inmates. The reports may be made to Hope House, Marquette County Administrator or anyone in the Marquette County Sheriff’s Office command staff.”</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.52	Exhaustion of administrative remedies
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
  - a. Pre-Audit Questionnaire
  - b. Marquette County Sheriff's Office Policy 609 Inmate Grievances, effective date, 02/28/2025
2. Interviews
  - a. Inmates Who Reported a Sexual Abuse

Findings (By Provision):

115.52 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. Marquette County Sheriff's Office policy 609 Inmate Grievances, in section 609.5, (p. 3), outlines a procedure for dealing with inmate grievances regarding sexual abuse.

A final analysis of the evidence indicates that the facility is substantially compliant with this provision.

115.52 (b) - 2 - (d) - 1

This policy says that:

- (a) inmates may submit a grievance regarding an allegation of sexual abuse at any time,
- (b) third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates are permitted to assist inmates in filing such grievances and to file such grievances on behalf of inmates if the inmate agrees to have the grievance filed on his/her behalf. Staff members who receive a grievance filed by a third party on behalf of an inmate shall inquire whether the inmate wishes to have the grievance processed and shall document the inmate's decision,
- (c) grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint,
- (d) staff receiving a grievance shall forward the grievance to a supervisor. Grievances shall not be forwarded to any supervisor who is the subject of the complaint. The supervisor receiving the grievance shall refer the grievance to the Shift Sergeant for investigation. Inmates and staff are not required to attempt to informally resolve grievances related to sexual abuse,
- € the Shift Sergeant shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Shift Sergeant may grant an extension of up to 70 days if it is reasonable to make an appropriate decision. If an extension is granted, the inmate shall be notified and provided a date by which a decision will be made,
- (f) at any level of the process, including the appeal, if the inmate does not receive a response within the allotted time, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level, and

(g) inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith.

115.52 (d) – 2, 3, 4, 5 and 6

The facility indicated, in their response to the PAQ, that in that past 12 months, the number of grievances filed that alleged sexual abuse was zero.

115.52 (d) – 7

The facility indicated, in their response to the PAQ, that the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made.

There were no inmates who reported a sexual abuse housed at the facility on the day of the audit.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provisions b through d.

115.52 € – 1

The facility indicated, in their response to the PAQ, that agency policy and procedure permits that parties, including fellow inmates, staff members, family members, attorneys, and outside advocates to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. This information is outlined in MCSO policy 609, in section 609.5 (b), (p. 3).

115.52 € – 2

The facility indicated, in their response to the PAQ, that agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. This information is outlined in MCSO policy 609, in section 609.5 (b), (p. 3).

115.52 € – 3

The facility indicated, in their response to the PAQ, that the number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance containing documentation of the inmate's decision to decline is zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.52 (f) – 1

The facility indicated, in their response to the PAQ, that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. This information is located in MCSO policy 609, in section 609.5.1, (p. 4.)

115.52 (f) – 2

The facility indicated that the agency's policy and procedure for emergency

	<p>grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. This policy requirement is found in MSCO policy 609, in section 609.5.1, (p. 4).</p> <p>115.52 (f) – 3 and 4 The facility indicated, in their response to the PAQ, that the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero.</p> <p>115.52 (f) – 5 The facility indicated, in their response to the PAQ, that the agency’s policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. This information is outlined in MCSO policy 609, in section 609.5.1, (p. 4).</p> <p>115.52 (f) – 6 The facility indicated, in their response to the PAQ, that the number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was zero.</p> <p>A final review of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.52 (g) – 1 The facility indicated, in their response to the PAQ, that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. MCSO policy 609 outlines this information in section 609.5 (g), (p. 4).</p> <p>115.52 (g) – 2 The facility indicated, in their response to the PAQ, that in the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith is zero.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action A final analysis of the evidence indicated that the facility is substantially compliant with the standard.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
  - a. Pre-Audit Questionnaire
  - b. Report It Poster
  - c. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025
  - d. Memorandum of Understanding between Marquette County Sheriff's Office and Hope House
2. Interviews
  - a. Random Sample of Inmates
3. Onsite Review:
  - a. Posters throughout the facility identifying the outside advocacy agency

Findings (By Provision):

115.53 (a) - 1 and 2

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse.

Marquette County Sheriff's Office policy 606 identifies, in section 606.3 (f), (p. 3), that the facility has entered into a Memorandum of Understanding (MOU) with Hope House of South Central Wisconsin, 720 Ash Street, Baraboo, Wisconsin, to provide inmates with confidential, emotional support services related to sexual abuse. The facility provided a copy of the MOU.

The facility provided a copy of a poster that tells inmates that a sexual assault service provider is available to provide emotional support services related to sexual abuse. The posting provides the name of the agency, the contact information for the agency, and detailed instructions on how to make a call to the agency on any inmate phone in the jail. Auditors noted this signage, throughout the facility, and in the housing units. Auditors saw posters, with that information, throughout the facility and the information is also on the tablet that inmates use.

The auditor interviewed staff at the Hope House, who confirmed that the agency does have an MOU with the Marquette County Jail to provide advocacy services and emotional counseling related to sexual abuse for the inmates at the Marquette County Jail. Staff said that the agency provides services in a variety of ways, in

person at the facility, over the phone, or by mail. She also said that the agency has a 24-hour crisis line and is equipped to work with inmates who are limited English proficient by using a language line translation service.

115.53 (a) - 3

The facility indicated, in their response to the PAQ, that they provide inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration. MCSO policy 606 says, in section 606.3 (f), (p. 4), persons detained solely for civil immigration purposes shall be given contact information for immigrant services agencies.

115.53 (a) - 4

The facility indicated, in their response to the PAQ, that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. Auditors' review of posters, throughout the facility, demonstrated that the posters identify Hope House in Baraboo, Wisconsin, as a sexual assault service provider with staff who are trained to provide confidential support, they identify that the services are free, they provide a mailing address and a hotline number, and they inform the inmate that their PIN is not needed to make the call and that the calls are not recorded or monitored.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.53 (b) - 1 and 2

The facility indicated, in their response to the PAQ, that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. MCSO policy 606 identifies, in section 606.3(f), (p. 4), that the facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.53 © - 1 and 2

The facility indicated, in their response to the PAQ, that the agency or facility maintains a memorandum of understanding (MOUs) or other agreements with community service providers that can provide inmates with emotional support services related to sexual abuse. The facility reports that they have entered an MOU with a local advocacy agency, Hope House, and provided a copy of the MOU. The MOU outlines the scope of the agreement and the terms of service. The advocacy agency agreed to provide an advocate to accompany and support victims of sexual abuse through a forensic medical examination and investigative interviews if requested by the victim, provide emotional support services to victims of sexual

	<p>abuse, obtain consent and a release of information from the victim before reporting an incident of sexual abuse, work with designated DOC officials to obtain security clearance (if needed) for the advocates to provide services, to participate in an inmate orientation and to tour the facility. The auditor interviewed the advocacy staff at Hope House, during the post-onsite phase of the audit. Staff there said that the agency provides a 24/7hotline for inmates to call for emotional support and advocacy, and that staff are trained as advocates to respond in person or over the phone.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard.</p>
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115.54	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Wisconsin Department of Corrections Zero-Tolerance and 3rd Party Reporting Poster</li> <li>c. Wisconsin Department of Corrections Agency Website Reporting Reference</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Random Sample of Inmates</li> <li>b. Random Sample of Staff</li> </ol> </li> <li>3. On-Site Observations <ol style="list-style-type: none"> <li>a. PREA posters throughout the facility</li> </ol> </li> </ol> <p>Findings (By Provision):</p>

	<p>115.54 (a) 1 and 2</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Marquette County Sheriff's Office policy 606 says, in section 606.4, that staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. It goes on to say that staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports.</p> <p>The facility submitted, "Report it!", poster that tells inmates that they can confidentially report an act verbally or in writing to any Sheriff's Office staff, volunteer, or a third party outside the facility.</p> <p>All staff who were randomly selected for interviews were aware that inmates could call a family member, or a friend, and have them report an incident of sexual abuse for them. They also said they believed an allegation made that way would be taken seriously and would be investigated in the same manner any other report would be. All inmates who were interviewed, both formally and informally, were also aware that they could have a third-party make a report of sexual abuse for them if they chose not to report it themselves.</p> <p>The auditor reviewed the Marquette County Sheriff's Office website and found that there is information, on the website, that says, "if you or someone you know, is a victim of sexual assault that occurred while housed in the Marquette County Jail or any Correctional Institution, REPORT IT IMMEDIATELY. The website also provides the information that any person may make a report of sexual misconduct from outside the facility by calling the Sheriff's Office, and provides a telephone number, self-reporting at the Marquette County Sheriff's Office and asking to speak to a supervisor, and by calling a PREA hotline 800 number that goes to Hope House of South-Central Wisconsin.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following evidence was analyzed in making the compliance determination:



1. Documents: (policies, directives forms, files, records, etc.)

a. Pre-audit Questionnaire

b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, 03/07/2025

2. Interviews

a. Random Sample of Staff

b. Medical and Mental Health Staff

c. Jail Superintendent/Captain

d. PREA Coordinator

Findings (By Provision):

115.61 (a) - 1, 2 and 3

The facility indicated, in their response to the Pre-Audit-Questionnaire (PAQ), that the agency requires all staff to report immediately, and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, to report immediately any retaliation against inmates or staff who reported such an incident, and to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Marquette County Sheriff's Office policy 606 Prison Rape Elimination Act requires, in section 606.4, (p. 5), "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a deputy or supervisor, who will forward the matter to a sexual abuse investigator."

All random staff who were interviewed during the onsite portion of the audit were aware of this policy requirement. When asked if all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, their answer was, "yes, we are required to report immediately."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.61 (b) - 1

The facility indicated, in their response to the PAQ, that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

MCSO policy 606 requires, in section 606.4, (p. 5), "Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law." It also requires, in section 606.10, (p. 11), "medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions.

All random staff who were interviewed, during the onsite portion of the audit, were aware of their reporting duties and of their obligation to not discuss any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security management decisions.

A final analysis of the evidence indicates that that facility is in substantial compliance with this provision.

#### 115.61 ©

MCSO policy 606 identifies, in section 606.11, (j), (p. 11), that medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental practitioners and other staff unless it is necessary it inform jail staff about security or management decisions." It also says, in section 505.11 (i), on the same page, "the responsible physician or mental health staff shall obtain informed consent from inmates before reporting information to jail staff about prior sexual victimization that occurred somewhere other tha an institutional setting unless the inmate is under the age of 18. A facility nurse was interviewed and said that they do inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

#### 115.61 (d)

The facility indicated, in response to the PAQ, that MCSO policy 606, requires, in section 606.7, (p.8) that if a victim is under 18 or considered a vulnerable adult under state law, the assigned investigator shall immediately report the allegation to the designated social services agency as required.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.61 €

The facility indicated, in their response to the PAQ, that employees, agency representatives, volunteers or contractors are to report all incidents of sexual abuse, sexual harassment, or retaliation against staff or inmates immediately to a deputy or

	<p>other supervisor who will forward the matter to a sexual abuse investigator. The Jail Superintendent/Captain verified, in an interview, that all employees are required, by policy, to report all knowledge regarding an incident of sexual abuse to supervisors, including those allegations made by a third party and those that are made anonymously.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Warden</li> <li>c. Random Sample of Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.62 (a) – 1, The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Marquette County Sheriff's Office (MCSO) policy 606 identifies, in section 606.3 (a), that ,” upon any indication that an inmate is subject to a substantial risk of imminent sexual abuse it shall be the policy of this facility to take immediate action and by any means available to place that inmate in an environment that provides the best means for safety to the inmate.”</p>

	<p>115.62 (a) – 2, 3, and 4</p> <p>The facility reported that in the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse was zero.</p> <p>The agency head said that the inmate would be separated from the alleged perpetrator to provide safety. All random staff, who were interviewed onsite said that they would immediately alert the captain or security director and move the inmate to a safe place until security came to take charge of the situation. When asked how quickly they would take that type of action, all of them said, "immediately."</p> <p>The Jail Superintendent/Captain said, in an interview, "we would immediately separate that person, at least move to holding cell until we can gather more information. We could house in a different location, depending on circumstances, if the inmate is struggling to get along with others. I think in the long run, but initially in the beginning I would move the victim until I could interview them and get all the information. It might be the entire pod that is having issues with this victim."</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard.</p>
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115.63	Reporting to other confinement facilities
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Jail Superintendent/Captain</li> </ol> </li> </ol>

Findings (By Provision):

115.63 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

Marquette County Sheriff's Office (MCSO) says, in policy 606.4.1, (p. 6). "if there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Captain/Administrator shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation and shall work cooperatively while conducting an investigation."

115.63 (a) – 2 and 3

The facility reports that, in the last 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was zero.

The Jail Superintendent/Captain verified, in an interview, that the facility's response would be to gather information, submit an incident report, refer the allegation to the head of the facility where the alleged abuse happened within 72 hours of receipt of the report, and assist with an investigation as needed.

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

115.63 (b)

The facility indicated, in their response to the PAQ, that that MCSO policy 606 requires that such notification shall be made, "as soon as possible but not later than 72 hours after receiving the allegation . . . "

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

115.63 ©

The facility indicated, in their response to the PAQ, that MCSO policy 606 requires that, "the Jail Captain/Administrator shall ensure that the notification has been documented in writing (2The documentation should include the agency contact, name and rank of individual contacted, details provided to agency regarding incident, date and time of contact. The facility indicated, on the PAQ, that, in the past 12 months, the number of reports the facility received that an inmate had been sexually abused at another facility was zero, thus no documentation of such notifications was available.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

	<p>115.63 (d) 1 and 2</p> <p>The facility indicated, in their response to the PAQ, that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. MCSO policy 606 identifies, in section 606.4.1, (p.4), that if another agency notifies the Marquette County Jail of a sexual allegation that occurred in the Marquette County Jail the information will be documented. The Jail Captain/Administrator will work with the Marquette County PREA Investigator to conduct and complete a full investigation of the sexual allegations. The Jail Superintendent/Captain said, "That would fall heavily on me to work with the other jail administrator to gather the information and do an investigation. It would be a lot of back and forth at first."</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.64 Staff first responder duties	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Staff who act as First Responders</li> <li>b. Random Sample of Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.64 (a) - 1 through 5</p>

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency has a first responder policy for allegations of sexual abuse. Agency policy 606, section 606.6 (p.7), outlines the required response of staff upon learning of an allegation of sexual abuse. The policy says that if an allegation of inmate sexual abuse is made, the first deputy to respond shall:

- a. Separate the parties.
  - b. Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals.
  - c. Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.
  - d. If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating).
- € Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing.
- (d) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation.

115.64 (a) – 6

The facility indicated, in response to the PAQ, that in the past 12 months, the number of allegations that an inmate was sexually abused was one.

115.64 (a) – 7

The facility indicated, in response to the PAQ, that in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was also one.

115/64 (a) – 8, 9, 10 and 11

The facility indicated, in response to the PAQ, that in the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero.

All Security staff and Non-security Staff First Responders who were interviewed said that as first responders, if they were the first person to be made aware of an incident of sexual abuse, they would separate the alleged victim and suspected abuser and focus on keeping the alleged victim safe. Non-security staff said they would notify a security supervisor immediately and keep the alleged victim in their line of sight until security arrived. Security staff also said they would notify security immediately and identified that they would preserve and protect any crime scene, and, if the incident occurred within a time frame that allowed for evidence to be collected, they would preserve the ability to collect any useable evidence. Most of the staff who were interviewed did identify that they would request that the victim not take any action that might destroy useable evidence and ensure that the perpetrator does not take any such action either.

	<p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.64 (b) 1 and 2</p> <p>The facility indicated, in their response to the PAQ, that agency policy requires that if the first staff responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a deputy. MCSO policy 606, says, in section 606.6, (p.7), “if the first employee responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence, and then immediately notify a deputy.” Staff who were interviewed said they had been trained in what steps to take if they were in that position. All of them were able to articulate the steps well. They all said they would separate the alleged victim and suspected perpetrator, notify security staff immediately, and keep the alleged victim safe until security staff arrived.</p> <p>115.64 (b) – 3, 4, and 5</p> <p>The facility indicated, in their response to the PAQ, that of the allegations an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.65	Coordinated response
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff’s Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Jail Superintendent/Captain</li> </ol> </li> </ol>



	<p>Findings (By Provision):</p> <p>115.65 (a) - 1</p> <p>The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Marquette County Sheriff's Office (MCSO) policy 606 Prison Rape Elimination Act identifies, in section 606.6, the responsibilities of staff first responders. They are:</p> <ul style="list-style-type: none"> <li>(a) Separate the parties,</li> <li>(b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals,</li> <li>(c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence,</li> <li>(d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating),</li> <li>€ Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing, and,</li> <li>(d) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation.</li> </ul> <p>The Jail Superintendent/Captain confirmed, in an interview, that the facility does have a coordinated response plan and said that all staff responsibilities are identified in the plan.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-audit Questionnaire</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.66 (a) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. In an interview, during the pre-on-site phase of the audit, the agency head confirmed, in an interview, that they have not.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> </ol>

- 2. Interviews
  - a. Agency Head
  - b. Jail Superintendent/Captain
  - c. Designated Staff Member Charged with Retaliation Monitoring Retaliation

Findings (By Provision):

115.67 (a) – 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates. Marquette County Sheriff's Office (MCSO) policy in section 606.5, (p. 6), says, "all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation."

115.67 (a) – 2

The facility indicated, in response to the PAQ, that the Jail Administrator/Captain or the authorized designee shall assign a supervisor or deputy to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation." This requirement is found in MCSO Policy 606, section 606.5, (p. 6).

A final analysis indicates that the facility is in substantial compliance with this provision.

115.67 (b)

MCSO policy 606, in section 606.5, (p. 6), identifies that, "protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation shall be utilized." The agency head, said in an interview conducted the onsite phase of the audit, "there are a number of things we can do to protect inmates from retaliation. We can make housing changes so that victims and perpetrators do not have access to each other, and we can arrange mental health services for victims." The Jail Superintendent/Captain said that housing moves are always available or disciplinary moves, but that it depends on the situation.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

	<p>115.67 (c, d and e)</p> <p>The facility indicated, in their response to the PAQ, that staff appointed by the Jail Super-intendent/Captain monitor the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by staff for at least 90 days. MCSO policy 606.5 (p. 6), requires that, "The periodic checks for retaliation should occur once every 30 days. The supervisor or deputy shall act promptly to remedy any such retaliation. The assigned supervisor or deputy should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews or reassignment of staff members." The same policy also says, in the same section, "monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks."</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.68	Post-allegation protective custody
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 507.10, effective date, 02/28/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Warden or Designee</li> </ol> </li> </ol> <p>115.68 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Marquette County Sheriff's Office (MCSO) policy 507 says, in section 507.10, (p. 5), that, "inmates at</p>

	<p>high risk for sexual victimization and with post allegations shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers.”</p> <p>115.68 (a) – 2 The facility reports as zero the number of inmates, who alleged to have suffered sexual abuse, who were held in involuntary segregated housing, within the past 12 months, for one to 24 hours, while awaiting completion of assessment.</p> <p>115.68 (a) – 3 The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were assigned to involuntary segregated housing, in the past 12 months, for more than 30 days, while awaiting alternative placement.</p> <p>115.68 (a) – 4 The facility reports that they have not held any inmates who alleged sexual abuse, in, or assigned any inmates who alleged sexual abuse to, segregated housing, in the last 12 months. The Jail Superintendent/Captain verified, in an interview, that the facility does not place inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p>115.68 (a) – 5 The facility reports that they do not house inmates in involuntary protective housing unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers and that, in the past 12 months, they have not made any such placement.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.71	Criminal and administrative agency investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (policies, directives, forms, files, records, etc.)</p>

- a. Pre-Audit Questionnaire
- b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025

## 2. Interviews

- a. Investigative Staff
- b. Jail Superintendent/Captain
- c. PREA Coordinator

### Findings (By Provision):

#### 115.71 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency/facility does have a policy related to criminal and administrative agency investigations. Marquette County Sheriff's Office (MCSO) policy 606 Prison Rape Elimination Act, in section 606.7, (p. 7), addresses investigations of sexual abuse and sexual harassment in the facility. This policy requires:

- a - an investigation be completed for all allegations of sexual abuse and sexual harassment,
- b - administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse,
- c - all administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings,
- d - only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases,
- e - when practicable, an investigator of the same sex as the victim should be assigned to the case,
- f - sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed,
- g - investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to an inmate's sexual orientation, sex or gender identity. Investigators should not assume that any sexual activity among inmates is consensual,
- h - the departure of the alleged abuser or victim from the employment or control of the jail or Office shall not provide a basis for terminating an investigation,
- i - if the investigation is referred to another agency for investigation, the Office shall request that the investigating agency follow the requirements as provided in 28 (a) through (e), the referral shall be documented, and the Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation,
- j - if criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges,

k - evidence collection shall be based on a uniform evidence protocol using the most recent edition of the Wisconsin Physical Evidence Handbook (9th Edition - 2017) that is developmentally appropriate for youth, if applicable, and adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011,

m - inmates alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation,

n - if a victim is under 18 or considered a vulnerable adult under state law, the assigned investigator shall immediately report the allegation to the designated social services agency as required,

A facility investigator who was interviewed said that it depends partly on how the report is made, and to whom, but that the investigation always begins as soon as possible. He said it might be within minutes, or hours, of when the allegation is made, but always as soon as he receives the information.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.71 (b)

MCSO policy 606 requires that only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases.

The facility presented a copy of the agency's investigator training module. The Auditor reviewed the lesson plan and found that it does include all required information including definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations and staff duties and responsibilities. The investigator who was interviewed confirmed that he had received the training and was able to give a description of the training that matched the information in the training module.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

#### 115.71 ©

The investigator who was interviewed said that when an investigation is assigned to him examples of evidence he may be involved in gathering are initial information including how the incident was reported, i.e., through the hotline, determination if a forensic exam should be offered, identify if the alleged incident resulted in available physical evidence and begin collecting any that might still be available.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (d)

Agency policy identifies that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior will be referred for criminal investigation and that all referrals will be documented. Investigative staff, when asked what their role in criminal investigations, said his role is to stay informed of the Detective Bureau's progress with the investigation and provide any evidence they request. The investigator also said that he would not conduct compelled interviews and that those would be done by a detective conducting a criminal investigation.

A final analysis of the provision indicates that the facility is in substantial compliance with this provision.

115.71 (e)

Agency policy, as noted in section (a), requires an investigator document the reasoning behind credibility assessments and the auditor noted in the Investigator Training Module that investigators are trained to assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the person's status as inmate or staff. Agency policy also verifies that an inmate making an allegation of sexual abuse or sexual harassment will not be required to submit to a polygraph or other truth-telling device to continue with an allegation.

The facility investigator confirmed that he would not require an inmate who alleged sexual abuse to take a polygraph or other truth-telling test.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (f)

Agency policy, as noted in section (a), requires that administrative investigations include an effort to determine whether employee actions or failures to act contributed to the abuse. The investigator who was interviewed confirmed this.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (g)

MCSO policy 606 requires that all administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The investigative staff who was interviewed said that investigations are documented in a written report and that the report, along with



other pertinent information, is then forwarded to the Jail Superintendent/Captain for review.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (h)

The facility indicated, in their response to the PAQ, that substantiated allegations of conduct that appear to be criminal are referred for prosecution. MCSO policy 60 requires that all allegations that involve potentially criminal behavior be referred to the Marquette County Sheriff's Detective Bureau for investigation and that part of the agency will determine whether an allegation should be referred to the Prosecutor for prosecution. The facility reported, on the PAQ, that there were no substantiated allegations of conduct that appeared to be criminal referred to the Detective Bureau during the audit period.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (i)

The facility indicated, in their response to the PAQ, that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. MCSO policy 606 identifies, in section 606.14, (p. 13), that "The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years." The Jail Superintendent/Captain confirmed this and demonstrated where investigative files are stored.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (j)

MCSO policy 606 identifies, in section 606.7, (p. 8), that the departure of an alleged abuser or victim from the employment or control of the facility, shall not provide a basis for terminating an investigation. The investigator, when asked if he would terminate an investigation if an alleged abuser or victim left the agency's employment or control, confirmed that he would not.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (l)

MCSO policy 606, in section 606.7, identifies that, "if the investigation is referred to

	<p>another agency for investigation, The Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation.” The PREA Coordinator said that investigators will remain apprised of the progress of an investigation by talking with the detective assigned to the case and through e-mail and telephone conversations. The Jail Superintendent/Captain corroborated this information in an interview.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.72	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: (policies, directives, forms, files, records etc.)</p> <ol style="list-style-type: none"> <li>Pre-Audit Questionnaire</li> <li>Marquette County Sheriff’s Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>Investigative Staff</li> </ol> <p>Findings (by Provision):</p> <p>115.72 (a) The facility indicated in their response to the Pre-Audit Questionnaire (PAQ) that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. The MCSO policy 606, in section 606.7.1, (p. 8) identifies that, “all completed investigations shall be forwarded to the Jail Captain/Administrator or if the allegations may reasonably involve the Jail Captain/Administrator, to the Chief Deputy and Sheriff. The Jail Captain/Administrator, Chief Deputy, or Sheriff shall review the</p>

	<p>investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence.”</p> <p>An interview with a facility investigator bore out that they rely on a preponderance of evidence in determining the outcome of an allegation. That is, they rely on evidence to assist them in determining if the incident was more likely than not to have occurred as the complainant alleged.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.73 Reporting to inmates	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff’s Office Policy 606 Prison Rape Elimination Act, effective date, 03/02/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Jail Superintendent/Captain</li> <li>b. Investigative Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.73 (a) – 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to</p>

whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

Marquette County Sheriff's Office (MCSO) policy 606 requires, in section 607.7.2, (p. 9), that the Jail Captain/Administrator or the authorized designee shall inform an inmate victim in writing whether an allegation has been substantiated, unsubstantiated or unfounded.

The Jail Superintendent/Captain also verified that for every investigation, a notification to the inmate who made the allegation is made.

115.73 (a) - 2

The facility indicated, in their response to the PAQ, that the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months was one.

115.73 (a) - 3

The facility indicated, in their response to the PAQ, that the number of inmates who were notified, verbally or in writing, of the results of the investigation was one.

A final analysis of the evidence indicates that the facility exceeds the provision and, thus, the standard.

115.73 (b) - 1

The facility indicated, in their response to the PAQ, that if an outside entity conducts such investigations the agency requests the relevant information from the investigative entity to inform the inmate of the outcome of the investigation. MCSO Policy 606 requires, in section 606.7.2, (. 9), that, "if the Office did not conduct the investigation, the Office shall request relevant information from the investigative agency in order to inform the inmate."

115.73 (b) - 2

The facility indicated, in their response to the PAQ, that there were no investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency, in the past 12 months.

115.73 (b) - 3

The facility indicated, in their response to the PAQ, that there were no investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency, in the past 12 months.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (c) 1, 2 and 3

The facility indicated, in their response to the PAQ, that MASO policy 606 outlines, in section 606.7.2, (p. 9) that following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the agency is required to inform the alleged victim, and document the notification, whenever:

a - the staff member is no longer posted within the inmate's unit or employed at the facility: or,

b - the Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

115.73 © - 2 and 3

The facility indicated, in their response to the PAQ, that there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (d)

The facility indicated, in their response to the PAQ, that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

a - the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility: or

b - the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. This information is detailed in MCDO policy 606.7.2, (p. 9).

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (e) - 1, 2 and 3

The facility indicated, in their response to the PAQ, that the agency has a policy that all notifications to inmates described under this standard are documented. MCSO policy 606, in section 606.7.2, (p. 9), requires that all, "all notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file."

115.73 € - 2 and 3

The facility indicated, in their response to the PAQ that, in the past 12 months, the

	<p>number of notifications to inmates that were provided pursuant to this standard was two. Auditors had the opportunity to review both investigative files, during the onsite portion of the audit, and noted that the inmates who filed the allegations were notified.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.76 (a) and (b)</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Marquette County Sheriff's Office (MCSO) policy 606 Prison Rape Elimination Act, in section 606.7.1 (p. 8), says, "the staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse."</p> <p>The facility indicated, in their response to the PAQ, that, in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero.</p>

A final analysis of the evidence indicates that the facility is in substantial compliance with the provisions.

115.76 © - 1

The facility indicated, in their response to the PAQ, that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This language is found in the MCSO policy 606, in section 606.7.1, (p. 8.) where it says, "all discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."

115.76 © - 2

The facility reports, in response to the PAQ, that the number of staff from the facility who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies other than engaging in sexual abuse, in the past 12 months, was zero.

A final analysis of the evidence indicates that the facility follows the provision.

115.76 (d) - 1

The facility indicated, in their response to the PAQ, that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. MCSO policy 606, in section 606.7.1, (p. 8-9), says, "all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies."

115.76 (d) -2

The facility reports that, in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies is zero.

A final analysis indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard.

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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Jail Superintendent/Captain</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>15.77 (a) 1 and 2  The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.</p> <p>Marquette County Sheriff's Office (MCSO) Policy 606 identifies, in section 606.8.1, (p. 9), "any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates. He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies."</p> <p>115.77 (a) - 3  The facility indicated, in their response to the PAQ, that in the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p>115.77 (a) - 4  The facility indicated, in their response to the PAQ, that in the past 12 months, there have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance</p>



	<p>with the provision.</p> <p>115.77 (b)</p> <p>The facility indicated, in their response to the PAQ, that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>When asked, in an interview, what remedial measures would be taken in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the Jail Superintendent/Captain said, “they would not be allowed to have any contact with inmates and would be treated just as an employee who engaged in sexual abuse of an inmate.”</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.78	Disciplinary sanctions for inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff’s Office Policy 600 Inmate Discipline, effective date, 02/28/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Warden or Designee</li> <li>b. Medical and Mental Health Staff</li> </ol> </li> </ol>

Findings (By Provision):

115.78 (a) – 1, 2, 3, and 4

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse.

Marquette County Sheriff's Office (MCSO) policy 600 Inmate Discipline, in section 600.8, (p. 9), says, "inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse."

The facility reports, in their response to the PAQ, that, in the past 12 months the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility is zero. They also reported that, in the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility is zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.78 (b)

Agency policy, 600 also says, in the same section, on the same page, that discipline shall be commensurate with the nature and circumstances of the offense committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Agency policy identifies sanctions such as counseling, loss of privileges, extra work, loss of good and/or work time and restitution for damaging jail property, to implementation of the Disciplinary Segregation Policy. In an interview, the Jail Superintendent/Captain said, "they could face criminal charges, lockdown cells, removing privileges, commissary, visitations, or library use. We try to be as fair as possible regardless of the situation."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.78 ©

The Jail Superintendent/Captain said that the administration would definitely consult with mental health to evaluate the inmate and help find solutions.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (d) 1 and 2

The facility indicated, in their response to the PAQ, that the facility offers therapy,

counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and that the same services that are offered to victims are also offered to abusers. MCSO policy 600 Inmate Discipline says, in section 600.8, (p. 9), "to the extent that there is available therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an inmate being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

#### 115.78 (e) - 1

The facility indicated, in their response to the PAQ, that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. MCSO policy 600 Inmate Discipline says, in section 600.7, (p. 8), says, "no discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such conduct."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

#### 115.78 (f)

The agency indicated, in their response to the PAQ, that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

MCSO policy 600 Inmate Discipline says, in section 600.7, (p. 8), says, "no inmate may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred."

A final review of the evidence indicates that the facility is in substantial compliance with the provision.

#### 115.78 (g) - 1 and 2

The facility indicated, in their response to the PAQ, that the agency prohibits all sexual activity between inmates. The facility also indicated, in their response to the PAQ, that the agency deems sexual activity between inmates to constitute sexual abuse only if it determines that the activity is coerced. MCSO policy 600 Inmate Discipline says, in section 600.7, (p. 8), says, "discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced."

	<p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Marquette County Sheriff's Office Policy 708 Health Appraisals, effective date, 03/07/2025</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date 03/07/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Staff Responsible for Risk Screening</li> <li>b. Medical Health Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.81 (a) – 1 and 2</p> <p>The facility indicated in their response to the Pre-Audit Questionnaire (PAQ), that all inmates at the facility who have disclosed prior sexual victimization, during a screening pursuant to Standard 115.41, are offered a follow-up meeting with a medical or mental health practitioner and that the follow-up meeting is offered within 14 days of the intake screening. Marquette County Sheriff's Office (MCSO) policy 708 Health Appraisals says, in section 708.3.1, (p. 2), "the booking deputy must offer a referral to a qualified health care or mental health provider for any inmates who have an identified history of sexual victimization within 14 days of intake screening."</p> <p>An inmate who disclosed prior sexual abuse during risk screening was interviewed and said they were offered a meeting with a mental health provider, but that they</p>

declined the meeting. The auditor also requested, and received, the completed risk assessments for all 10 inmates who were formally interviewed. It was noted that there is a spot, on the assessment, for the booking deputy to indicate, when an inmate discloses prior sexual abuse, that the referral to mental health was made. It was also noted that on three of the 10 completed screens, the inmate disclosed prior sexual abuse, but only one of them has a notation of a referral to mental health being made, and it is noted that the inmate refused the meeting.

The Jail Superintendent/Captain said, in an interview, that the process currently in place requires the booking deputy to offer a meeting with medical or mental health to all inmates who disclose prior sexual abuse during risk screening and note that offer, and the inmate's acceptance or refusal, on the intake screen. When the booking process is complete, the completed screens are kept in a file, in the Captain's Office, where the PREA Coordinator retrieves them and holds an interview with each inmate, within three days of their arrival at the facility, to confirm and discuss information identified on the intake screen. This interview represents another opportunity for the inmate who discloses prior sexual abuse to either accept or refuse a referral to medical or mental health staff. In addition, nursing staff at the facility meet with all inmates who are booked into the facility, within 14 days of their arrival, to complete a medical evaluation, providing an opportunity to inmates who disclose prior sexual abuse to discuss that issue with medical staff.

The auditor finds that inmates who are booked into the Marquette County Jail are asked the appropriate question regarding prior sexual victimization, and that the opportunity for the inmate who discloses prior sexual victimization during risk screen to meet with medical or mental health staff is afforded to all inmates who disclose prior sexual victimization. The auditor recommends that the Jail Superintendent/Captain remind booking staff of their obligation to note the offer of the meeting with medical or mental health staff on the intake screen. Also recommended was that this topic, the intake screening process, specifically the offer of the referral to medical or mental health for inmates who disclose prior sexual victimization during the screening, also be addressed during the next PREA refresher opportunity. The Jail Superintendent/Captain sent an e-mail to all booking reminding them to note, on the intake screen, when an offer of a meeting with medical or mental health is made and whether the inmate accepts or refuses the meeting. A copy of the e-mail was also provided to the auditor.

#### 115.81 (a) - 3

The facility indicated, in their response to the PAQ, that, in the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner is 100.

#### 115.81 (a) - 4

The facility indicated, in their response to the PAQ, that medical and mental health staff maintain secondary materials documenting compliance with the above required services.

115.81 (b)

The facility indicated, in their response to the PAQ, that this provision does not apply to the facility because it is not a prison.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.81©

See 115.81 (a)

115.81(d) - 1 and 2

The facility indicated, in their response to the PAQ, that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. MCSO policy 606 identifies, in section 66.10, (j), (p. 11), that medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions. The Jail Superintendent/Captain confirmed this in an interview.

On-site, staff demonstrated that the information is stored, after being reviewed by the Classification Officer and the facility PREA Coordinator, in a file cabinet in the Jail Superintendent/Captain's office and that the information is only available to staff who have a need to know to fulfill their job responsibilities. An example given was that staff who assign housing may only be able to view the information that indicates whether the inmate is at risk of victimization or abusiveness.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.81 (e)

MCSO policy 606 states, in section 606.10, (i), (p. 11), states, the responsible physician or mental health staff shall obtain informed consent from inmates before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18.

Examples given of information that would have to be reported are:

- a. overt/covert threats of harm to yourself or others,
- b. reports of any alleged sexual activity between an offender and any other person,
- c. reports of confinement-based sexual abuse, sexual harassment, or retaliation related to reporting either. This form also requires the inmate's signature.

	<p>Medical staff confirmed that staff do obtain the appropriate consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.82	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Medical and Mental Health Staff</li> <li>b. Security Staff and Non-Security Staff First Responders</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.82 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Marquette County Sheriff's Office (MCSO) policy 606, in section 606.6 (b), (p. 7), says that if an allegation of sexual abuse is made, the first deputy to respond shall request medical assistance as appropriate and take preliminary steps to protect the victim and immediately notify the appropriate qualified health care and mental health professionals. In section 606.9, (p. 9), it says that inmates who are victims of sexual abuse shall be</p>

transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services. The policy goes on to say that depending on the severity of the injuries, the transportation may occur by ambulance.

115.82 (a) – 2

The facility indicated, in their response to the PAQ, that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The Nurse who was interviewed confirmed this.

115.82 (a) – 3

The facility indicated, in their response to the PAQ, that medical and mental health staff do maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The facility did not receive any allegations of sexual abuse during the past 12 months, where the victim required medical care.

A final analysis of the evidence indicates that the facility is in substantial compliance with the standard.

115.82 (b)

Security staff who were interviewed identified that, as a first responder, they would immediately call a supervisor and health services. Non-security staff randomly chosen for interviews, when asked this question, said that they had not been able to be a first responder but if they were, they would report to a security staff immediately.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.82 ©

The facility indicated, in their response to the PAQ, that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where appropriate. MCSO policy 606, in section 606.10 €, (p. 1), says that victims of victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases, and that it shall be done in a timely manner. The Nurse confirmed, in an interview, that this does happen.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.



	<p>115. 82 (d)</p> <p>The facility indicated, in their response to the PAQ, that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. MCSO policy 606.10, (h), (p.10), says that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The Nurse who was interviewed confirmed that treatment services are provided without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination.</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Medical and Mental Health Staff</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.83 - a and b</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or</p>

juvenile facility. MCSO policy 606 Prison Rape Elimination Act, in section 606.10 (g), says that victims shall be provided with follow-up services, treatment plans and when necessary, referrals for continued care following their transfer to, or placement in other facilities or their release from custody.

The medical and mental health staff who were interviewed confirmed that inmates who are being released from the facility are given information regarding resources available to them in the community. They said they will help them secure appointments with providers in the community and help them find ways to get their required medications.

A final analysis indicates that the facility is in substantial compliance with the provision.

#### 115.83 - ©

When asked if medical health services offered are consistent with those in the community, the medical and mental health staff who were interviewed confirmed that they are. The department does require all medical and mental health staff to have the appropriate training and certification for their jobs.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

#### 115.83 - d and e

The facility indicated, in their response to the PAQ, that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. MCSO policy 606 identifies, in section 606.10 (f), (p. 10) that victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests and that if pregnancy results, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services. There have been no such incidents in the facility in the past 12 months.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provisions.

#### 115.83 - 1

The facility indicated, in their response to the PAQ, that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. MCSO policy 606, in section 606.10 €, (p.10), says that victims shall be offered information about, and given access to, prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases. There were no allegations of sexual abuse at the facility in the past 12 months.

	<p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115. 83 - (g)</p> <p>The facility indicated, in their response to the PAQ, that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. MCSO policy 606.10, (h), (p.10), says that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The medical health staff who was interviewed confirmed that treatment services are offered to victims without financial cost regardless of the circumstances.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.83 (h) The facility indicated, in their response to the PAQ, that this provision is not applicable to the facility because it is not a prison.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.86	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Sheriff's Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Jail Superintendent</li> <li>b. Incident Review Team</li> </ol> </li> </ol>

Findings (By Provision:)

115.86 a and b

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility conducts a Sexual Abuse Incident Review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Marquette County Sheriff's Office policy 606 Prison Rape Elimination Act, effective date, 03/07/2025, says, in section 606.12 (p. 11), that an incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded and that the review should occur within 30 days of the conclusion of the investigation.

The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility in the past 12 months, excluding only "unfounded" incidents is zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provisions.

115.86 © - 1

The facility indicated, in their response to the PAQ, that the sexual abuse review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. MCSO policy 606, in section 606.12, (p. 11), identifies that the review team shall include upper-level management officials and seek input from line supervisors, investigators, and qualified health care and or mental health professionals as appropriate. The Jail Superintendent/Captain confirmed this in an interview.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 (d)

The facility indicated, in their response to the PAQ, that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1) - (d)(5) of this section and any recommendations for improvement and submits such report to the Sheriff and the PREA Coordinator. MCSO policy 606, in section 606.12, (pp. 11-12), requires the review team to:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice in order to better prevent, detect or respond to sexual abuse,
- b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status, gang affiliation, or other group dynamics at the facility,

	<p>c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barrier in the area may enable abuse,</p> <p>d. Assess the adequacy of staffing levels in the area during different shifts,</p> <p>e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and</p> <p>f. Prepare a written report of the team’s findings, including but not limited to, determinations made pursuant to paragraphs (a) – € of this section, and any recommendations for improvement.</p> <p>The Jail Superintendent verified that the incident review team does prepare a report and said that those reports can be where valuable information for changes comes from. She identified them as, “lessons learned.” She also said that the recommendations for changes are followed or, if not, the reasons for not doing so are documented. MCSO policy 606 identifies, in section 606.12, that the Jail Administrator/Captain or the authorized designee shall implement the recommendation for improvement or document the reasons for not doing so.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.87 Data collection	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (policies, directives, forms, files, records, etc.)</p> <p>a. Pre-Audit Questionnaire</p> <p>b. Marquette County Sheriff’s Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025</p> <p>Findings (By Provision:)</p> <p>115.87 (a)</p>

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Marquette County Sheriff's Office (MCSO) policy 606 Prison Rape Elimination Act, identifies, in section 606.3 (i), (p. 4), as one of the facility PREA Coordinator's responsibilities, "establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions." The facility PREA coordinator identified that an annual PREA report is prepared by the facility and posted to the agency website.

Auditor reviewed the annual PREA report for 2024 on the agency website and noted that the data provided shows changes in total allegations, changes in sexual abuse allegations, and changes in sexual harassment allegations between the years 2023 to 2024. It also provides a breakdown of allegations of sexual abuse and sexual harassment and identifies dispositions in the year 2024. The report identifies achievements and improvements for the year and goals for the year 2025.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

#### 115.87 (b)

The facility indicated, in response to the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually. MCSO policy requires the data to be aggregated annually. Section 303.i.(b), (p. 4) says, "the data shall be aggregated at least annually. The auditor's review of the agency website verified that the data is aggregated annually. The website contains annual reports dating back to 2020.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

#### 115.87 ©

The facility indicated, in their response to the PAQ, that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the SSV conducted by the DOJ.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

#### 115.87 (d)

The facility indicated, in their response to the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reports. The Superintendent/Jail Captain demonstrated where the files are kept, in her office.

	<p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.87 €</p> <p>The facility indicated, in their response to the PAQ, that this provision is not applicable to the facility because it does not contract with any private facilities for the confinement of its inmates.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.87 (f)</p> <p>The facility indicated, in their response to the PAQ, that the agency provided the DOJ with data from the previous calendar year upon request.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.88	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Marquette County Jail Annual PREA Reports 2020, 2021, 2022, 2023, and 2024</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> </ol> </li> </ol>

Findings (By Provision:)

115.88 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency reviews data collected and aggregated pursuant to Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

- a. identifying problem areas:
- b. Taking corrective action on an ongoing basis: and,
- c. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The agency does aggregate incident-based sexual abuse data at least annually. Annual reports are published online and can be found on the agency website. The agency head verified, in an interview, that he does approve the reports and signs them. Ultimately, they are posted to the agency's external website. The auditor reviewed the annual PREA reports from 2020, 2021, 2022, 2023 and 2024 which are posted on the agency website.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.88 (b) - 1

The facility indicated, in their response to the PAQ, that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. They provided copies of the facility's annual PREA reports as documentation and the auditor reviewed them and noted that these comparisons were reported.

115.88 (b) - 2

The facility indicated, in their response to the PAQ, that the annual report provides an assessment of the agency's progress in addressing sexual abuse. Achievements noted in the 2024 PREA report are:

- 1 - A review of the staffing plan, as well as continued facility policies and procedures review and adjustment for clarity and to increase and maintain compliance.
- 2 - Required staff training on PREA related items was expanded in 2024 to include inmate search policy and procedure review.
- 3 - The Marquette County Jail Custody Manual (Lexipol) continued with manual review and updates.
- 4 - Staff complete daily training bulletins each month of the year.
- 5 - The Marquette County Sheriff's Office was awarded the Gold award from Lexipol for Excellence in Correction Policy Management for 2023.
- 6 - A new electronic method to submit complaints or requests to staff was implemented. Inmates are now able to use their iPods that are assigned individually to each inmate to report any allegations.

A final analysis of the evidence indicates that the facility is in substantial compliance



	<p>with this provision.</p> <p>115.88 © - 1, 2 and 3</p> <p>The facility indicated, in its response to the PAQ, that the agency makes its annual report readily available to the public at least annually through its website. The facility presented the link to where the report is located on the agency website. The auditor reviewed the 2024 annual report on the agency website. The facility indicated, in its response to the PAQ, that the annual reports are approved by the agency head and the Sheriff confirmed that in an interview. In addition, the auditor noted that the Sheriff's signature is on the completed report that is posted to the website.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.88 (d) - 1 and 2</p> <p>The facility indicated, in its response to the PAQ, that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted.</p> <p>The PREA Coordinator said, in an interview, that the agency does not print information in annual reports that would present a clear and specific threat to the security of the facility and, thus, does not redact information from the annual report. She said that they do not include any inmate information, just totals and qualitative information, so they do not redact any information from annual reports.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>1. Documents: (policies, directives, forms, files, records, etc.)</p> <p>a. Pre-Audit Questionnaire</p>

b. Marquette County Sheriff’s Office Policy 606 Prison Rape Elimination Act, effective date, 03/07/2025

2. Interviews

- a. Agency Head
- b. PREA Director
- c. PREA Compliance Manager

Findings (By Provision):

115.89 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency ensures that incident-based and aggregate data are securely retained.

Marquette County Sheriff’s Office (MCSO) policy 606, in section 606.14 says, “all case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with confidentiality laws.” It goes on to say, “the office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years. All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise.” The agency head and the PREA Coordinator both verified this in interviews.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.89 (b)

The facility indicated, in their response to the PAQ, that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. MCSO policy 606, in section 606.13, (p. 12), identifies that, “all aggregated sexual abuse data from Marquette County Sheriff’s Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website.” The auditor reviewed the data, annual PREA reports from 2020, 2021, 2022, 2023, and 2024 on the agency website.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

	<p><b>115.89 © - 1</b></p> <p>The facility indicated, in their response to the PAQ, that before making aggregated sexual abuse data publicly, the agency removes all personal identifiers. MCSO policy 606, in section 606.13, (p. 12), says that material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility and that the nature of the redacted material shall be indicated. The facility PREA Coordinator said that there is no personally identifying information, or other sensitive information included in the reports that would need to be redacted.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p><b>115.89 © - 2</b></p> <p>The facility indicated, in their response to the PAQ, that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. MCSO policy 606, in section 606.13, (p. 12), identifies that sexual abuse data collected pursuant to 11587 is maintained for at least 10 years after the date of initial collection unless federal, state or local law requires otherwise.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p><b>Corrective Action</b></p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>1. Documents</p>

- a. Pre-Audit Questionnaire
- b. Agency Policies and Procedures
- c. Agency Public Website

## 2. Interview

- a. PREA Coordinator

### Findings (By Provision):

#### 115.401 (a)

This is the second PREA audit conducted of this facility. The first one was conducted in 2022.

#### 115.410 (b)

The is the third year of the current cycle. The current cycle runs from August 20, 2022, until August 19, 2025.

#### 115.401 (h)

Auditor was granted access to, and had the ability to observe, all areas of the facility. No areas of the facility were off limits to the auditors.

#### 115.401 (l)

The auditor was permitted to request and receive copies of any relevant documents including electronically stored information. The auditor requested training documentation for both staff and inmates, inmate orientation documentation, volunteer training documentation, copies of risk screens, copies of contracts with county jails, monitoring documentation for county jails, copies of investigations conducted at the facility, and other documentation needed to carry out the audit.

#### 115.401(m)

The auditor was permitted to conduct private interviews with inmates. Staff provided private settings for interviews of both staff and inmates.

#### 115.401 (n)

Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. At least six weeks prior to the date of the onsite portion of the audit, the Auditor provided audit notice postings and asked that they be posted in the facility, in various places, where inmates could easily see and read them. The auditor requested that the notices be posted on pink paper so that they were readily

	<p>noticeable. On those postings was the address of the lead auditor and information telling inmates that they could write a letter to the auditor if they so desired. Audit notices included a confidentiality statement indicating that outgoing mail to the auditor would be treated as legal mail. No letters were received from inmates at this facility.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provisions.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard.</p>
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115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> <li>1. Documents <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Agency Policies and Procedures</li> <li>c. Agency Public Website</li> </ol> </li> <li>2. Interview <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.403 (f) The agency's website has a host of information dedicated to PREA-related information including annual PREA reports dating back to 2020 and the final report from the preceding PREA audit conducted in 2022. An interview with the PREA Coordinator confirmed that within 90 days of receiving a final audit report it is posted to the website.</p> <p>Corrective Action</p>

	<p>A final analysis of the evidence indicates the facility is substantially compliant with this standard.</p>
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**Appendix: Provision Findings****115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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**115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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**115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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**115.12 (a) Contracting with other entities for the confinement of inmates**

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
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**115.12 (b) Contracting with other entities for the confinement of inmates**

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes



	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes



	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b) Policies to ensure referrals of allegations for investigations</b>		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c) Policies to ensure referrals of allegations for investigations</b>		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a) Employee training</b>		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes



	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes



	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes



	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	



	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	no
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

(f)			
	<table><tr><td data-bbox="316 174 1289 568">The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes
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