

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report May 23, 2023

Auditor Information

Name: Barbara King

Email: Barbannkam@aol.com

Company Name: BAK Correctional Consulting LLC

Mailing Address: 1145 Eastland Avenue

City, State, Zip: Akron, Ohio 44305

Telephone: 330-618-7456

Date of Facility Visit: May 2-4, 2022
Revisit November 14-16, 2022

Agency Information

Name of Agency:

Marquette County Sheriff's Office

Governing Authority or Parent Agency (If Applicable):

Physical Address: 67 West Park Street

City, State, Zip: Montello, Wisconsin 53949

Mailing Address: 67 West Park Street, PO Box 630

City, State, Zip: Montello, Wisconsin 53949

Telephone: 608-297-2115

Is Agency accredited by any organization? ☐ Yes ☒ No

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Agency mission: Marquette County Sheriff's Office working as a team strives to provide excellent protection and security to the communities we serve. Our mission is to strengthen public confidence and maintain positive relations with the communities and to promote a safe and friendly environment through enforcement and education. We will uphold the laws that protect both life and property of the citizens and visitors of Marquette County without bias or prejudice. We pledge to conduct ourselves in ways which clearly show that honesty and integrity are our code of honor. It is the vision of the Marquette County Sheriff's Office to serve as leaders in our law enforcement community. Our officers will strive to conduct themselves to a higher standard and set an example for all law enforcement officers to follow.

Agency Website with PREA Information: www.co.marquette.wi.us/departments/sheriff/prea

Agency Chief Executive Officer

Name: Joseph R. Konrath

Title: Sheriff

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| Email: jkonrath@co.marquette.wi.us | Telephone: 608-297-2115 | | |
| Agency-Wide PREA Coordinator | | | |
| Name: Michael Kowalski | Title: Captain/Jail Administrator | | |
| Email: mkowalski@co.marquette.wi.us | Telephone: 608-297-3057 | | |
| PREA Coordinator Reports to: Chief Deputy Scott Johnston | Number of Compliance Managers who report to the PREA Coordinator PREA Team Deputy | | |
| Facility Information | | | |
| Name of Facility: Marquette County Jail | | | |
| Physical Address: 67 Park Street, Montello, Wisconsin 53949 | | | |
| Mailing Address (if different than above): 67 Park Street, Montello, Wisconsin 53949 | | | |
| Telephone Number: 608-297-2115 | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input checked="" type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input checked="" type="checkbox"/> Jail | | <input type="checkbox"/> Prison |
| Facility Mission: Marquette County Sheriff's Office working as a team strives to provide excellent protection and security to the communities we serve. Our mission is to strengthen public confidence and maintain positive relations with the communities and to promote a safe and friendly environment through enforcement and education. We will uphold the laws that protect both life and property of the citizens and visitors of Marquette County without bias or prejudice. We pledge to conduct ourselves in ways which clearly show that honesty and integrity are our code of honor. It is the vision of the Marquette County Sheriff's Office to serve as leaders in our law enforcement community. Our officers will strive to conduct themselves to a higher standard and set an example for all law enforcement officers to follow. | | | |
| Facility Website with PREA Information: www.co.marquette.wi.us/departments/sheriff/prea | | | |
| Warden/Superintendent | | | |
| Name: Michael Kowalski | Title: Captain | | |
| Email: mkowalski@co.marquette.wi.us | Telephone: 608-297-3057 | | |
| Facility PREA Compliance Manager | | | |
| Name: Vacant | Title: | | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| Email: Vacant | | Telephone: Vacant | |
| Facility Health Service Administrator | | | |
| Name: Dr. Robert Cornwell | | Title: Physician | |
| Email: rcorn6@gmail.com | | Telephone: 219-742-0693 | |
| Facility Characteristics | | | |
| Designated Facility Capacity: 60 | | Current Population of Facility: 31 (first day of audit) | |
| Number of inmates admitted to facility during the past 12 months | | | 853 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 111 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 159 |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | | 0 |
| Age Range of Population: | Youthful Inmates Under 18: 17 | Adults: 18-99 | |
| Are youthful inmates housed separately from the adult population? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | | | 0 |
| Average length of stay or time under supervision: | | | 11 days |
| Facility security level/inmate custody levels: | | | Min/Med/Max |
| Number of staff currently employed by the facility who may have contact with inmates: | | | 21 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | | 5 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | | 2 |
| Physical Plant | | | |
| Number of Buildings: 1 | | Number of Single Cell Housing Units: 1 | |
| Number of Multiple Occupancy Cell Housing Units: | | 4 | |
| Number of Open Bay/Dorm Housing Units: | | 2 | |
| Number of Segregation Cells (Administrative and Disciplinary: | | 13 | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The facility is monitored by 34 security cameras on the exterior and within the interior of the facility. All cameras are monitored through Master Control and the housing unit cameras and hallways are also monitored through the housing unit control center. The Agency added two new cameras during the audit cycle, public visitation and a fisheye camera over the booking desk. Cameras are located throughout the facility including hallways, intake, medical, laundry, program areas, and housing units. The outside perimeter and administrative building are also observed through cameras. Cameras operate on a 121-day recording cycle with certain areas that can record for a longer period of time. | | | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| | |
| Medical | |
| Type of Medical Facility: | Healthcare provided on-site - 15 hours weekly |
| Forensic sexual assault medical exams are conducted at: | Local hospitals: Unity Point and Unity Point Meriter Healthcare for SANE services |
| Other | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 20 volunteers, 6 contractors |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 5 |

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Marquette County Jail (facility) in Montello, Wisconsin, a facility under the operation of the Marquette County Sheriff's Office (Agency) was conducted on May 2-4, 2022, by Barbara King, a Department of Justice (DOJ) certified PREA Auditor. A second on-site visit was conducted November 14-16, 2022, during the corrective plan period. The purpose of the audit was to determine compliance with the DOJ PREA standards. The audit on-site visit was conducted during the COVID pandemic and under the facility's COVID operating protocols. This was the first PREA audit for the facility. The agency houses adult male and female inmates and youthful offenders for Marquette County, Wisconsin State Department of Corrections, US Marshals Service, US Immigration and Customs Enforcement, and local cities. The inmates and youthful offenders housed are sentenced, unsentenced, probation violators, and for extended sanctions.

The audit process began with communication between the Captain/Jail Administrator and the PREA Coordinator in February 2021. A sergeant at the facility is designated as the PREA Coordinator. The Auditor explained the audit process detailing that audit compliance is assessed through written policies and procedures, observed practices, and interviews with inmates and staff. The audit date was set for May 2022. In March 2022, the Jail Administrator contacted the Auditor to inform the Auditor the PREA Coordinator was terminated from the Agency. Further discussion occurred to determine if the audit should be postponed or continue with the scheduled audit. After discussing the on-site audit process, it was determined to continue with the scheduled audit and the Jail Administrator would be the point of contact and the acting PREA Coordinator. Prior to the on-site visit, the Auditor and the Jail Administrator/PREA Coordinator discussed the on-site visit, the audit schedule, the COVID pandemic measures in place, and the safety requirements to enter the facility.

The audit notices in English and Spanish were sent to the Agency's PREA Coordinator on March 24, 2022. The facility acknowledged receiving the audit notices and the notices were posted throughout the facilities including all housing units, library, public lobby, and all jail entry points. The PREA Coordinator emailed photos of the postings for verification to the Auditor on March 29, 2022. The Auditor observed the postings throughout the facility during the tour of the facility.

The Auditor received a notice that the Pre-Audit Questionnaire (PAQ) was submitted by Marquette County Jail and ready for review on April 18, 2022, through the OAS system. The PREA Pre-Audit Questionnaire and documentation included relevant policies and procedures and supporting documentation to demonstrate compliance for each standard. After the review of the Pre-Audit Questionnaire and documentation, the Auditor emailed the Agency a PREA Issue Log requesting further documentation for clarification and review on various standards on April 22, 2022. Information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

The Auditor reviewed the PREA information on the Marquette County Sheriff's Office website prior to the audit; <http://www.co.marquette.wi.us/departments/sheriff/prea>. The PREA information is under the PREA tab on the Sheriff's page of the website. The website includes general PREA information, investigation process, how to report, zero tolerance policy, the PREA policy, and Annual PREA Reports from 2020

and 2021. The public can make PREA reports through contacting the corrections staff, the Marquette County Sheriff's Office, and calling the PREA hotline to the Hope House. The Auditor contacted Just Detention International for any information regarding the facility; none was noted. The Auditor also reviewed the internet for any information regarding the facility, none was noted other than the termination of the sergeant who was the PREA Coordinator (not a PREA related termination).

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

- 606 Prison Rape Elimination Act
- 602 Sexual Assault Investigations
- 107 Special Assignments and Promotions
- 109 Discrimination Harassment
- 304 Recruitment and Selection
- 308 Prison Rape Elimination Act Training
- 503 Inmate Orientation
- 504 Inmate Safety and Security Checks
- 507 Inmate Classification
- 512 Searches
- 600 Inmate Discipline
- 609 Inmate Grievances
- 708 Health Appraisals
- 806 Inmate Hygiene

On April 22, 2022, the Auditor requested the following information be provided: the daily population report, staff roster to include all departments (include title, shift, and good days), inmate roster by housing unit and alpha listing, list of staff who perform risk assessments, list of medical/mental health staff, list of contractors and volunteers (include times available during audit), list of inmates with a PREA classification, list of lesbian, gay, bisexual, transgender, and intersex (LGBTI) inmates, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of inmates that reported sexual abuse, list of disabled and limited English proficient (LEP) inmates, list of the first responders from the reported allegations, and a list of how the allegations were reported (i.e. verbal to staff, grievance, hotline). The facility provided the requested facility information the evening before the audit. This information was utilized to establish interviews schedules for the random selection of inmates and staff to be interviewed (random and specific interviews protocols).

Before the start of the audit, an in-briefing meeting was held. In attendance was the Sheriff, Chief Deputy, Patrol Captain, Captain/Jail Administrator/PREA Coordinator, and Detective Sergeant. The Auditor provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge and daily practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations of facility practices and the physical plant during the facility tour, documentation review, and conducting both staff and inmate interviews. A detailed schedule for the audit was discussed including the facility tour, interview schedules, and review of audit documentation. It was established that the Auditor would meet with the Jail Administrator/PREA Coordinator and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. The facility was informed no

correspondence was received from an inmate, staff, or outside individual prior to the audit. Key facility staff during the audit included the PREA Coordinator and the PREA Team Member/Officer.

The Jail Administrator/PREA Coordinator provided information to the Auditor regarding the facility and the audit period. It was shared that during the audit period there were two allegations of sexual harassment reported against one deputy, no cross-gender pat-down searches occurred, no inmates were placed or housed in segregation housing for risk of victimization, and there were no allegations that required a forensic exam. The challenge faced by the Agency is housing youthful offenders. In Wisconsin, the age of the majority is seventeen.

The facility tour was the first day of the on-site audit. Follow-up observations, interviews, and documentation review occurred on all three days of the on-site audit. The control center/dispatch center, medical, kitchen, laundry room, library/multipurpose room, housing units, public lobby, visitation, booking/intake area, and housing units were toured by the Auditor. During the tour, the Auditor made visual observations of cameras, mirrors, PREA notices, and posted PREA information throughout the facility including all service, program, and housing areas. The Auditor examined sight lines for potential blind-spots, cross-gender viewing, the officers post sight lines, and camera locations and viewing areas. The Auditor identified no blind spots, all areas had good visual sight lines for supervision and were also covered through mirrors and cameras. The Auditor identified potential cross-gender viewing issues of toilets in the housing unit cells, toilets in the holding cells, and through camera observation of the female dorm shower. The potential cross-gender viewing issues were corrected. A film was placed on the windows of the holding and housing unit doors to restrict the view of the toilets. The camera view of the top of the female shower was blocked through a black pixel block through the camera system. The Auditor tested the reporting and the emotional support services numbers posted in the housing unit. The phones required an inmate pin to be used for any phone calls, which would identify an inmate and not allow anonymous calls. The Agency developed a process for inmates to report without identifying the inmate by creating a generic number for the Hope House phone line, the inmates only need to enter a generic account number and then pin number #1111 for confidential and free phone calls.

During the facility tour, the Auditor spoke to random staff and inmates regarding PREA education, reporting methods, response to an allegation, and facility practices. The Auditor observed cross-gender announcements made when entering housing units. The housing units have PREA information strategically posted, Report It! posters, in the housing units providing inmates readily accessible PREA educational information, zero tolerance policy, emotional support services available, how to report an incident, methods for reporting incidents, and reporting numbers and addresses. PREA information was also available to inmates through the Jail Inmate Rules and Regulations handout, the pamphlet End the Silence Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act (PREA), and on the inmate tablets. The information informs the inmates they can remain anonymous when reporting an incident. All information is provided in English and Spanish. Detailed information regarding these services will be outlined within the corresponding PREA standards noted throughout the report. The Auditor also reviewed the housing unit logbooks to verify supervision and unannounced rounds by staff. The logbooks documented unannounced rounds were conducted by immediate line supervisors and supervision rounds by officers.

All required facility staff and inmate interviews were conducted during the three-day on-site audit. The inmate and staff interviews were held in offices that afforded privacy for the interviews. The Auditor utilized the PREA Auditor Handbook table for inmate interviews for determination of the number of

required interviews. Inmate interviews were based on the inmate population size of 0-50 inmates; a requirement of ten inmate interviews with at least five from the target groups and five random interviews. Eleven inmates were formally interviewed for thirteen interview protocols and eleven inmates were informally interviewed during the facility tours, (71% of the 31 inmate population). The random inmates were selected by the Auditor from the housing rosters provided by the facility. There were two targeted/specialized inmate interview, an inmate that disclosed prior sexual victimization and an inmate identified as disabled who was hearing impaired. The facility had no identified inmates that were limited English proficient (LEP); who reported sexual abuse; youthful offenders, and inmates placed in segregation housing for risk. The inmates interviewed knew the numerous methods to report, they acknowledged the zero-tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting. The inmates acknowledged a risk screening was not completed during the intake process although PREA education was provided which began at intake. Inmates also indicated they felt safe at the facility.

A total of fifteen staff were formally interviewed for twenty-nine interview protocols and an additional five informal staff interviews were conducted during the facility tours. Of the twenty-one staff who have contact with inmates, six staff had multiple roles and were interviewed for more than one interview protocol. Staff were randomly selected from each of the two shift rosters and different departments within the facility (5). Additionally, specialized interviews protocols included the Agency Head (1), Captain/Jail Administrator (1), PREA Coordinator (1), Intermediate-Higher Level Staff (2), Staff Cross Gender Searches (2), Medical and Mental Health (2), Human Resources (1), Volunteers/Contractors (5), Investigator (1), Staff Who Perform Risk Screening (1), Staff Who Supervise Segregated Housing (1), Incident Review Team (1), Staff Who Monitor for Retaliation (1), First Responder (1), Line Staff Who Supervise Youthful Offenders (1), Program Staff Who Work with Youthful Offenders (1), and Intake staff (1). An interview with a contract monitor was not held, the facility does not contract to house inmates with another agency. The PREA Compliance Manager position was vacant at the time of the audit. There were no staff that conducted cross-gender searches during the audit period, however, the Auditor interviewed two staff on the process. The random staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations.

Interviews were also conducted with outside agencies, Unity Point Meriter Hospital and the Hope House. An interview was attempted on three occasions with a Sexual Assault Nurse Examiner or representative of the Unity Point Meriter hospital unsuccessful, an interview was finally held with an emergency room nurse. The emergency room nurse interviewed noted that the hospital has SANEs staffed in the emergency room or on-call if needed. She was not able to expand further on available services other than emergency medical treatment and any other treatment or services deemed required by the Provider would be provided to the inmate through the emergency room. Services offered may include a forensic exam, pregnancy tests, sexual prophylaxis treatment, emergency contraceptives, HIV and other testing, and any medication required. The representative interviewed from Hope House shared emotional support services are always available for inmates (24 hours/7 days). The jail will contact Hope House if support services are needed during a forensic exam and an advocate would meet the inmate at the hospital for support and crisis intervention. Any inmate can obtain emotional support through calling the hotline or writing the organization.

There were two staff-on-inmate sexual harassment allegations (same incident) reported during the audit period. Both allegations reported were of the same incident made by the same inmate against the same

deputy. The incident was reported twice, first through a handwritten note to the Captain, and the second time through a slip request to the PREA Coordinator. The allegation was investigated and determined unfounded. The Auditor reviewed the investigative file. The investigative report concluded that staffing levels, facility layout, or staff actions had no bearing on the incident reported.

The Auditor reviewed eight inmate files for education and risk screening, one investigative file, and seven staff and three contractors' personnel files for training records, hiring selection, and backgrounds.

An exit meeting was conducted by the Auditor at the completion of the on-site visit with the Sheriff, PREA Coordinator/Captain, Chief Deputy, Sergeant, and the PREA Team Deputy. While the Auditor could not give the facility a final finding, the Auditor did provide a preliminary status of their findings and requested further documentation needed to demonstrate compliance on nineteen standards. Standards 115.13, 115.15, 115.16, 115.17, 115.21, 115.22, 115.33, 115.41, 115.42, 115.51, 115.52, 115.53, 115.61, 115.63, 115.65, 115.67, 115.68, 115.73, and 115.81 could not be cleared at the end of the on-site audit process. Standard issues and recommendations will be addressed under the appropriate standard in the narrative section. It was determined a second on-site visit would be required after correction actions were taken to conduct a walk through to verify all possible cross-gender viewing was eliminated and conduct follow-up interviews with staff and inmates on the intake risk screening, reassessments, and education. The Auditor shared that the inmate population stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor also shared that staff were professional and well trained in their PREA knowledge and responsibilities. The Auditor thanked the Jail Administrator/PREA Coordinator, the PREA Deputy, the facility administration, and the staff of the Marquette County Jail for their work and commitment to the Prison Rape Elimination Act. The Auditor thanked the facility for the hospitality received and the professionalism provided by all staff during the visit.

A compliance on-site revisit was conducted on November 14-16, 2022. During this on-site visit, the Auditor verified compliance with outstanding standards by touring the facility, conducting interviews with staff and inmates, and reviewed documentation for compliance with outstanding standards. Two inmates were interviewed for the random inmate protocols. Two staff were interviewed for the interview protocols of intake staff and staff you perform risk screening. Inmate files were reviewed for the risk screening, reassessment, and PREA education. There were no further reported allegations since the previous on-site visit.

The facility provided all the requested information to demonstrate compliance. Documentation of compliance for the outstanding standards was provided to the Auditor through email with the last documentation received on December 27, 2022. No further action was necessary.

The Auditor based the decision of standard compliance on the data gathered during the on-site audit; review of documentation; observations during the tour of the facility; interviews with staff and inmates; staff and inmate file reviews; review of investigative files, and the agency and facility's policy and practices review.

The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

The Agency was notified by the Auditor and was kept informed of unforeseen medical issues of the Auditor that resulted in an untimely report. The Auditor had unforeseen lengthy medical circumstances during this time period.

Facility Characteristics

The Marquette County Jail (facility) is located within the Marquette County Sheriff's Office Building connected to the Marquette County Court Building. The Marquette County Sheriff's Office Building houses the administrative offices of the Sheriff's Office, road patrol, and jail administration and the jail. The Marquette County Jail is regulated and operates under the Wisconsin State Statute, DOC 350, and acceptable jail standards and practices. The Agency houses adult female and male inmates and youthful offenders 17 years of age or older. The inmates housed are sentenced, unsentenced, probation violators, and for extended sanctions. The Jail's design capacity is 60 beds. The inmate population was thirty-one on the first day of the audit. The average daily population for the audit period was twenty-nine inmates. The average length of stay was eleven days for the audit period. The Agency also operates a Huber program, inmates that are granted work release privileges. There were no youthful offenders housed at the time of the on-site audit.

The jail facility is comprised of a vehicular sallyport, an intake and booking area, kitchen, dry storage, health services, visitation, laundry, Master Control, library/multipurpose room, administrative offices, two dorms, and four celled housing units. The housing areas have a control center that is encircled by the housing units/dorms. The control center monitors movement and observation into the housing units/dorms. The control center is staffed with a minimum of one officer on all shifts. The celled housing units are a two-tier design with each comprising 4 double bunked cells and two single cells (Housing units 252, 264, 276, and 287). Each cell has a toilet that provides privacy from cross gender viewing (after the film was placed on the cell windows). The facility has two dorms, the female dorm has 6 beds, and the Huber male dorm has 18 beds. There is one medical isolation cell. There are also four holding cells in the booking area. The celled housing units and dorms each contained the PREA audit notices, the PREA poster Report It!, phone, cameras, and showers with privacy curtains. Each cell has an intercom that goes into housing unit control center. The Auditor tested an intercom to ensure operation practice, in which it contacted the housing unit control deputy. On the inmate tablet, the inmate has access to the jail rules, the PREA Video What You Need to Know, grievance procedures, Hope House information, literacy information, Huber Program rules, and NARCAN training video. The Auditor asked an inmate to demonstrate the inmate accessibility to PREA information on the tablet, which showed the tablet contained PREA general information as well as a PREA training video. The inmate must acknowledge the PREA information on the tablet prior to utilizing the tablet. The camera placement in each celled housing unit and dorm provides a full view of the housing area. The Auditor identified potential cross-gender viewing issues. The Auditor identified potential cross-gender viewing issues of toilets in the housing unit cells, toilets in the holding cells, and through camera observation of the female dorm shower. The potential cross-gender viewing issues were corrected. A film was placed on the windows of the holding and housing unit doors to restrict the view of the toilets. The camera view of the top of the female shower was blocked through a black pixel block through the camera system. The Auditor tested the reporting and the emotional support services numbers posted in the housing unit. The phones required an inmate pin to be used for any phone calls, which would identify an inmate and not allow anonymous calls. The Agency developed a process for inmates to report without identifying the inmate by creating a

generic number for the Hope House phone line, the inmates only need to dial #1111 for confidential and free phone calls.

Rounds are recorded through the electronic jail management system by deputies and supervisors. Rounds are conducted every 45 minutes and not to exceed 60 minutes. Inmates on suicide watch or a special watch are checked at least every 15 minutes. Unannounced rounds are also conducted by the Captain and sergeants as noted on the electronic round reports and logbooks.

There is only one inmate work area which is the laundry. Only one inmate works in the area at a time. There is no access to the kitchen area for inmates. Inmates are served meals within the housing units. The library/multipurpose room is used for video arraignments and programming. The room has an intercom and camera monitored by the housing unit control center and the master control center.

The Master Control/Dispatch center is staffed by two employees 24 hours a day 7 days a week. The Master control center controls the entry into the jail and housing blocks, monitors cameras, all radio traffic, as well as the dispatch responsibilities for the Sheriff's Office. The Housing Unit Control Center monitors the cameras, door controls, and the intercom system of all the housing units. The Auditor observed the camera monitors in both Master Control and the Housing Unit Control centers. The Auditor identified potential cross-gender viewing through camera observation in the control centers of the female dorm shower. The potential cross-gender viewing issues were corrected by placing a pixelated black block over the top of the female shower through the camera system.

The facility has twenty-one full-time staff positions and two part-time staff who may have contact with inmates. The security section consists of the Captain, Sergeants (4), and correctional deputies (16). The facility operates two shifts. The correctional deputies housing posts are assigned per shift with the first shift of 5:00 am – 5:00 pm and 6:00 am – 6:00 pm Second shift is 5:00 pm to 5:00 am and 6:00 pm to 6:00 am. First and second shifts are staffed with a minimum of four deputies, two sergeants, and at least one staff member of each gender working on each shift. Two deputies are assigned to Master Control/Dispatch. Additional deputies may be added to a shift if an inmate is on a suicide watch or when additional workload is identified. If a sergeant is not on shift, an officer in charge is assigned or a patrol sergeant who has completed PREA training provides supervision. Staff are used to escort inmates to/from the multipurpose program room. There is always a female staff member on in order to ensure that female inmates are not restricted in any way from attending these programs.

The facility is monitored by 34 security cameras on the exterior and within the interior of the facility. All cameras are monitored through Master Control and the housing unit cameras and hallways are also monitored through the housing unit control center. The Agency added two new cameras during the audit cycle, public visitation and a fisheye camera over the booking desk. Cameras are located throughout the facility including hallways, intake, medical, laundry, program areas, and housing units. The outside perimeter and administrative building are also observed through cameras. Cameras operate on a 121-day recording cycle with certain areas that can record for a longer period of time.

The Mission Statement of the Marquette County Sheriff's Office is "Marquette County Sheriff's Office working as a team strives to provide excellent protection and security to the communities we serve. Our mission is to strengthen public confidence and maintain positive relations with the communities and to promote a safe and friendly environment through enforcement and education. We will uphold the laws that protect both life and property of the citizens and visitors of Marquette County without bias or prejudice. We pledge to conduct ourselves in ways which clearly show that honesty and integrity are our

code of honor. It is the vision of the Marquette County Sheriff's Office to serve as leaders in our law enforcement community. Our officers will strive to conduct themselves to a higher standard and set an example for all law enforcement officers to follow."

Summary of Audit Findings

The PREA Audit of the Marquette County Jail found forty-five (45) standards in compliance with four of those standards exceeding the requirement of the standard. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in the narrative section of the report.

Number of Exceeds Standards: 4

- 115.11 Zero Tolerance of Sexual Abuse, PREA Coordinator
- 115.31 Staff Training
- 115.32 Volunteer and Contractor Training
- 115.34 Specialized Training: Investigations

Number of Standards Met: 41

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

115.76 Disciplinary Sanctions for Staff
115.77 Corrective Action for Contractors and Volunteers
115.78 Disciplinary Sanctions for Offenders
115.81 Medical and Mental Health Assessments, History of Sexual Abuse
115.82 Access to Emergency Medical and Mental Health Services
115.83 Ongoing Medical and Mental Health Care for Sexual Abuse
115.86 Sexual Abuse Incident Reviews
115.87 Data Collection
115.88 Data Review for Corrective Action
115.89 Data Storage, Publication, and Destruction
115.401 Frequency and Scope of Audits
115.403 Audit Contents and Findings

Summary of Corrective Action (if any):

115.13(a)(c) Supervision and Monitoring

- The facility had not developed a staffing plan that addresses all ten elements of the standard or completed an annual review. The staffing plan must be reviewed annually to assess, determine, and document whether adjustments are needed to the staffing plan; facility's deployment of video monitoring systems, and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan.
- The Agency developed and submitted a Staffing plan that addressed all ten elements of the standard. The Staffing Plan was developed and reviewed on June 3, 2022 by the Jail Administrator and Sheriff. The Agency has met substantial standard compliance.

115.13(b) Supervision and Monitoring

- Unannounced rounds were not completed within the housing pods by intermediate-level or higher-level staff. Supervisors need to make unannounced rounds consistency within the housing units and document the unannounced rounds on all shifts.
- The Agency started the required intermediate-level or higher-level staff during the on-site audit. The facility provided the Inmate Safety/Security Checks policy that requires, "A shift sergeant or higher-level staff (OIC) shall conduct unannounced supervisor visits (USV) to identify and deter staff sexual abuse and sexual harassment (28 CFR 115.13(d) at least once per shift." The Auditor reviewed logs and interviewed staff and inmates during the compliance on-site revisit which demonstrated rounds were being conducted. The Agency has met substantial compliance.

115.15(d) Limits to Cross Gender Viewing and Searches

- Facility must eliminate all potential cross-gender viewing of toilets in housing cells, holding cells; and through cameras into the female dorm shower.
- A film was placed on the windows of the holding and housing unit doors to restrict the view of the toilets. The camera view of the top of the female shower was blocked through a black pixel block through the camera system. The facility provided photos of the frosting of cell windows to eliminate the potential cross-gender viewing. The Auditor reviewed the areas during the compliance on-site revisit and determined all the potential cross-gender viewing issues were corrected. The Agency met substantial compliance.

115.15(f) Limits to Cross Gender Viewing and Searches

- Staff lacked knowledge of the proper procedures for transgender pat-down searches. Staff need refresher training on the appropriate method to conduct transgender pat-down searches. Staff interviewed were not clear on how to complete the search or would conduct a search with a male and female staff member with each pat-searching half of the inmate.
- Facility staff completed the Guidance on Cross-Gender and Transgender Pat Searches through the PREA Resource Center in November 2022. This staff acknowledged the training through a training sign-off sheet. The facility provided the staff training sign-in sheet and the Searches policy which addresses the procedures for transgender pat-down searches to demonstrate compliance. The Agency met substantial compliance.

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

- The Agency's policy did not address how disabled (blind, sight impaired, hearing impaired, deaf, low cognitive skills, intellectual and psychiatric disabilities) are provided opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The hearing-impaired inmate stated he did not receive PREA information in a method he understood.
- The facility updated the Inmate Orientation policy. The updated policy provides procedure direction on how to provide inmates PREA information in a manner that an inmate that is blind, sight impaired, hearing impaired, deaf, low cognitive skills, and/or has intellectual and/or psychiatric disabilities. The policy language supports the operating procedures of the facility. The Agency met substantial compliance.

115.16(c) Inmates with Disabilities and inmates who are limited English Proficient

- The Agency's policy did not address that the facility documents the limited circumstances where an inmate interpreter, reader, or other types of inmate assistants may be used.
- The facility updated the Prison Rape Elimination Act policy. The updated policy now addresses the limited circumstances where an inmate interpreter, reader, or other types of inmate assistants may be used. The updated policy language supports the operational procedures stated by staff. The Agency met substantial compliance.

115.17(a)(f) Hiring and Promotion Decisions

- The application form or the hiring packet did not ask applicants or contractors the three administrative adjudication questions or ask employees in any interviews or written self-evaluations conducted as part of reviews of current employees about previous misconduct.
- The facility updated the Recruitment and Selection and Special Assignments and Promotions policies. The facility asks the three administrative adjudication questions as part of the interview process. The questions are part of the Communications/Corrections interview Process Form. The policies also address that an applicant for hire or promotion would be disqualified if there are affirmative answers to the three administrative adjudication questions. The facility provided examples of the two staff and two contractors Communications/Corrections Interview Process completed forms to demonstrate compliance. The Agency met substantial compliance.

115.17 (e) Hiring and Promotion Decisions

- The Agency had not maintained documentation of the completed five-year background checks on current employees and contractors who may have contact with inmates.
- The Chief Deputy completed five-year background checks on all employees and contractors. The facility provided a spreadsheet that documented the date the five-year background check was completed. The Agency met substantial compliance.

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

- The facility did not provide the uniform evidence protocols/policy utilized for investigations that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
- The facility provided the updated Prison Rape Elimination Act policy that states, "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 (28 CFR 115.21)." During the compliance on-site revisit, the facility provided the Physical Evidence Handbook 9th Edition of the Wisconsin Department of Justice Crime Laboratory Bureau that outlines the uniform evidence protocols/policy utilized for investigations that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions utilized by the Agency. The Agency met substantial compliance.

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

- The facility had not published the agency's PREA policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation and the responsible of an outside agency for investigations to make the information publicly available.
- The agency has posted the Prison Rape Elimination Act policy on the agency's website under the PREA tab. The Agency met substantial compliance.

115.33(a)(d) Inmate Education

- The inmates were not provided PREA information at time of intake. The Agency's policy did not address inmate PREA education at intake.
- The facility provided the updated PREA policy that outlines the inmate receives PREA information at intake through the Report It Poster and the PREA pamphlet provide to the inmate. The submittal of the PREA pamphlet and the inmate's notification for PREA reporting is documented on the Inmate PREA Checklist form initialed by the inmate and staff member. The facility also provided the End the Silence PREA pamphlet for review. The Auditor observed an intake during the on-site visit and the compliance on-site revisit that confirmed the policy and operating practices for inmate education at intake. The Agency met substantial compliance.

115.33(b) Inmate Education

- Inmates had not received comprehensive education. The PREA video on the tablet relied upon for comprehensive education was not available on the tablet. The PREA icon opened the COVID training. The tablets did not provide audio for the inmate to hear.
- The Agency developed a process for the inmate comprehensive education. The facility will have the inmate review the PREA video for comprehensive education. The Agency developed a form to capture the training with the inmate initialing the form along with the staff member conducting the training. The facility provided documentation of inmates participating in PREA comprehensive education through completed Inmate PREA Checklist forms. The agency has met substantial compliance.

115.33(e) Inmate Education

- The agency must maintain documentation of inmate participation in these education sessions (intake process, comprehensive education).
- The facility developed a form Inmate PREA Checklist to document an inmate's completion of the PREA education at intake and the comprehensive training. The education is documented on the Inmate PREA Checklist form initialed by the inmate and staff member when the intake and comprehensive training is completed. The form is maintained in the inmate's file. The Auditor confirmed the practice through staff interviews and inmate file review during the compliance on-site revisit. The Agency met substantial compliance.

115.41 (c) Screening for risk of victimization and abusiveness

- The facility was not completing risk assessments on inmates at intake to determine the inmate's risk for victimization of abusiveness. This was determined through the review of inmate files, staff interviews, and observing an intake booking.
- The facility developed a risk screening instrument that meets the screening criteria, PREA Risk Screening and Housing Plan. The facility initiated the form as part of the intake process and provided training to staff on how to complete the risk screening form. The facility provided four examples of completed PREA Risk Screening and Housing Plan with the written direction provided to staff on completing the form. Documentation of the Risk Screening Housing Plan form completed at intake is also captured on the Inmate PREA Checklist. During the compliance on-site visit the Auditor interviewed staff and inmates, observed an intake process, and reviewed inmate files to determine compliance. The Agency met substantial compliance.

115.41 (f) Screening for risk of victimization and abusiveness

- The facility was not conducting reassessments of inmates within 30 days of arrival. Determined by staff interviews and inmate file review.
- The facility developed a risk screening instrument, PREA Risk Screening and Housing Plan that is utilized for the reassessment. The facility completed reassessments on all the inmates housed during the compliance on-site revisit. Documentation of the Risk Screening Housing Plan form completed for the reassessment is also captured on the Inmate PREA Checklist. The Auditor observed the process and reviewed inmate files for compliance. The Agency met substantial compliance.

115.41 (g) Screening for risk of victimization and abusiveness

- The facility was not completing reassessments 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 updated the Inmate Classification policy. The policy now addresses the standard requirement of risk reassessments 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 would utilize the PREA Risk Screening and Housing Plan form for the reassessment and mark special assessment on the form. The facility had no inmates that needed a reassessment conducted 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 during the corrective action period. The Agency met substantial compliance.

115.42 (a)(b)(c) Use of Screening Information

- The facility was not completing a risk assessment at intake therefore was not utilizing information from the risk screening instrument to make individualized determination about

housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive including transgender inmates. The current housing determinations are based on security classifications.

- The facility developed a risk screening instrument, PREA Risk Screening and Housing Plan that screens the inmate for victim risk and predatory behavior risk designations. The staff utilize this information for housing placements to ensure make individualized determination about housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive including transgender inmates. The facility provided four examples of completed PREA Risk Screening and Housing Plan with the written direction provided to staff on completing the form and making housing placement. Two of the four examples did not address individualized housing placement. During the compliance on-site visit the Auditor interviewed staff and inmates, observed an intake process, and reviewed inmate files to determine compliance. The Agency met substantial compliance.

115.42 (d) Use of Screening Information

- Staff were not aware of the standard and policy requirements for completing reassessments on transgender inmates at least twice a year.
- The facility provided the updated Inmate Classification policy that states, "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." Staff were educated on the updated policy language. The Agency has met substantial compliance.

115.51 (b) Inmate Reporting

- The inmate cannot remain anonymous when reporting to Hope House. The phone system required the inmate to enter an identifying PIN.
- The facility created a generic pin for inmates to utilize to remain anonymous when reporting to Hope House. The Auditor tested the new process during the compliance on-site revisit and verified the new process allows the inmate to remain anonymous. The facility has met standard compliance.

115.51 (d) Inmate Reporting

- Staff were unaware how they could report privately sexual abuse and sexual harassment of inmates.
- The facility sent an email to all staff that identified the County Administrator and Hope House as a method to report outside the facility and internal reporting to the Agency administration. The facility provided refresher training to staff on how they can report privately the sexual abuse and sexual harassment of inmates during the on-site audit. The Agency met substantial compliance.

115.52 (c) Exhaustion of Administrative Remedies

- The Agency's policy did not address that an inmate may file a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.
- The facility updated the Inmate Grievances policy. The policy now states, "Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint." Staff were educated on the updated policy as part of the PREA training. The Agency met substantial compliance.

115.53 (b) Inmate Access to Outside Confidential Support Services

- The agency's policy did not address informing inmates prior to giving them access to outside support services, the extent to which such communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The inmates are not informed prior to giving them access to outside support services.
- The facility updated the PREA policy to state, "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." The facility added language to the Report It! poster that states, "All communications between inmate and provider of services shall be confidential, except to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The added language on the poster informs inmates prior to giving them access to outside support services. The Agency met substantial compliance.

115.61 (a) Staff and agency reporting

- The agency's policy did not address the time frame requirement for reporting any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment. The standard required immediately.
- The facility updated the PREA policy that states, "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a deputy or supervisor, who will forward the matter to a sexual abuse investigator." Staff were educated on the updated policy as part of the PREA training. The Agency met substantial compliance.

116.63 (d) Reporting to Other Confinement Facilities

- The Agency's policy did not address the actions taken by the agency when the facility is notified of a sexual allegation that occurred at Marquette County Jail by another facility.
- The facility updated the PREA policy to state, "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." Staff were educated on the updated policy as part of the PREA training. The Agency met substantial compliance.

115.65 Coordinated Response

- The agency did not have a facility written institutional plan for coordinated response of a sexual abuse incident.
- The Agency developed a written facility institutional plan, Coordinated Sexual Abuse Response 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. Staff were educated on the Coordinated Sexual Abuse Plan as part of the PREA training. The Agency met substantial compliance.

115.67 (a) Agency Protection Against Retaliation

- Retaliation monitoring was not conducted. The agency acknowledged retaliation monitoring has not occurred after an allegation of sexual abuse or sexual harassment.

- The facility developed a form for documenting retaliation monitoring, Retaliation Monitoring Form. There were no allegations of sexual abuse or sexual harassment during the corrective action period, therefore no monitoring was documented as part of the corrective action period. The Agency met substantial compliance.

115.67 (a) Agency Protection Against Retaliation

- The Agency has not designated a staff member(s) charged with monitoring retaliation.
- The facility provided the updated PREA policy that outlines the Jail Captain/Administrator, or an authorized designee shall assign a supervisor or deputy to monitor retaliation. The Agency met substantial compliance.

115.68 (a) Post-Allegation Protective Custody

- The Agency's policy addresses protective custody for inmates that are at risk for sexual victimization. The policy did not address prohibiting the placement of inmates who have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made no available alternative means of separation from likely abusers.
- The facility updated the Inmate Classification policy with language that states, "All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at 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." Staff were educated on the Coordinated Sexual Abuse Plan as part of the PREA training. The Agency met substantial compliance.

115.73 Reporting to Inmates

- The facility notifies the inmate verbally of the investigation outcome. The facility did not document the notifications.
- The facility updated the PREA policy with language that states, "The Jail Captain/Administrator or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. 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." There were no allegations or investigations completed during the corrective action period therefore no inmate notifications were made. The Agency has met substantial compliance.

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

- Inmates that disclose sexual victimization through the intake process are not referred to medical and mental health.
- The facility updated the Health Appraisals policy. The updated language states 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. The PREA Risk Screening and House Plan has a section for referrals to mental health if the inmate has experienced prior sexual victimization and/or has perpetrated sexual abuse. The staff member is to offer a follow with mental health and the date of the referral is noted on the form. The staff were provided with written directive on the procedure. There were no required referrals during the corrective action period. The Agency met substantial compliance.

Documentation of compliance for the outstanding standards was provided to the Auditor through email by the PREA Coordinator and PREA Manager. No further action was necessary.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

115.11 (c)

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

Auditor Overall Compliance Determination

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

The Marquette County Sheriff's Office and the Marquette County Jail has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. Policy 606 Prison Rape Elimination Act addresses zero tolerance towards all forms of sexual abuse and sexual harassment. The thirteen-

page policy has fifteen sections that outline the Agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Section 606.2 addresses the zero tolerance and 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." Section 606.1.1 provides definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Section 606.8 includes sanctions for those found to have participated in prohibited behaviors and any incident involving staff on inmate sexual abuse or sexual harassment shall be referred for investigation. Inmates are subject to a formal disciplinary process. Through observation of PREA information posted throughout the facility, review of the inmate handbook, and interviews with staff and inmates it was apparent that the Marquette County Sheriff's Office and Marquette County Jail is committed to zero tolerance of sexual abuse and sexual harassment and constantly enforces zero-tolerance through PREA information on bulletin boards, postings, handbooks, and training.

The Agency's PREA policy section 606.3 PREA Coordinator states, "The Jail Captain/Administrator shall appoint an upper-level manager with sufficient time and authority to develop, implement and oversee office efforts to comply with PREA standards. The PREA Coordinator shall review facility policies and practices and make appropriate compliance recommendations to the Jail Captain/Administrator." The Captain/Jail Administrator is responsible for ensuring the facility's compliance with the PREA standards. These responsibilities are coordinated through the supervision of the facility's PREA Team consisting of the PREA Coordinator and a PREA officer. A sergeant is assigned the PREA Coordinator responsibilities. At the time of the audit the PREA Coordinator position was vacant, the employee had been terminated. The Captain/Jail Administrator had assumed the PREA Coordinator responsibilities while the position was vacant and during the audit. The Captain/Jail Administrator stated he is working with the assistance of an officer assigned to PREA to ensure all PREA responsibilities and audit preparation is completed. He stated he did not feel he had enough time to accomplish all the PREA related responsibilities along with managing the daily operations of the facility on an ongoing basis. The assistance of the PREA Deputy helped to balance the PREA responsibilities with the vacancy of the PREA Coordinator position. The Captain/Jail Administrator has daily interaction with the PREA Team and through email. The Captain/Jail Administrator stated if compliance issues are identified he will discuss the issue with the PREA Team and immediately develop a corrective action plan for compliance, and ensure compliance is achieved. The correction could be the need for further training and/or policy updates. The PREA Coordinator is responsible for the coordination and ensuring the facility comes into compliance with the identified issue. The PREA Coordinator position was filled during the corrective action period, the PREA Deputy was assigned the PREA Coordinator role and responsibilities.

The PREA Coordinator's responsibilities per policy include 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; ensuring all inmates receive PREA information at intake; ensuring comprehensive inmate education within 30 days of intake, develop a staffing plan; ensuring the facility's ability to protect inmates from sexual abuse; implementing a process by which inmates may report sexual abuse and sexual harassment to a public/private entity; establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse; establishing a process to monitor the conduct and treatment of inmates and/or staff who have reported sexual abuse; implementing a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment; making reasonable efforts to enter into agreements with community service providers to provide inmates with confidential, emotional support services related to sexual abuse; 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; ensuring agreements with outside investigating agencies include PREA requirements, including a requirement to keep the Office informed of the progress of the investigation; and ensuring the Office conducts a criminal background check before enlisting the services of a contractor, volunteer or employing a staff member and will also follow-up criminal background records checks at least once every five years on members, volunteers or contractors who may have contact with inmates or has in place a system for otherwise capturing such information; and ensuring audits are conducted.

The agency exceeds the standard through the structure created to manage the PREA responsibilities of the agency. A PREA Team is under the direction of the Captain/Jail Administrator with a sergeant assigned as the PREA Coordinator and a Deputy also assigned to the PREA Team. The Captain/Jail Administrator has daily interaction with the PREA Team and also holds meetings to conduct incident reviews on cases, review pending cases, discuss inmates who are considered at high risk, and any PREA related compliance concerns.

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

The Marquette County Sheriff's Office does not contract for the confinement of inmates with private agencies or other entities including other government agencies. The Agency's policy 606 PREA states, "any contract for the confinement of Marquette County Sheriff's Office detainees or inmates includes the

requirement to adopt and comply with the PREA standards including obtaining incident-based and aggregated data, as required in 28 CFR 115.187. Any new contract or contract renewal shall provide for office contract monitoring to ensure that the contractor is complying with the PREA standards.” This was confirmed through the interview with the Jail Administrator.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states, "The PREA Coordinator's responsibilities shall include developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect detainees from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration generally accepted detention and correctional practices; any judicial findings of inadequacy, any findings of inadequacy from federal investigative agencies, any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant, including blind spots or areas where staff or inmates may be isolated; the composition of the inmate population, the number and placement of supervisory staff, and institution programs occurring on a particular shift, any applicable state or local laws, regulations or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors." This was the first PREA audit for the facility. The facility had not developed a staffing plan prior to the audit. As part of the corrective action plan, the facility created a staffing plan to address all the components of the standard. The plan was developed by the Jail Administrator and approved by the Sheriff on June 3, 2022. The Staffing Plan was based on the designed facility capacity of 60. The inmate population on the first day of the audit was 31 inmates and the average population for the audit period was 29. The staffing plan created for the Marquette County Jail addressed the eleven criteria of this standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or inmates may be isolated); the composition of inmate population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

Did Not Meet (a): The facility had not developed a staffing plan that addresses all ten elements of the standard or completed an annual review. The staffing plan must be reviewed annually to assess, determine, and document whether adjustments are needed to the staffing plan; facility's deployment of video monitoring systems, and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan.

Corrective Action Taken (a): The Agency developed and submitted a Staffing plan that addressed all ten elements of the standard. The Staffing Plan was developed and reviewed on June 3, 2022 by the Jail Administrator and Sheriff. The Agency has met substantial standard compliance.

During the interview the Jail Administrator, he stated the staffing plan would be a written document that is maintained by the Jail Administrator, Chief Deputy, Sheriff, County Administrator, and the Chairman of the Public Safety. The Jail Administrator with the Chief Deputy and Sheriff review and discuss staffing throughout the year, including vacant positions, review the policies and practices of the facility, and any

PREA concerns to ensure inmate safety. Based on the review of the staffing plan submitted and the interview with the Jail Administrator, the staffing plan was developed by the leadership of the Sheriff's Office including the Sheriff, Chief Deputy, and the Jail Administrator/PREA Coordinator. The Staffing Plan noted there have been no findings of inadequacy through judicial, federal investigative agencies, or internal or external oversight bodies. The Jail Administrator stated the facility operates with accepted detention and correctional practices including the Wisconsin Jail Standards. The facility has not had a violation from the state in over three years. The jail population consists of pre-sentence and sentenced male and female inmates. Youthful offenders and transgender inmates are given further consideration for safety when booked into the facility. The facility may house youthful offenders, age of majority in the state of Wisconsin is 17. The Jail Administrator stated they had not housed a youthful offender in over two years. The facility has supervisory staff on all shifts through sergeant positions. If a sergeant is not on shift, an officer in charge is assigned or a patrol sergeant who has received PREA training provides supervision.

The staffing plan states, "through these measures, supervisors and administration ensure that a sufficient number of staff will be present throughout the facility." The facility has twenty-one full-time staff positions and two part-time staff who may have contact with inmates. The security section consists of the Captain, Sergeants (4), and correctional deputies (16). The facility operates two shifts. The correctional deputies housing posts are assigned per shift with the first shift of 5:00 am – 5:00 pm and 6:00 am – 6:00 pm. Second shift is 5:00 pm to 5:00 am and 6:00 pm to 6:00 am. First and second shifts are staffed with a minimum of four deputies, two sergeants, and at least one staff member of each gender working on each shift. Two deputies are assigned to Master Control/Dispatch. The Master Control/Dispatch center is staffed 24 hours a day 7 days a week. The Master control center controls the entry into the jail and housing blocks, monitors cameras, all radio traffic, as well as the dispatch responsibilities for the Sheriff's Office. The Housing Unit Control Center monitors the cameras, door controls, and the intercom system of all the housing units. Additional deputies may be added to a shift if an inmate is on a suicide watch or when additional workload is identified. Staff are used to escort inmates to/from the multipurpose program room. There is always a female staff member on in order to ensure that female inmates are not restricted in any way from attending these programs. The staffing plan also states, "Incidents of sexual abuse, sexual harassment, and any type of retaliation involving sexual abuse or sexual harassment may cause a necessary change in the staffing plan."

The staffing plan considers the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The facility had no reported allegation in 2020 and one unfounded reported allegation of sexual harassment in 2021. The Agency determined the number of incidents did not warrant any change to the facility's current staffing level and that staffing levels will continue to be closely monitored by the Sheriff and the Administrative Team. Through the Agency's review of the staffing plan, it was determined "the Marquette County Jail is committed to operating in compliance with the Prison Rape Elimination Act (PREA) and will continue to report all allegations of any form of sexual misconduct. The facility has invested the necessary resources and time to educate the inmate population about their rights under PREA, to train staff, contract staff, and volunteers concerning their obligation to identify and report knowledge or suspicion of inappropriate activity related to PREA. Staffing, the use of monitoring technology and the resources available to meet the facility staffing plan will be reviewed on a regular basis to ensure the facility continues to comply with all standards and requirements."

The Jail Administrator stated the facility has not deviated from the staffing plan. To cover the posts, overtime or part-time deputies are utilized. The staffing plan states, "Minimum staffing levels are adhered to regardless of overtime cost incurred." At the time of the on-site audit, the facility was operating with four vacant deputy positions and overtime was utilized to cover the posts. If a staffing deviation occurs,

the deviation would be documented through an incident report documenting the deviations and the reason for the deviation. The Jail Administrator would be notified of the deviation immediately. The Jail Administrator stated consideration is given to video monitoring as part of the plan and the facility added additional cameras to enhance supervision within the facility.

Inmate supervision is provided through direct and indirect staff supervision. The Master Control provides indirect supervision through cameras. The housing unit control center provides supervision through cameras and sight lines into each housing area. The housing control deputy has direct line of sight into housing units. These housing units also have a camera in each that provides supplemental supervision of the area. Direct supervision is provided through rounds completed by the housing deputy. Rounds are required at least once every 45 minutes, not to exceed 60 minutes. Inmates on suicide watch or a special watch are checked at least once every 15 minutes. The rounds are documented on the jail management system (Spillman). Further, all movements of deputies and inmates are controlled by door controls through Master Control and are recorded video surveillance. All inmate movement is supervised by a deputy.

The Agency's policy 504 Inmate Safety/Security Checks states, "A shift sergeant or higher-level staff (OIC) shall conduct unannounced supervisor visits (USV) to identify and deter staff sexual abuse and sexual harassment at least once per shift. Staff shall refrain from alerting other staff of the unannounced supervisor visits." Although the jail administration and the sergeants made rounds throughout the facility, the rounds were not consistent or documented. Sergeants make rounds to the housing units as needed when issues arise or when responsible for hourly supervision/security checks as confirmed through staff and inmate interviews. The sergeants interviewed stated they complete a walk through once an hour and are available for inmates to ask any questions. They ask inmates about safety concerns and look for changes in behaviors. They stated they document the rounds in the jail management system as a security check. During the on-site audit, the facility began the required documented unannounced rounds by jail administration and sergeants. An email was sent to all supervisors that stated, "We will need to make at least one supervisor round in the jail pod and working jail pod. Yes, we are very small and we know when we are in the working pod station. The USV will need to be unannounced and logged in our RMS (jail log). This needs to happen, randomly, once a shift. When a sergeant or higher is not working, the shift "OIC" will need to make the USV round during the shift." The facility provided documentation from the jail management system that documented unannounced rounds completed on all shifts. During the compliance revisit, the Auditor reviewed the process to ensure that unannounced rounds were completed on all shifts. The review of the unannounced rounds in the jail management demonstrated compliance. Interviews with staff and inmates confirmed that unannounced rounds are done randomly throughout the facility and inmates have accessibility to security supervisors if needed.

Did Not Meet (b): Unannounced rounds were not completed within the housing pods by intermediate-level or higher-level staff. Supervisors need to make unannounced rounds consistency within the housing units and document the unannounced rounds on all shifts.

Corrective Action Taken (b): The Agency started the required intermediate-level or higher-level staff during the on-site audit. The facility provided the updated Inmate Safety/Security Checks policy that requires, "A shift sergeant or higher-level staff (OIC) shall conduct unannounced supervisor visits (USV) to identify and deter staff sexual abuse and sexual harassment (28 CFR 115.13(d) at least once per shift." The Auditor reviewed logs and interviewed staff and inmates during the compliance on-site revisit which demonstrated rounds were being conducted. The Agency has met substantial compliance.

The policy also prohibits staff from alerting other staff members that supervisory staff rounds are occurring. The sergeants indicated in their interviews that staff are trained annually and provided policy reminders that alerting is prohibited. Since there are only two working in the jail, the sergeant and the housing unit Deputy, there is no one for the deputy to alert.

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

The age of majority in the state of Wisconsin is 17. The facility will house inmates that are 17 years of age per state law who are being prosecuted as adults. The Jail Administrator stated the facility may hold a youthful offender by Wisconsin law although it is not the practice of the facility to house a youthful offender. If a youthful offender is housed for over two hours, the Agency must report through email to the Wisconsin Department of Justice. He further stated the facility has not held a youthful offender in over two years. If a youthful offender was held at the facility, the youthful offender would be housed in the medical isolation cell to provide separation from sight and sound from adults. The cell has blocked walls on three sides and the front wall is mirrored glass. The mirrored glass does not allow the youthful offender to see out of the cell. The youthful offender would be under direct staff supervisor when escorted within the facility. For visitation and any programming, the youthful offender would have an established time separate from adults. The Jail Administrator stated the Agency has an agreement with the Montello School District to provide continued education for the youthful offender. An educator from the local school system would work with the youthful offender in the visitation area. The youthful offender would also have access to programming as any other inmate in the facility. The Auditor reviewed the cell that would be used to house a youthful offender, the location of the cell with the facility's operating procedures would provide sight and sound separation from adults. During the audit period, the facility did not house any youthful offenders. There were no youthful offenders housed at the facility to interview during the audit.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

The Agency's policy 512 Searches states "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 staff members of the same sex as the person being searched (Wis. Stat. § 968.255). Any cross-gender modified strip searches and cross-gender strip searches shall be documented. Whenever possible, a second staff member of the same sex should assist with the search for security purposes and to witness the discovery of evidence." The Agency defines a modified strip search as a search that requires a person to remove

or rearrange some of his/her clothing that does not include a visual inspection of the breasts, buttocks or genitalia of the person but may include a thorough tactile search of an inmate's partially unclothed body. This also includes searching the inmate's clothing, once it has been removed. The policy also states "No modified strip search or strip search of an inmate shall be conducted prior to admittance to a housing unit without prior written authorization from the Shift Sergeant. Verbal authorization from a supervisor is sufficient if there is probable cause to believe that the person is concealing a weapon." Interviews with staff indicated that cross-gender searches do not occur, the facility is always staffed with male and female staff. If a cross-gender search would occur under exigent circumstances, the search would be documented on an incident report. The facility utilizes the Authorization for a Strip Search form to authorize a strip search that is completed by the authorized supervisor and a copy to the Jail Administrator. Attached to the Authorization for a Strip Search is the Strip Sheet Report form that is completed with details of the search including the reason for the search, name and gender of the inmate, name and gender of the deputy, location of strip search, if any other staff viewed the search, and was it audio and/or video-taped and reason why. There were no staff that conducted cross-gender searches during the audit period, however, the Auditor interviewed two deputies on the process. The deputies acknowledged staff would not conduct a cross-gender strip search, there is always a female and male deputy on each shift and if visual body cavity was required the inmate would be transported to the hospital. The facility's staffing plan requires a female staff member present on all shifts. The female inmates interviewed acknowledged there was always a female staff on shift, and they were not restricted from programming or out of dorm activities. The staff interviewed stated there is also a female officer present on shift. The facility noted in the PAQ there were no cross-gender pat-down searches conducted by male staff, and this was confirmed through discussions with staff and the Jail Administrator. There were no cross-gender pat-searches, cross-gender strip searches, or cross-gender visual body cavity searches conducted within the audit period.

The Agency's policy 806 Inmate Hygiene states "Inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an inmate housing unit." All the housing unit showers had privacy curtains. Inmates housed in the dorms are informed to change clothing within the shower area to eliminate the potential for cross-gender viewing. The Auditor identified potential cross-gender viewing issues of toilets in the housing unit cells, toilets in the holding cells, and through camera observation of the top of the female dorm shower. The potential cross-gender viewing issues were corrected. A film was placed on the windows of the holding and housing unit doors to restrict the view of the toilets. The camera view of the top of the female shower was blocked through a black pixel block through the camera system. The facility provided photos of the film placed on the doors during the corrective action period to demonstrate compliance. The Auditor during the compliance revisit observed the film placement on the doors and the black pixel block within the camera system, both corrections eliminated the potential cross-gender viewing within the facility. Inmates shared the deputies announce when entering the housing area allowing the inmate time to be properly addressed and to complete using the toilet or cover up while performing bodily functions. Inmates and staff interviewed stated inmates receive privacy for changing clothes, performing bodily functions, and showering. The inmates also shared they have not been naked in front of an opposite gender staff member.

Did Not Meet (d): Facility must eliminate all potential cross-gender viewing of toilets in housing cells, holding cells; and through cameras into the female dorm shower.

Corrective Action Taken (d): A film was placed on the windows of the holding and housing unit doors to restrict the view of the toilets. The camera view of the top of the female shower was blocked through a black pixel block through the camera system. The facility provided photos of the

frosting of cell windows to eliminate the potential cross-gender viewing. The Auditor reviewed the areas during the compliance on-site revisit and determined all the potential cross-gender viewing issues were corrected. The Agency met substantial compliance.

The Agency's policy 504 Inmate Safety Checks states "Staff of the opposite gender shall announce their presence when entering an inmate housing unit." The staff interviewed stated when an employee of the opposite gender enters a housing unit a verbal cross-gender announcement is made by the staff member. The cross-gender announcement is made verbal when a staff member or visitor enters the housing unit of the opposite gender as observed by the Auditor while touring the facility. Staff stated they receive training on supervision rounds and the requirement to announce during annual in-service training. Staff and inmates indicated that announcements are made when the opposite gender staff and visitors enter the housing units.

The Agency's policy 512 Searches Section 514.5 Transgender Searches states "Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status. If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records or, if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional." Staff interviewed acknowledged their understanding of the policy and noted only medical is authorized to conduct such a search. The facility's PAQ noted no transgender or intersex searches occurred for the sole purpose of determining genital status and was confirmed through staff interviews. The review of the policy and training lesson plans demonstrated the reinforcement of these policies during the annual training. The facility had no transgender or intersex inmates housed at the time of the audit for interviews.

The Agency's policy 512 Searches states "The Jail Administrator shall provide training for staff in how to conduct pat-downs, modified strip searches and strip searches in a professional and respectful manner and in the least intrusive manner possible, consistent with facility security needs. This training shall include cross-gender pat downs and searches, as well as searches of transgender and intersex inmates." Deputies receive pat-down, cross-gender pat-down, and strip searches as part of the jail academy training and fresher training during annual in-service training. The review of the training lesson plans showed the search procedures, and the policy and procedures are covered in the annual training. The staff interviewed acknowledged receiving search training as part of jail academy and annual in-service. Training documentation was provided documenting staff received and understood cross-gender pat-down searches and searches of transgender inmates. However, staff during interviews lacked knowledge of the proper procedures for conducting transgender pat-down searches and stated a male and female staff member would conduct the search each searching the body anatomy of that staff member, or the staff member of the inmate's birth gender would conduct the search. The Agency provided further training on proper procedures for transgender pat-down searches through the training video Guidance on Cross-Gender and Transgender Pat Searches through the PREA Resource Center during the corrective action period. The training was documented by staff signature on a training sign-in sheet.

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

Corrective Action Taken (f): Facility staff completed the Guidance on Cross-Gender and Transgender Pat Searches through the PREA Resource Center in November 2022. This staff acknowledged the training through a training sign-off sheet. The facility provided the staff training

sign-in sheet and the Searches policy which addresses the procedures for transgender pat-down searches to demonstrate compliance. The Agency met substantial compliance.

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

15.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

The Agency's policy 503 Inmate Rules and Orientation states "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. Inmates who are deaf or hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the inmate in understanding the information. Those individual rights are protected under the Americans with Disabilities Act (ADA) and related regulations, that the nature, length, and complexity in which the communication takes place are factors for consideration in determining which auxiliary aids and services are necessary for effective communication and those shall be provided.

Inmate education videos will have subtitles available for the deaf or hard of hearing inmates. This facility has entered into a contract to provide access to interpreters who can interpret effectively and accurately, using any specialized means available.” The Jail Administrator stated the facility has established procedures to provide inmates with disabilities and are limited English proficient equal opportunity to participate in all aspects of the Agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. For a deaf/hearing impaired inmate, staff would provide written reading materials, utilize a translator; and exchange written notes back and forth to ask/answer all questions. For a blind/low vision inmate, the staff would read and explain each form to the inmate during booking and orientation and the inmate could listen to the PREA video. For an inmate with low cognitive skills, the staff would explain the material in a manner the inmate understands with the assistance from medical and mental health staff. The staff are trained to assist the inmate by reading the PREA information to them and the audio of the PREA video to assist their comprehensive of policies and procedures. The facility provides the End the Silence PREA brochure in English. The PREA posters are available in English and Spanish. If any other languages are needed, the information is provided through an interpreter. The PREA video is available in English, Spanish, and close captioned. Interpretation services are provided by staff or through an interpreter service. The Agency has a contract with Language Line Services for interpretation services. An inmate that was hearing-impaired was interviewed. The inmate shared that he knew about PREA and learned the information from prison. He also stated he received information at the facility in a written format he understood including reading PREA information on the tablet and watching the PREA video with close captioning. If he needs to communicate with staff, he will write back and forth with staff. He understood how to report an incident by calling a family or friend. There were no inmates identified with a disability or limited English proficient during the audit. To confirm, the Auditor asked the facility staff, medical staff, and did not observe an inmate during the tour or through random interviews.

Did Not Meet (a/b): The Agency’s policy did not address how disabled (blind, sight impaired, hearing impaired, deaf, low cognitive skills, intellectual and psychiatric disabilities) are provided opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The hearing-impaired inmate stated he did not receive PREA information in a method he understood.

Corrective Action Taken (a/b): The facility updated the Inmate Orientation policy. The updated policy provides procedure direction on how to provide inmates PREA information in a manner that an inmate that is blind, sight impaired, hearing impaired, deaf, low cognitive skills, and/or has intellectual and/or psychiatric disabilities. The policy language supports the operating procedures of the facility. The Agency met substantial compliance.

The Agency’s policy 606 PREA states, “Should an investigation involve inmates who have disabilities or who have limited English proficiency, the first responder shall not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety, the performance of first responder duties or the investigation of sexual abuse or sexual harassment allegations. In the event such circumstances arise the reason and extend shall be documented.” Although the policy language states during an investigation, the Jail Administrator and staff interviewed shared inmate interpreters are not utilized at any time. Random staff interviewed stated they would communicate with LEP inmates through a staff interpreter or the language line. None of the staff interviewed knew of an instance when an inmate was used as an interpreter. There were no instances where an inmate interpreter was utilized during this audit timeframe.

Did Not Meet (c): The Agency’s policy did not address that the facility documents the limited circumstances where an inmate interpreter, reader, or other types of inmate assistants may be used.

Corrective Action Taken (c): The facility expanded the PREA policy. The updated policy now addresses the limited circumstances where an inmate interpreter, reader, or other types of inmate assistants may be used. The updated policy language supports the operational procedures stated by staff. The Agency met substantial compliance.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

The Agency's policy 304 Recruitment and Selection states, "No members or contractors shall be hired who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent, or was unable to consent or refuse; been civilly or administratively adjudicated to have engaged in the activity." The Agency's policy 107 Special Assignments and Promotions states, "The Marquette County Sheriff's Office shall not promote, assign, or transfer any member to a position that may allow contact with inmates if the member has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging in or attempting to engage in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse; been civilly or administratively adjudicated to have engaged in the activity. Employees who may have contact with inmates shall disclose any conduct described above in written applications or interviews for promotion or special assignment." The policies also address that an applicant for hire or promotion would be disqualified if there are affirmative answers to the three administrative adjudication questions. The Chief Deputy along with the Jail Administrator is responsible for hiring new facility employees. The Jail Administrator is responsible for the hiring of contractors for jail-related responsibilities. The Chief Deputy was interviewed for the human resource protocols. He stated the three administrative adjudication questions are part of the interview process and information is also obtained when the background check is completed. Although it was noted the three administrative adjudication questions were asked as part of the interview process, there was no documentation to verify the process. The Jail Administrator shared contractors were not asked the three administrative adjudication questions. The facility expanded the Communications/Corrections Interview Process form to capture responses for the three administrative adjudication questions for new applications, promotions, and contractors. The Jail Administrator also shared the three administrative adjudication questions with contract companies to add to their application process also. The food service company, Summit Food Service, provided an example of their form PREA Employment Questionnaire to be used to capture the information. The Agency was not asking employees in any interviews or written self-evaluations conducted as part of reviews of current employees about previous misconduct (administrative adjudication questions). The facility also created a form to capture the information annually from existing employees as part of the annual evaluation process.

Did Not Meet (a)(f): The application form or the hiring packet did not ask applicants or contractors the three administrative adjudication questions or ask employees in any interviews or written self-evaluations conducted as part of reviews of current employees about previous misconduct.

Corrective Action Taken (a)(f): The facility updated the Recruitment and Selection and Special Assignments and Promotions policies. The facility asks the three administrative adjudication questions as part of the interview process. The questions are part of the Communications/Corrections interview Process Form. The policies also address that an applicant for hire or promotion would be disqualified if there are affirmative answers to the three

administrative adjudication questions. The facility provided examples of the two staff and two contractors Communications/Corrections Interview Process completed forms to demonstrate compliance. The Agency met substantial compliance.

The Agency's policy 304 Recruitment and Selection states "As a general rule, performance indicators, candidate information, and records shall be evaluated by considering the candidate as a whole, and taking into consideration the following: age at the time the behavior occurred; passage of time; patterns of past behavior; severity of behavior; probable consequences if past behavior is repeated or made public; likelihood of recurrence; relevance of past behavior to public safety employment; aggravating and mitigating factors; consideration of any incidents of sexual harassment; and other relevant considerations. A candidate's qualifications will be assessed on a case-by-case basis, using a totality-of-the circumstances framework." The Chief Deputy shared as part of the hiring selection process, the Agency shall consider incidents of sexual harassment in determining to hire or promote anyone or enlist the services of a contractor with inmate contact. He stated when screening the applications and during the interview process, consideration of any incidents of sexual harassment is reviewed thoroughly and consideration for employment. This would be the same process for employees and contractors.

The Agency's policy 304 Recruitment and Selection states "Every candidate shall undergo a thorough background investigation to verify his/her personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the Marquette County Sheriff's Office." The policy also states "Minimally, the Office should employ a comprehensive screening, background investigation, and selection process that assesses cognitive and physical abilities and includes review and verification of the following: a comprehensive application for employment (including previous employment, references, current and prior addresses, education, military record); driving record; reference checks; employment eligibility, including U.S. Citizenship and Immigration Services (USCIS) Employment Eligibility Verification Form I-9 and acceptable identity and employment authorization documents; information obtained from public internet sites; financial history consistent with the Fair Credit Reporting Act (FCRA); local, state, and federal criminal history record checks; polygraph or voice stress analyzer examination (when legally permissible); medical and psychological examination (may only be given after a conditional offer of employment); and review board or selection committee assessment." The Chief Deputy shared criminal background checks are completed on all employees that includes employment and personal checks and national and state criminal checks through Wisconsin On-Line Record Check System (WORCS) and the Department of Justice (DOJ). The Agency also receives a signed consent to review the social media accounts of the applicant. The Auditor reviewed seven employee personnel files and three contractor files. The employee files documented an initial background check prior to hiring. Two of the contractors' files documented an initial background check prior to the enlistment of services. The other contractor's file did not have a background check, the facility could not locate the background check although they stated it was completed. Two files reviewed were new employees hired during the audit period, the employees had completed background checks prior to employment.

The Agency's policy 606 PREA states "The PREA Coordinator's responsibilities shall include 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 Chief Deputy stated he completes annual background checks including criminal and drivers checks on all employees and contractors. There was no documentation of the annual background check since LEDS paperwork cannot be maintained. The Chief Deputy created a spreadsheet, Background Investigations Conducted, to document the background checks completed. The form includes the employee/contractor's name, D/L check, CH check, and the date the background

checks were completed. All background checks were completed again on November 2, 2022, to document the annual check.

The Agency's policy 304 Recruitment and Selection states "The Office shall ask all candidates who may have contact with inmates to disclose any conduct described above in written applications or interviews. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination." The Chief Deputy stated all employees are required to report any police contact to their immediate supervisor, Chief Deputy, and Sheriff. The incident will be investigated by the Agency. During the investigation, the employee may be placed on administrative leave depending on the incident. Based on the incident and the outcome of the investigation, the Sheriff and/or Chief Deputy will consider the appropriate action to be taken in each case.

The Agency's policy 304 Recruitment and Selection states "The Office shall make reasonable efforts to contact prior institutions that the candidate has been employed by to inquire about sexual abuse allegations." During the interview with the Chief Deputy, he stated the Agency contacts other institutions for information as part of the background process. Based on the information that is obtained, the Jail Administrator and/or Chief Deputy will follow up on the information and decide if the application should be hired. The Agency will also share information with other institutions when requested, these requests must have a signed waiver of release from the employee before the release of information. The Chief Deputy shared there have been no requests made from outside employers relative to the requirements of the standard during the audit period.

Through the review of Agency's policies 304 Recruitment and Selection and 107 Special Assignments and Promotions it demonstrated the Agency has established a process for asking applicants the three administrative adjudication questions and conducting criminal background checks for new employees, promotional employees, volunteers, and contractors who have contact with inmates.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or

updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states, "The PREA Coordinator responsibilities include ensuring that, when designing, acquiring, expanding or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to the office's ability to protect inmates from sexual abuse." The Jail Administrator and Sheriff stated the facility has not had any substantial expansions or modifications of the existing jail facility. This was also noted in the Agency's PAQ. The Sheriff shared the Agency is in the design phase to expand the current facility by adding a sallyport and renovation to the booking/holding area. He showed the facility expansion blueprints to the Auditor. The Sheriff and Auditor reviewed and discussed what the Agency should be looking for to ensure the PREA standards are met and the Agency's ability to protect inmates from sexual abuse. The Sheriff shared the State Jail Inspector must approve the plans and PREA would be considered during the review. The Jail Administrator stated any facility expansion or modification would consider the safety of inmates through reducing blind spots, video surveillance, adding mirrors, intercoms, and frost door/window glass as needed to eliminate cross-gender viewing. The Auditor did not observe any substantial expansions or modifications of the existing jail facility, construction was occurring within the Sheriff's Office administration area for additional office space. The Auditor informed the Sheriff for the next PREA audit, the Agency would need to demonstrate the Agency considered the ability to protect inmates from sexual abuse during the planning and design of the facility expansion. Documentation could be through meeting notes or in other written materials.

The Agency expanded the facility's video monitoring system with the installation of two new cameras during the audit period, one in the public visitation area and a fisheye camera over the booking desk. The facility is monitored by 34 security cameras (4 exterior and 30 interior). All cameras are monitored through Master Control and the housing control unit cameras and hallways are also monitored through the housing unit control center. Cameras are located throughout the facility including hallways, intake, medical, laundry, program areas, and housing units. The outside perimeter and administrative building are also observed through cameras. Cameras operate on a 121-day recording cycle with certain areas that can record for a longer period. The Jail Administrator shared video surveillance cameras are installed to eliminate blind spots in the facility and the cameras are monitored by staff for inmate protection. The facility's sallyport expansion also includes expansion of the video monitoring system with the plans to include two cameras in the sallyport, one camera in the pre-booking area, one camera in the current booking area, and four exterior cameras.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA and the Wisconsin State Crime Laboratories (WSCL) Sexual Assault Kit Evidence Submission Guidelines and the Physical Evidence Handbook outlines evidence protocols for administrative proceeding, criminal prosecutions; and requirements for forensic exams. Policy 606 PREA

states "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment. 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. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases." Administrative and criminal investigations involving inmates and staff are conducted internally by Sheriff's Office Detectives and trained jail deputies. Criminal and administrative investigations involving staff will be conducted only by the Sheriff's Office Detectives and inmate administrative investigations may be conducted by a trained jail employee. The Agency has established a memorandum of understanding (MOU) with Sauk County Sheriff's Office to complete investigations if the Agency needs to refer a case outside the Agency. Both administrative and/or criminal investigations and evidence collection start immediately following an allegation. Random staff interviewed acknowledged that the Sheriff's Office investigator completes sexual abuse investigations.

The Agency's policy 606 PREA also states, "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." The Agency utilizes the Wisconsin State Crime Laboratories (WSCL) Sexual Assault Kit Evidence Submission Guidelines and the Physical Evidence Handbook as their uniform physical evidence protocols. The guidelines are appropriate for adult inmates and youthful offenders. The Physical Evidence Handbook outlines the evidence collection kit, collecting a buccal swab standard, the collection of transitory evidence (fingernail swabbing, bite marks), collection of relevant physical evidence (clothing, condoms), how to process a scene, packing requirements, laboratory request details, and an evidence item acceptance. All facility deputies have completed the on-line course PREA: Investigating Sexual Abuse in a Confinement Setting through the National Institute of Corrections and deputies interviewed were knowledgeable of the protocol for obtaining usable physical evidence. Random staff stated the inmates are separated and under constant observation to protect evidence, inmates are requested not to destroy any evidence (not to shower, brush teeth, use the restroom, change clothes), secure the crime scene until an investigator clears the scene, preserve any evidence, and contact a supervisor. An interview was conducted with a Detective from the Marquette County Sheriff's Office, the Detective stated a sexual assault investigation would be started immediately and the detectives are on-call after hours. A sexual harassment allegation would be investigated as soon as possible. The Detective also stated staff investigations may be assigned to an outside agency when warranted. The interview confirmed the PREA investigation practices including the uniformed evidence protocols.

Did Not Meet (a/b): The facility did not provide the uniform evidence protocols/policy utilized for investigations that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Corrective Action Taken (a/b): The facility provided the updated Prison Rape Elimination Act policy that states, "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 (28 CFR 115.21)." During the compliance on-site revisit, the facility provided the Physical Evidence Handbook 9th Edition of the

Wisconsin Department of Justice Crime Laboratory Bureau that outlines the uniform evidence protocols/policy utilized for investigations that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions utilized by the Agency. The Agency met substantial compliance.

The Agency's policy 606 PREA states "Forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs." Through interviews with the medical staff and Detective, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care. The medical staff stated the forensic examinations are conducted by SANE/SAFE staff and any emergency medical care is provided through the emergency room at the local hospital. She expanded to state the local hospital, Unity Point would be used mostly for emergency medical treatment and the Unity Point Meriter hospital in Madison would be utilized for forensic exams and emergency medical care for sexual abuse. She also explained that she could use Google search to find an available SANE nurse near the facility if needed. The Agency has attempted to enter a MOU with Unity Point Meriter hospital as documented through emails. An interview was attempted on three occasions with a Sexual Assault Nurse Examiner or representative of the Unity Point Meriter hospital. The emergency room nurse interviewed on the third attempt noted that the hospital has SANEs staffed in the emergency room or on-call if needed. She was not able to expand further on available services other than emergency medical treatment and any other treatment or services deemed required by the Provider would be provided to the inmate through the emergency room. Services offered may include a forensic exam, pregnancy tests, sexual prophylaxis treatment, emergency contraceptives, HIV and other testing, and any medication required.

The Agency's policy 606 PREA states, "The facility has entered into a Memoranda of Understanding (MOU) with Hope House of South Central Wisconsin, 720 Ash St, Baraboo, WI 53913 (1-800-584-6790) to provide inmates with confidential, emotional support services related to sexual abuse. The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline number to Hope House." The Agency entered into an MOU with the Hope House of South Central Wisconsin Inc. (Hope House) to provide emotional support services to inmates of sexual abuse on March 8, 2022. The MOU outlines services include ensuring coordinated, safe, confidential emotional support; accompaniment inmates at interviews and medical examinations; crisis intervention services; information; and referrals for victims of sexual abuse. The MOU outlines the Hope House agrees to provide an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview process, as required by the victim via Marquette County Jail; provide emotional support services to victims of sexual abuse support shall include emotional, crisis intervention, information, and referral, and may be conducted by mail, in person, by telephone, or an improved telecommunications method; the Hope House advocate shall connect with facility personnel to coordinate telephone, telecommunication, and or in person meetings; 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 and any safety related fears or concerns, or other confidential information to Marquette County Jail. The Jail Administrator confirmed Hope House would provide emotional support services for inmates through a forensic examination, and if needed through investigatory interviews. The representative interviewed from Hope House shared support services are always available for inmates (24 hours/7 days). The jail will contact Hope House if support services are needed during a forensic exam and an advocate would meet the inmate at the hospital for support and crisis

intervention. Any inmate can obtain emotional support through calling the hotline or writing the organization. When an inmate calls the hotline, they are not asked to identify themselves and can remain anonymous. It is the choice of the inmate if they want to share their name. She indicated an advocate is available during the forensic exam and the inmate is provided a packet of resources available to them. An advocate would follow-up with the inmate either on the phone or a one-on-one contact in the facility if requested by the inmate. Services are confidential unless the inmate approves the disclosure of information. The Hope House contact information is available to the inmate through the End the Silence PREA brochure, on the tablet, and Report It! PREA poster. The hotline is a toll-free number and confidential. There were no sexual abuse allegations during the audit period, therefore, no forensic examination was warranted. From the Auditor's review of the investigative file, there was no allegation that required a forensic examination during the audit period.

The Agency's policy 606 PREA states "If the investigation is referred to another agency for investigation, the Office shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through (e). The referral shall be documented. The Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.71). If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges." The Agency has established a memorandum of understanding (MOU) with Sauk County Sheriff's Office to complete investigations if the Agency needs to refer a case outside the Agency. The Jail Administrator stated there has not been an investigation completed by an outside agency. If there was an outside agency investigation, the Sheriff's Office Detective and/or the Jail Administrator would stay informed of the progress of the case by contacting the outside agency.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment." Both administrative and/or criminal investigations and evidence collection start immediately following an allegation. Administrative and criminal investigations involving inmates and staff are conducted internally by Sheriff's Office Detectives and trained jail deputies. Criminal and administrative investigations involving staff will be conducted only by the Sheriff's Office Detectives and inmate administrative investigations may be conducted by a trained jail employee. All facility deputies have completed the on-line course PREA: Investigating Sexual Abuse in a Confinement Setting through the National Institute of Corrections. The Sheriff stated the Agency has zero tolerance for sexual abuse and sexual harassment and all allegations are investigated by trained investigators. When an allegation is reported, it is assigned to a Detective for investigation and completed with a written report. An interview was conducted with a Detective from the Marquette County Sheriff's Office, the Detective stated a sexual assault investigation would be started immediately and the detectives are on-call after hours. A sexual harassment allegation would be investigated as soon as possible. The Detective also stated staff investigations may be assigned to an outside agency when warranted. The Agency has established a memorandum of understanding (MOU) with Sauk County Sheriff's Office to complete investigations if the Agency needs to refer a case outside the Agency.

The Agency's policy 606 PREA states "If the investigation is referred to another agency for investigation, the Office shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through (e). The referral shall be documented. The Jail Administrator shared the Agency has a long-standing working arrangement with the Sauk County Sheriff's Office and if an investigation was referred to an outside agency it would be Sauk County Sheriff's Office. After the on-site visit, the Agency developed an MOU with Sauk County Sheriff's Office for investigating allegations of sexual abuse. The

Jail Administrator shared there have been no PREA investigations referred to an outside agency during the audit period. During the interview with the Detective acknowledged the responsibilities of the two agencies if there was an allegation referred to an agency for a criminal investigation. The roles and responsibilities of each agency were clearly defined and understood. The Auditor reviewed the Agency's website during the pre-audit document review, the website did not contain the Agency's PREA policy outlining the referral of allegations of sexual abuse or sexual harassment for criminal investigation and the responsible of an outside agency for investigations to make the information publicly available. Once the Agency was notified of the requirement of the policy to be posted, the Agency posted the policy on the Agency's website.

Did Not Meet (b): The facility had not published the Agency's PREA policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation and the responsible of an outside agency for investigations to make the information publicly available.

Corrective Action Taken (b): The agency posted the Prison Rape Elimination Act policy on the Agency's website under the PREA tab. The Agency met substantial compliance.

There were two staff-on-inmate sexual harassment allegations (same incident) reported during the audit period. Both allegations reported were of the same incident made by the same inmate against the same deputy. The incident was reported twice, first through a handwritten note to the Captain, and the second time through a slip request to the PREA Coordinator. The allegation was investigated and determined unfounded. The Auditor reviewed the investigative file. The investigative report concluded that staffing levels, facility layout, or staff actions had no bearing on the incident reported.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

The Agency's policy 308 Prison Rape Elimination Act Training states "The Marquette County Sheriff's Office endeavors to comply with the training standards in the PREA Rule and to ensure that all staff, volunteers, and contractors are aware of their responsibilities and that staff, volunteers, contractors, and inmates are aware of the policies and procedures of the facility as they relate to PREA. 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 this facility. The Jail Captain/Administrator shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the arrestees and inmates may have regarding sexual assault or abuse and are familiar enough with the reporting process to take an initial report of a sexual assault or abuse. The Jail Captain/Administrator shall be responsible for developing and administering this training, covering at minimum the zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents; the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims; prevention and intervention techniques to avoid sexual abuse and sexual harassment in the jail; procedures for the investigation of a report of sexual abuse and/or sexual harassment; individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; an individual's right to be free from sexual abuse and sexual harassment; the right of 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. Training shall be tailored according to the sex of the inmates at the facility. Staff should receive additional training on security measures and the separation of male and female populations in the same facility if the staff has been reassigned from a facility that houses only male or female inmates." The initial staff introduction to PREA is received during the jail academy. Staff are then responsible for completing three National Institute of Corrections (NIC) courses: PREA Your Role in Responding to Sexual Abuse, PREA Investigating Sexual Abuse in a Confinement Setting; and Communicating Effectively and Professionally with LGBTI Offenders. The PREA Coordinator is responsible for ensuring all training is completed by the staff members. The NIC course PREA Your Role in Responding to Sexual Abuse addresses all the required training components of the standard. All facility staff also receive PREA education through annual in-service training, PREA topic refreshers, and policy changes throughout the year. Each staff member is provided a PREA information card to carry developed by the Wisconsin Department of Corrections. The PREA Sexual Abuse Incident Response informational card covers first responder action steps, suspicion or report of imminent harm; reports of abuse in another confinement setting; tips for responding to victims; and notice of confidentiality.

Staff interviewed were knowledgeable in their responsibilities for prevention, detection, reporting, and responding to sexual abuse and sexual harassment. They stated they receive training through in-service courses and the NIC on-line courses annually. Staff also receive Lexipol Daily Training Bulletins which

periodically includes PREA information. The wide knowledge of PREA policies and procedures by staff confirms the continuous training that occurs through annual in-service and refresher training. The Pre-Audit Questionnaire indicated all staff had completed training. Seven employee training files were reviewed by the Auditor; and all files documented initial and annual in-service training through NIC certificates, the training log provided, and training sign-in sheets. The staff members must sign and acknowledge their understanding of the Lexipol Training Manual when completing training. When the Agency was informed during the audit that staff lacked knowledge of the proper procedures for conducting transgender pat-down searches, the Agency provided refresher training on proper procedures for transgender pat-down searches through the training video Guidance on Cross-Gender and Transgender Pat Searches through the PREA Resource Center. This training was documented by staff signature on a training sign-in sheet.

The agency exceeds the standard with all facility staff completing PREA training annually through in-service and the three NIC courses instead of training every two years as required by the standard. Also, the policy updates, Lexipol Daily Training Bulletins, and topic refreshers provided throughout the year and the Sexual Abuse Incident Response informational card provided to each employee provide continuous education to the facility staff.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

All contractors and volunteers who have contact with inmates at the Marquette County receive initial PREA training prior to assuming their responsibilities and complete annually the same training as facility staff. The Agency's Policy 308 Prison Rape Elimination Act Training states "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 this facility." The Jail Administrator stated prior to assignment in the facility, the contractors and volunteers must complete the Volunteer and Contractor Training through the PREA Resource Center and complete and pass the quiz. The training is documented through the Individual Acknowledgement Form Volunteer and Contractor Training form and sign-in sheets. On the form the individual acknowledges "I took part in and completed the above-mentioned training; if I had questions, I was able to ask a supervisor for clarification; the questions I had were answered and understood; I understand the training and my responsibilities under Marquette County's Policy and Procedures regarding PREA; and I understand how to report such incidents and also who to report them to." The contractor or volunteer signs and dates the form." Contractors are then responsible for completing three National Institute of Corrections (NIC) courses: PREA Your Role in Responding to Sexual Abuse, PREA Investigating Sexual Abuse in a Confinement Setting; and Communicating Effectively and Professionally with LGBTI Offenders as part of the facility's PREA training. The NIC course, PREA Your Role in Responding to Sexual Abuse, addresses all the required training components for prevention, detection, reporting, and responding to sexual abuse and sexual harassment. The PREA Coordinator is responsible for ensuring all training is completed by the contractors and volunteers.

The Agency has three contracts for inmate services: Summit Foods for food service, Advanced Correctional Healthcare (ACH) for medical services, and Freedom Behavior Healthcare for mental health services. Facility maintenance services are provided through the County's maintenance department. The medical staff interviewed stated ACH provides PREA training to their staff through annual computer training and she also receives PREA training annually through the facility. The medical staff shared the ACH PREA training and the facility's training both include zero tolerance, how to report an incident, who to report to, definitions of PREA, and first responder duties. The mental health staff noted completing the facility's PREA training through the three NIC on-line courses. Although the food service contractors and county maintenance staff do not have contact with inmates, the Agency requires them to complete PREA training. The food service contractor stated PREA training is completed annually on-line through the Summit Food company and completes training with the facility staff. The two County maintenance staff interviewed stated they completed PREA training through the NIC courses, during annual in-service with facility staff, and by watching a video and answering questions. The Agency had no volunteers available for interview during the audit. No volunteers were currently entering the facility to provide services under the COVID protocol.

All contractors stated they are to report an incident to the Captain and/or supervisor immediately. They understood their responsibilities for reporting, detection, prevention, and responding to an incident or report of sexual abuse or sexual harassment. The Auditor reviewed three contractor training records that documented the initial training completed before assignment and annual training.

The Agency exceeds the standard by requiring contractors and volunteers to complete annual PREA training through the facility's annual in-service and the three NIC courses.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

The Agency did not provide PREA information to inmates during the intake process. The Auditor observed an intake, and the inmate was not provided PREA information or explained PREA. The PREA poster Report IT! is posted within the intake area for the inmate's viewing. The Intake staff interviewed stated the inmate is instructed to watch the PREA video on the tablet and the PREA poster is pointed out to the inmate. This is the same process for all intakes into the facility. The facility was relying on the inmate reviewing the PREA information on the assigned tablet once in the housing unit. The tablet PREA information includes the PREA video, jail rules, grievance procedures, and contact information for emotional support services through the Hope House. The facility could not verify or document the inmate reviews the PREA information. The random inmates interviewed stated they did not receive PREA information at intake. Some of the inmates acknowledged PREA information is on the tablet; of those inmates about half of the inmates stated they watched the video, others stated they acknowledged the PREA information on the tablet but did not watch the video. This did not comply with inmates receiving PREA information at time of intake about the zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment. The Agency updated the PREA policy to address providing PREA information to inmates at intake. The Agency's updated policy 606 PREA states "All inmates shall at the intake process, receive information explaining the facilities policy on zero tolerance for sexual assault, abuse, and harassment and how to report incidents of or suspicions of either. Information is provided poster explaining inmate rights; inmate provided written pamphlet detailing rights; and information on assigned I-pod device." The Agency developed a PREA pamphlet for the facility, End the Silence. The End the Silence pamphlet includes information on zero tolerance, what is sexual harassment, what is sexual abuse, what is staff voyeurism, accommodations for inmates with disabilities, tips for avoiding sexual abuse and sexual harassment, right to report, how to report, external reporting options, opposite gender announcements, what to do if you have been sexually abused, and the PREA Coordinator contact information. The Auditor observed an inmate intake during the compliance revisit, the staff explained

PREA to the inmate including the zero-tolerance policy, how to report, 3rd party reporting, explained the PREA definitions, and tips for prevention. A script has been developed for the intake staff to follow to ensure all inmates receive the same PREA information at intake. The inmate was provided the PREA pamphlet and was also told PREA information was available on the tablet and on the PREA poster within the housing area. The staff and inmate initial the Inmate PREA Checklist that documented the inmate notification of PREA reporting and receiving the PREA pamphlet. The Intake staff interviewed as part of the compliance revisit stated upon an inmate's intake the inmate is explained the zero-tolerance policy, gives the PREA pamphlet to the inmate, point out the PREA poster to the inmate explain the PREA numbers are not recorded, and how to report an incident. He shared this is the process for all intakes into the facility and is part of the booking process as soon as the inmate arrived. He also shared staff received training on the new process to provide PREA information at intake.

Did Not Meet (a)(d): The inmates were not provided PREA information at time of intake. The Agency's policy did not address inmate PREA education at intake.

Corrective Action Taken (a)(d): The facility provided the updated PREA policy that outlines the inmate receives PREA information at intake through the Report It Poster and the PREA pamphlet provide to the inmate. The submittal of the PREA pamphlet and the inmate's notification for PREA reporting is documented on the Inmate PREA Checklist form initialed by the inmate and staff member. The facility also provided the End the Silence PREA pamphlet for review. The Auditor observed an intake during the on-site visit and the compliance on-site revisit that confirmed the policy and operating practices for inmate education at intake. The Agency met substantial compliance.

The Agency's policy 606 PREA states, "Inmate education will be conducted and documented within 30 days of intake through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the office's policies and procedures for responding to such incidents. Documentation will be provided to the inmate, placed in the inmate's file and filed in the Jail Captain/Administrator's office." The facility relied on the inmate viewing the PREA video on the tablet for comprehensive education. The inmate acknowledges viewing the PREA information on the tablet. Although the inmate may acknowledge the PREA information on the tablet, there was no documentation the facility could review to confirm the PREA information was viewed. When the Auditor reviewed the PREA information on the tablet, the PREA icon provided COVID training for the inmates. The PREA video had been removed. It was determined the inmates were not receiving PREA comprehensive training within 30 days of intake. The Agency developed a process to complete the inmate's PREA comprehensive education. The facility will have the inmate review the PREA video for comprehensive education and document the video viewing. During the compliance revisit, the Auditor interviewed the PREA Deputy who conducts comprehensive PREA training with the inmate. She explained the comprehensive education is conducted with each inmate with one-on-one training. This training is conducted with 48 hours of the inmate's intake during the reassessment process. The training consists of watching the PREA video, explaining PREA, answering any questions, and reviewing the pamphlet information. The staff and inmate then initial the Inmate PREA Checklist form to confirm training was completed. The Auditor interviewed two inmates during the compliance revisit, both inmates acknowledged receiving PREA information at intake and comprehensive education through viewing the PREA video. The facility also had the PREA information reestablished on the inmates' tablets.

Did Not Meet (c): Inmates had not received comprehensive education. The PREA video on the tablet relied upon for comprehensive education was not available on the tablet. The PREA icon opened the COVID training. The tablets did not provide audio for the inmate to hear.

Corrective Action Taken (c): The Agency developed a process for the inmate comprehensive education. The facility will have the inmate review the PREA video for comprehensive education. The Agency developed a form to capture the training with the inmate initialing the form along with the staff member conducting the training. The facility provided documentation of inmates participating in PREA comprehensive education through completed Inmate PREA Checklist forms. The agency has met substantial compliance.

The Agency's policy 503 Inmate Rules and Orientation states "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. Inmates who are deaf or hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the inmate in understanding the information. Those individual rights are protected under the Americans with Disabilities Act (ADA) and related regulations, that the nature, length, and complexity in which the communication takes place are factors for consideration in determining which auxiliary aids and services are necessary for effective communication and those shall be provided. Inmate education videos will have subtitles available for the deaf or hard of hearing inmates. This facility has entered into a contract to provide access to interpreters who can interpret effectively and accurately, using any specialized means available." The Jail Administrator stated the facility has established procedures to provide inmates with disabilities and are limited English proficient equal opportunity to participate in all aspects of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. For a deaf/hearing impaired inmate, staff would provide written reading materials, utilize a translator; and exchange written notes back and forth to ask/answer all questions. For a blind/low vision inmate, the staff would read and explain each form to the inmate during booking and orientation and the inmate could listen to the PREA video. For an inmate with low cognitive skills, the staff would explain the material in a manner the inmate understands with the assistance from medical and mental health staff. The staff are trained to assist the inmate by reading the PREA information to them and the audio of the PREA video to assist their comprehensive of policies and procedures. The facility provides the End the Silence PREA brochure in English. If any other languages are needed, the information is provided through an interpreter. The PREA video is available in English, Spanish, and close captioned. Interpretation services are provided by staff or through an interpreter service. The Agency has a contract with Language Line Services for interpretation services. An inmate that was hearing-impaired was interviewed, he stated he received PREA information at the facility in a written format he understood including reading PREA information on the tablet and watching the PREA video with close captioning. He understood how to report an incident by calling a family or friend. There were no inmates identified limited English proficient during the audit. To confirm, the Auditor asked the facility staff, medical staff, and did not observe an inmate during the tour or through random interviews.

The facility ensures key information about the PREA policies is continuously and readily available to inmates. The facility provides each inmate with the End the Silence PREA pamphlet; provides information on the tablet including PREA video, jail rules, grievance procedures, and contact information for emotional support services through the Hope House; and the PREA posters Report It! throughout the facility. The Auditor observed the PREA pamphlets provided to inmates, posters, and the availability of the PREA information on the tablet.

The Auditor reviewed eight inmate files for education, none of the files had documented initial education at intake or comprehensive training. Upon the facility developing processes to provide PREA intake and comprehensive education, the facility also developed a form Inmate PREA Checklist. This form provides documentation of the inmate's receiving PREA information at intake education and participating in comprehensive education within 30 days. Staff and the inmates initial and date the form each time the

inmate receives education. The form is maintained in the inmate's file. The Auditor confirmed the practice through staff and inmate interviews and inmate file review during the compliance on-site revisit.

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

Corrective Action Taken (e): The facility developed a form Inmate PREA Checklist to document an inmate's completion of the PREA education at intake and the comprehensive training. The education is documented on the Inmate PREA Checklist form initialed by the inmate and staff member when the intake and comprehensive training is completed. The form is maintained in the inmate's file. The Auditor confirmed the practice through staff interviews and inmate file review during the compliance on-site revisit. The Agency met substantial compliance.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Agency's policy 308 Prison Rape Elimination Act Training states "Specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual abuse victims; proper use of *Miranda* and *Garrity* warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution." The PAQ there are five specialized trained Investigators assigned to sexual abuse and sexual harassment investigations. The five investigators are three Detectives, the Chief Deputy, and Court Services Emergency Management Lieutenant. The facility provided training certificates documenting the Investigators completed the PREA: Investigation Sexual Abuse in a Confinement Setting through the National Institute of Corrections. The training addressed all the required training components as outlined in the course outline. The Jail Administrator shared that all jail staff have also completed the PREA: Investigation Sexual Abuse in a Confinement Setting through NIC. The one investigation completed during the audit period was completed by a specialized trained Investigator. The Auditor reviewed seven staff and three contractor training files; all the files documented the completion of the investigator training as well as the training log documented all staff and contractors had completed the investigator course. NIC certificates were provided for the five investigators noted in the PAQ. All staff have completed the general PREA training through the NIC course PREA: Your Role in Responding to Sexual Abuse.

The Detective interviewed acknowledged completing specialized training. He noted he has received training through a two-day course PREA Investigator Course through the Technical College and the NIC PREA: Investigation Sexual Abuse in a Confinement Setting and PREA: Investigation Sexual Abuse in a Confinement Setting Advanced Investigations. Other training included a week's course on evidence collection. He acknowledged the training covered techniques for interviewing sexual abuse victims, proper use of the *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. He explained techniques for interviewing sexual abuse victims including being sympathetic, good listener, not judgmental, not treating the victim as a suspect, and having open body language. He understood the difference between *Miranda* and *Garrity* warning *Miranda* being criminal and *Garrity* being administrative. He stated sexual abuse evidence collection covered what to collect, protecting evidence, and chain of custody. He also stated to substantiate a case would be the preponderance of evidence with evidence that collaborates the incident.

The Agency exceeds the standard by having all staff and contractors trained as investigators.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Agency's policy 308 Prison Rape Elimination Act Training states "All full- and part-time qualified health care and mental health professionals who work regularly in the facility shall receive all of the member training listed above, as well as training that includes detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and reporting allegations or suspicions of sexual abuse and sexual harassment. If the qualified health care and mental health professionals employed by this facility conduct forensic examinations, they shall receive the appropriate training to conduct such examinations. The Jail Captain/Administrator shall maintain documentation that the facility's health care and mental health professionals have received the training referenced above, either from this office or elsewhere." The four healthcare staff (two nurses and two mental health practitioners) are contractors through Advanced Correctional Healthcare (nurses) and Freedom Behavior Healthcare (mental health). The healthcare staff do not conduct forensic exams, inmates requiring an exam are sent to a local hospital. The healthcare staff completed the general PREA training through the NIC courses and during annual in-service with facility staff. The nurse acknowledged she also received PREA training through her agency. The two healthcare staff (nurse and mental health practitioner) interviewed acknowledged receiving specialized training through the NIC on-line course PREA 201 for Medical and Mental Health Practitioners. The mental health practitioner also completed the NIC course PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Interviews with the healthcare staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. They also stated they would report an allegation to the Captain and/or a supervisor immediately. The Auditor reviewed two healthcare staff training records that documented the initial training completed before assignment, annual training, and the specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No ☐ N/A

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

The Agency's policy 507 Inmate Classification states "The Jail Captain/Administrator or the authorized designee should create and maintain a classification plan to guide staff in the processing of individuals brought into the facility. The plan should include the description of the objective prisoner classification system, including the identification and training of staff authorized to classify prisoners, initial classification and reclassification procedures, and prisoner appeal process. The plan should also include an initial screening process, risk screening assessment as well as a process for determining appropriate housing assignments. The plan should include use of an objective screening instrument, procedures for making decisions about classification and housing assignments, intake and housing forms and a process to ensure that all classification and housing records are maintained in each inmate's permanent file. The plan should include an evaluation of the following criteria within 72 hours of intake: 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 management inmate status; special needs assessment for vulnerable inmates; behavioral or physical limitations or disabilities; medical and mental health condition; level of sobriety at booking; suicidal ideation; escape history and degree of escape risk; prior assaultive or violent behavior; the need to be separated from other classifications of inmates (e.g., juvenile offenders gang affiliation, confidential informant, former law enforcement, sexual orientation); prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; previous sexual victimization; the inmate's own perception of his/her vulnerability; whether the inmate is detained solely for civil immigration purposes; whether the inmate is a foreign national and if so from what country; prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the Office; and any other criteria as deemed appropriate by the Sheriff or the authorized designee. The plan should include a methodology for evaluating the classification process and a periodic review for the purpose of continuous quality improvement. During the intake process all inmates must be screened using the risk assessment instrument. Inmates may not be compelled by threat of discipline to provide information or answers regarding whether the inmate has a mental, physical or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. The initial classification process should occur early in the intake process to allow for appropriate supervision while an inmate is being temporarily held in this facility and until a decision is made to place the individual into a more permanent housing assignment."

The Auditor observed an intake, and the facility was not completing a PREA risk assessment on inmates upon intake or transfer for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The staff interviewed who performs screening for risk of victimization and abusiveness stated the facility was completing a security classification (Northpoint) upon an inmate's intake into the facility to determine security risk and assist with housing placement decisions. The interviews with staff and inmates confirmed PREA risk assessments were not completed. The facility was in progress of developing a risk assessment tool at the time of the on-site audit.

Did Not Meet (c): The facility was not completing risk assessments on inmates at intake to determine the inmate's risk for victimization of abusiveness. This was determined through the review of inmate files, staff interviews, and observing an intake booking.

Corrective Action Taken (c): The facility developed a risk screening instrument that meets the screening criteria, PREA Risk Screening and Housing Plan. The facility initiated the form as part of the intake process and provided training to staff on how to complete the risk screening form. The facility provided four examples of completed PREA Risk Screening and Housing Plan with the written direction provided to staff on completing the form. Documentation of the Risk Screening Housing Plan form completed at intake is also captured on the Inmate PREA Checklist. During the compliance on-site visit the Auditor interviewed staff and inmates, observed an intake process, and reviewed inmate files to determine compliance. The Agency met substantial compliance.

The facility developed the PREA Risk Screening and Housing Plan form to complete the initial risk assessment of inmates at intake for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This form will also be used for reassessments and special assessments. This risk screening tool assists with determining an inmate's vulnerability for risk of sexual abuse or sexually aggressive behavior towards other inmates. The type of assessment is listed at the top of the form and will be checked by staff to the type of assessment being completed. The form also documents the inmate's name, booking number, date of birth, date/time of assessment; and assessor (staff completing the form). The form is a yes or no format with space for staff comments at each question. The form is divided into three sections Possible Victim Factors, Possible Predatory Factors, and Determination. Section 1: Possible Victim Factors contains twelve questions: is the inmate under 25; over 65 years old; is this inmate male or female; inmate statue if male under 5'6" and/or less than 140 pounds or if female under 5 foot and/or less than 100 pounds; inmate's first incarceration; inmate detained solely for civil immigration purposes; inmates criminal history is exclusively nonviolent (lifetime); inmate has a conviction for sex offense (lifetime); inmate has concerns for his/her personal safety in regards to being in jail; inmate identifies sexual orientation or gender identity as LGBTI (lesbian, gay, bisexual, transgender, intersex) or inmate displays a physical appearance attributes or personal belongings that do not conform to the conventional gender roles; does the inmate have or appear to have a mental, physical, or developmental disability; inmate has been the victim of previous non-institutional sexual abuse or victimization (lifetime); and inmate has been the victim of previous institutional abuse or victimization (lifetime). Section 2: Possible Predatory Factors contains six questions: inmate has been accused of institutional sexual abuse lifetime; inmate has a history of institutional non-sexual violence (last five years); inmate is currently arrested for a sex offense and/or has pending case for sex offense; inmate has a conviction for a violent non-sexual offense (last five years); inmate has a conviction for a sexual offense (lifetime) and inmate is of larger build and/or physical strength. The staff also can add comments if needed to any question on the form for further information or clarification. Section 3: Determination scores the inmate for high risk of victimization or high risk for predatory behavior based on the number of affirmative answers from each section or affirmative answers to specific questions. The staff can override the initial scoring based on information obtained or concerns for the inmate. An override must be explained with justification for the override. A supervisor must approve an override. If the inmate

has a designation, a supervisor is notified to make housing assignments accordingly. If an inmate scores as high risk of victimization and high risk for predatory behavior, the inmate may be housed in administrative segregation pending a further housing review. If screening indicates the inmate has experienced prior sexual victimization, the staff member offers follow up screening with medical and mental health and notes the date of the referral. If the screening indicates the inmate has perpetrated sexual abuse, the staff member offers follow-up screening with mental health and notes the date of the referral. The inmate and staff member completing the form sign and date the form. Staff and the inmate also initial the Inmate PREA Checklist acknowledging the Risk Screening Housing Plan was completed. Staff received training on the new form in November 2022 when the form was initiated into the intake process on November 14, 2022. Staff received a written directive through email outlining the PREA procedure for intake that includes completing the risk assessment and providing PREA education.

During the compliance revisit, the Auditor observed an inmate's intake into the facility, the Intake Deputy started the intake by completing the general booking questions with the inmate and then completed the PREA Risk Screening and Housing Plan form. The Deputy asked the inmate the questions on the PREA Risk Screening and Housing Plan and explained the questions as they were asked. The inmate had no classification for victimization or predatory behavior. The Auditor interviewed two inmates and both inmates confirmed a PREA risk assessment was completed immediately upon arriving at the facility. The completed PREA Risk Screening and Housing Plan form was maintained in each inmate file as verified through the Auditor's review of the inmate files. The risk assessments were completed within 72 hours of the inmates' intake. The intake PREA risk assessment process now conforms to the PREA standards.

The Agency's policy 507 Inmate Classification states "The classification deputy shall review the status of all inmates who have been incarcerated in the facility for more than 30 days. Additional reviews should occur each 30 days thereafter. The review should examine changes in the inmate's behavior or circumstances and should either raise, lower or maintain the classification status. Inmate risk levels shall be reassessed within 30 days when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the inmate's risk of sexual victimization or abusiveness" The Deputy interviewed acknowledged that reclassifications reviews occur every 30 days to review behavior and security. The process does not include PREA questions. An inmate's risk level was not 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 interviews with staff and inmates confirmed PREA reassessments were not completed.

Did Not Meet (f): The facility was not conducting reassessments of inmates within 30 days of arrival. Determined by staff interviews and inmate file review.

Corrective Action Taken (f): The facility developed a risk screening instrument, PREA Risk Screening and Housing Plan that is utilized for the reassessment. The facility completed reassessments on all the inmates housed during the compliance on-site revisit. Documentation of the Risk Screening Housing Plan form completed for the reassessment is also captured on the Inmate PREA Checklist. The Auditor observed the process and reviewed inmate files for compliance. The Agency met substantial compliance.

Did Not Meet (g): The facility was not completing reassessments when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Corrective Action Taken (g): The facility updated the Inmate Classification policy. The policy now addresses the standard requirement of risk reassessments 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 would utilize the PREA Risk Screening and Housing Plan form for the reassessment and mark special assessment on the form. The facility had no inmates that needed a reassessment conducted 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 during the corrective action period. The Agency met substantial compliance.

The PREA Risk Screening and Housing Plan form developed for risk assessments is utilized for reassessments and special assessments. The type of assessment is listed at the top of the form and will be checked by staff to the type of assessment being completed. The PREA Deputy interviewed on the compliance revisit explained the reassessment process. She stated that reassessments are completed about 20-25 days after the inmate's facility intake utilizing the PREA Risk and Housing Plan. The same reassessment process would be utilized for a special assessment 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. She informed the Auditor that reassessments were completed on all inmates housed at the facility once the form was initiated, these reassessments were completed by the compliance revisit. The Auditor interviewed two inmates and both inmates confirmed a PREA reassessment was completed the previous day. The completed PREA Risk Screening and Housing Plan form marked reassessment was maintained in each inmate file as verified through the Auditor's review of the inmate files. The Jail Administrator and PREA Deputy both stated there was not an inmate that required a special assessment. The Auditor followed up with the Jail Administrator during the corrective action period if a special assessment was completed and the Jail Administrator stated there had not been an allegation or other reason to conduct a special assessment. The reassessment process now conforms to the PREA standards.

The Agency's policy 507 Inmate Classification states "Inmates may not be compelled by threat of discipline to provide information or answers regarding whether the inmate has a mental, physical or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability." If an inmate refuses to answer a question, the Deputy marks the question RTA (refused to answer). The PREA Deputy stated an inmate is not disciplined for refusing to respond. If there is a refusal, the Intake Deputy will try to obtain the information through the criminal history and public record checks. The information may also be obtained when the Classification Deputy completes the criminal background check that includes other state and national criminal history. During the observation of an intake at the compliance revisit, the officer explained to the inmate that the inmate could refuse to answer any of the questions.

The Agency's policy 507 Inmate Classification states "Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know." The PREA Deputy responsible for overseeing the risk screening process stated the inmate's risk assessments are secured in the Jail Administrator's office. All officers do have access to PREA assessment information since all officers can be assigned to work intake or classification. The Jail Administrator also acknowledged all staff have accessibility to information since all staff may be assigned to work intake or classification, however, all staff receive training on confidentiality. He also stated staff know that information can only be shared with medical and mental health staff as needed. The risk assessments are maintained in the Jail Administrator's locked office as observed by the Auditor and accessible to staff that need to review for housing placement or other operational needs. Any employee who fails to follow these basic rules of confidentiality can be disciplined, up to and including termination for violation of the facility's policies and procedures.

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

The Agency's policy 507 Inmate Classification states "Housing, bed, work, and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers." The facility was not completing a risk assessment at intake to identify an inmate's risk for victimization or abusiveness. All housing placements were made based on security classification determined through the Northpoint security classification tool. This was confirmed through interviews with the Jail Administrator and the PREA Deputy and the review of inmate files.

Did Not Meet (a)(b)(c): The facility was not completing a risk assessment at intake therefore was not utilizing information from the risk screening instrument to make individualized determination about housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive including transgender inmates. The current housing determinations are based on security classifications.

Corrective Action Taken (a)(b)(c): The facility developed a risk screening instrument, PREA Risk Screening and Housing Plan that screens the inmate for victim risk and predatory behavior risk designations. The staff utilize this information for housing placements to ensure make individualized determination about housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive including transgender inmates. The facility provided four examples of completed PREA Risk Screening and Housing Plan with the written direction provided to staff on completing the form and making housing placement. Two of the four examples did not address individualized housing placement. During the compliance on-site revisit the Auditor interviewed staff and inmates, observed an intake process, and reviewed inmate files to determine compliance. The Agency met substantial compliance.

The PREA Risk Screening and Housing Plan form developed for risk assessments determines the inmate's risk for victimization or risk for predatory behavior based on the number of affirmative answers from each section or affirmative answers to specific questions. If the inmate has a designation, a supervisor is notified to make housing assignments accordingly. The inmate's PREA designation of no designation, victim risk designation (RV) and predatory behavior risk designation (RP) are utilized when considering housing placement. The Intake Deputy and/or Classification Deputy will make the housing placement based on the security classification and the PREA designation to ensure the safety of inmates. The facility will not house an inmate designated as risk for victimization with an inmate designated as risk for abusiveness. If an inmate scores as high risk of victimization and high risk for predatory behavior, the inmate may be housed in administrative segregation pending a further housing review. The PREA Deputy stated the inmate's own concerns for safety is utilized when making a safe housing placement for the inmate. If the inmate feels at risk or feels they cannot be placed in general housing, the housing placement in protective custody may be offered to the inmate. The facility's process is now making individualized housing placements with consideration of the PREA risk screening. During the compliance revisit, the Auditor observed an inmate's intake into the facility, the inmate had no PREA designation as determined by the intake risk assessment. The Auditor during the compliance revisit reviewed inmate files that demonstrated the facility is included information from the risk assessment when making housing and programming placements. The review of the inmates' files showed all inmates screened from the initiation of the form scored as no designation. Through interviews with inmates and staff, it was determined that the facility addresses the needs of the inmates consistent with the security and safety of the individual inmate.

The Agency's policy 507 Inmate Classification states "Housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management or facility security concerns. A transgender or intersex inmate's views with respect to his/her own safety shall be given serious consideration." As noted previously, the Jail Administrator and PREA Deputy stated each inmate housing placement is made on a case-by-case basis based on the available information and the safety of the inmate. A question on the PREA Risk Screening and Housing Plan asks if "inmate identifies sexual orientation or gender identity as LGBTI (lesbian, gay, bisexual, transgender, intersex) or inmate display a physical appearance,

attributes or personal belongings that do not conform to the conventional gender roles.” If the inmate affirms the question, the form directs the same to complete the transgender/intersex worksheet. The facility developed the Statement of Search/Shower/Pronoun Preference Form to assist with housing placement of transgender and intersex inmates. Staff use the form to help classify individuals who identify as transgender or gender nonconforming during the PREA initial risk screening. The form asks the inmate their gender identity, name preference, pronoun preference, preference for staff gender conducting searches, if the inmate wants the opportunity to shower separately from other individuals, and if there is anything the inmate wants the jail to consider with respect to their safety in connection with decisions regarding housing placement in the facility. The PREA Deputy interviewed during the compliance revisit stated a transgender or intersex inmate’s own view for safety would be considered when making a housing placement from information collected through the form and the conversation with the inmate. The facility has not housed a transgender inmate during the audit period. There were no transgender or intersex inmates housed during the on-site visit or the compliance revisit.

The Agency’s policy 507 Inmate Classification states, “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 staff were not aware of the requirement to complete a reassessment twice a year for transgender or intersex inmates. The facility completed refresher training with staff on the requirement. The PREA Deputy interviewed during the compliance revisit stated staff are aware of the requirement of a reassessment for a transgender twice a year. She stated the reassessment would occur twice a year and earlier if needed based on any concerns. She also stated the facility has not housed a transgender inmate during the audit period.

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

Corrective Action Taken (d): The facility provided the updated Inmate Classification policy that states, “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.” Staff were educated in the updated policy language. The Agency has met substantial compliance.

The Agency’s policy 806 Inmate Hygiene states “Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.” The facility has a process in place for transgender and intersex inmates to have the opportunity to shower separately from other inmates. The housing units have single shower stalls with privacy shower curtains as observed during the facility tour. The Jail Administrator and the PREA Deputy stated the inmate would be offered the opportunity to shower in the booking area if uncomfortable showering in the housing unit. The inmate is asked about the inmate’s showering preference during the interview. The Statement of Search/Shower/Pronoun Preference form informs the inmate this may be accomplished through showering in another location than the housing unit or different shower times within the housing to provide adequate privacy from others. can shower in the r and the Corporal stated the inmate can be taken to booking to shower away from the housing block, the inmate can shower when other inmates are in lockdown, and all the showers have privacy curtains. He stated the inmate would be asked what was most comfortable for the inmate. This question is also asked of the inmate on the Gender Identity Interview form.

The Agency’s policy 507 Inmate Classification states, “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.” The Jail Administrator stated the agency does not have a dedicated facility or unit solely for the housing

of lesbian, gay, bisexual, transgender, or intersex inmates. The inmates are housed in the general population based on classification and risk.

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The Agency's policies 507 Inmate Classification and 606 PREA outlines inmates at high risk for sexual victimization or those who allege to have suffered sexual abuse 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. Policy 507 Inmate Classification states "Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers." Policy 606 PREA states "Inmates at high risk for sexual victimization or those who allege to have suffered sexual abuse shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed. If an involuntary protective custody assignment is made because of a high risk for victimization, the Jail Captain/Administrator shall clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged. The facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days." The Sergeant interviewed for who supervises inmates in segregated housing stated an inmate would not be placed in involuntary separation until all alternatives have been reviewed, in most cases the inmate would be placed in another housing unit. The time in involuntary segregated housing would be the minimum amount of time necessary for classification to determine another housing option. The Jail Administrator stated the inmate would be housed in the medical isolation cell or a holding cell for protection and would be offered all the

privileges as general population. He further stated the inmate would be held for the minimum amount of time necessary to make another housing placement. There would be a daily check on the inmate and a classification review to determine when the inmate could return to general population. Per staff interviews and the PAQ, there have been no inmates at risk for sexual victimization placed in involuntary segregated housing during the audit period.

The Agency's policy 606 PREA states "Inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education, and work opportunities. If restrictions are put in place, the Jail Administrator shall document the following: the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations." The Sergeant stated inmates would have access to programs, privileges, education, and work opportunities like general population. For programming, the inmates have accessibility to religious, mental health and AODA programs. For privileges, the inmate has availability to all services including telephones, visitation, commissary, tablets, and recreation (TV, games). For education, the inmate has accessibility to library services and GED on a case-by-case basis determined by the Educator. Work opportunities may include Huber if the inmate is within that program. The Sergeant also stated that programming, privileges, work opportunities, and education would only be restricted based on the inmate's behavior as determined through the disciplinary process after being found guilty of a rule violation. The disciplinary hearing would document the restriction duration, what opportunities were restricted, and the reasons for restriction.

Policy 606 states "Every 30 days, the Jail Administrator shall afford each such inmate a review to determine whether there is a continuing need for protective custody." The Sergeant stated there is a process for review through the disciplinary review process since the inmate status would be administrative segregation; a review would occur every seven days or sooner. The Jail Administrator stated there would be a daily check on the inmate and a classification review to determine when the inmate could return to general population. Per staff interviews and the PAQ, there have been no inmates at risk for sexual victimization placed in involuntary segregated housing during the audit period.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No ☐ N/A

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

The Marquette County Jail has established procedures allowing for internal and external ways for inmates to report sexual abuse, sexual harassment, and retaliation. These reporting options are provided to the inmates through the End the Silence PREA pamphlet, Report It! poster, the Jail Inmate Rules and Regulations handbook, and on the tablet. The Agency's policy 606 PREA states "Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment." The End the Silence PREA pamphlet, Report It! poster, the Jail Inmate Rules and Regulations handbook informs the inmates that an incident can be reported to any to any staff, volunteer, contractor or medical or mental

health staff; submit a request form; confidential letter; sick call slip; to the PREA Coordinator; tell a family member, friend, legal counsel, or anyone else outside the facility; and call the Hope House. The PREA information also informs the inmates they can report confidentially, verbally, or in writing to a Sheriff's Office staff, volunteer, a third party outside the facility, or by contacting Hope House. The End the Silence PREA pamphlet shares the inmate can report anonymously through the helpline and a third-party can make a report. The PREA reporting methods are shared with inmates at intake, during comprehensive PREA education, information on the tablet, and in the Inmate Rules and Regulations, and on posters throughout the facility. The Hope House is the outside agency where inmates can report sexual abuse, sexual harassment, and retaliation. The End the Silence PREA pamphlet under External Reporting Option informs the inmate you can also make a report to Hope House of South-Central Wisconsin. The End the Silence PREA pamphlet, Jail Rules and Regulations handbook, and Report IT! posters have the contact number for Hope House and informs the inmates the calls are confidential, and they can remain anonymous. The Auditor tested the reporting and the emotional support services numbers posted in the housing unit. The phones required an inmate pin to be used for any phone calls, which would identify an inmate and not allow anonymous calls. The Agency developed a process for inmates to report without identifying the inmate by creating a generic number for the Hope House phone line, the inmates only need to enter a generic account number and then pin number #1111 for confidential and free phone calls. The Hope House MOU states 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. During the compliance revisit, the Auditor tested the reporting line with the new process. The Auditor was able to reach Hope House without entering an identifying number or account confirming the inmate can remain anonymous. The Hope House representative stated an inmate does not have to share their name and all information shared is confidential unless the inmate consents to share the information.

Did Not Meet (b): The inmate cannot remain anonymous when reporting to Hope House. The phone system required the inmate to enter an identifying PIN.

Corrective Action Taken (b): The facility created a generic pin for inmates to utilize to remain anonymous when reporting to Hope House. The Auditor tested the new process during the compliance on-site revisit and verified the new process allows the inmate to remain anonymous. The facility has met standard compliance.

During interviews with random inmates, the inmates knew the options available to them for reporting. They indicated they could report through telling an officer, call the confidential phone number, tell another inmate, call family, write a request form, submit a grievance form, write a letter, tell the lawyer, and through the intercom to a staff member. Inmates acknowledged they could make a report anonymously through the hotline and by writing a slip or letter. During the informal interviews with inmates during the facility tour, the inmates knew numerous reporting methods and pointed out the PREA poster with reporting information. Inmates are informed in the Jail Rules and Regulations that letters to the Hope House are handled as legal mail and remain confidential. The inmates interviewed stated they felt comfortable reporting to the deputy or a security supervisor and felt the staff would manage the situation properly. The random staff interviewed acknowledged the numerous ways inmates could report an allegation including the helpline, written note, notify any staff, medical slip, contact family and friends, telling another inmate, and anonymously through the phone. The one allegation reported of sexual harassment was reported twice, first through a handwritten note to the Captain, and the second time through a slip request to the PREA Coordinator.

The Agency's policy 606 PREA states "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a deputy or supervisor, who will forward the matter to a sexual abuse investigator. 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. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports" Random staff interviewed stated they would report an allegation as soon as possible to a supervisor and complete a written report within the jail management system. The PREA information card staff are issued outlines the reporting requirements. Staff stated that the information would not be shared with other staff unless there was a need to know. Through the Auditor's review of the investigative file, the file demonstrated that the allegation was reported to the Jail Administrator, a report was written, and the investigation was started the day the allegation was reported. Staff interviewed did not know how they could report privately sexual abuse or sexual harassment of inmates. The facility provided refresher training through an email to all staff informing them that staff may privately report sexual abuse and sexual harassment of inmates outside the facility by calling the Hope House, report an incident to a supervisor (any Sergeant, Lieutenant, Captain, Chief Deputy, or Sheriff), if the incident involves a supervisor and management report the incident to the County Administrator.

Did Not Meet (d): Staff were unaware how they could report privately sexual abuse and sexual harassment of inmates.

Corrective Action Taken (d): The facility sent an email to all staff that identified the County Administrator and Hope House as a method to report outside the facility and internal reporting to the Agency administration. The facility provided refresher training with staff on how they can report privately the sexual abuse and sexual harassment of inmates during the on-site audit. The Agency met substantial compliance.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

The Agency's policy 609 Inmate Grievances addresses administrative procedure for inmate grievances regarding sexual abuse and the agency's policies and procedures for filing emergency grievances when an inmate is subject to a substantial risk of imminent sexual abuse. The information is shared with the inmate through the Jail Rules and Regulations handbook and on the tablet. Policy 609 states, "Inmates may submit a grievance regarding an allegation of sexual abuse at any time. Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint. Staff receiving a grievance shall forward the grievance to a supervisor. Grievances shall not be forwarded to any supervisor who is the subject of the complaint. The supervisor receiving the grievance shall refer the grievance to the 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 reasonable to make an appropriate decision. If an extension is granted, the inmate shall be notified and provided with a date by which a decision will be made. At any level of the process, including the appeal, if the inmate does not receive a response within the allotted time, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level." The Jail Administrator shared the facility has an administrative process to address inmate grievances regarding sexual abuse and harassment. The PREA Coordinator along with the Sergeant is responsible for addressing any inmate grievance relative to sexual abuse or harassment.

Did Not Meet (c): The Agency's policy does not address that an inmate may file a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Corrective Action Taken (c): The facility updated the Inmate Grievances policy. The policy now states, "Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint." Staff were educated on the updated policy as part of the PREA training. The Agency met substantial compliance.

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

Grievances alleging sexual abuse are managed as emergency grievances. Policy 609 Inmate Grievances states "Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours. The supervisor shall refer the grievance to the Shift Sergeant, who will investigate and issue a final decision within five calendar days. The initial response and final decision shall be documented and shall include a determination whether the inmate is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance." The PAQ noted two allegations reported through the grievance process. This number was incorrect. The facility only had one reported allegation that was reported twice, first through a handwritten note to the Captain, and the second time through a slip request to the PREA Coordinator.

The Agency's policy 609 Inmate Grievances states "Inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith." There were no false grievances filed during the audit period.

During the random inmate interviews, the inmates indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They know the options available to them for reporting including filing a grievance.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "The facility has entered into a Memoranda of Understanding (MOU) with Hope House of South Central Wisconsin, 720 Ash St, Baraboo, WI 53913 (1-800-584-6790) to provide inmates with confidential, emotional support services related to sexual abuse. The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline number to Hope House. Inmates will receive the information during their intake process in the form of education and a pamphlet or brochure. Persons detained solely for civil immigration purposes shall be given contact information for immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. 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." The facility provides access to victim advocates through the Hope House for emotional support services through a phone number and mailing addresses for inmates. This information is provided to the inmate population through the End the Silence PREA pamphlet, the Jail Rules and Regulations handbook, Report It! PREA poster, and on the inmate tablet.

The Agency entered into an MOU with the Hope House of South Central Wisconsin Inc. (Hope House) to provide emotional support services to inmates of sexual abuse on March 8, 2022. The MOU outlines the Hope House agrees to provide emotional support services to victims of sexual abuse, the support shall include emotional, crisis intervention, information, and referral, and may be conducted by mail, in person, by telephone, or an improved telecommunications method; the Hope House advocate shall connect with facility personnel to coordinate telephone, telecommunication, and or in person meetings; 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 and any safety related fears or concerns, or other confidential information to Marquette County Jail. The Jail Administrator confirmed the MOU with Hope House for emotional support services. The representative interviewed from Hope House shared support services are always available for inmates (24 hours/7 days). Any inmate can obtain emotional support through calling the hotline or writing the organization. When an inmate calls the hotline, they are not asked to identify themselves and can remain anonymous. It is the choice of the inmate if they want to share their name. An advocate would follow-up with the inmate either on the phone or a one-on-one contact in the facility if requested by the inmate. Services are confidential unless the inmate approves the disclosure of information. The hotline is a toll-free number and confidential.

The inmate's PREA information informs the inmates that Hope house is available for emotional support and reporting of sexual abuse and sexual harassment. The contact number and address are also provided. The information also informs inmates that all communications between inmates and provider of services shall be confidential, except to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The inmates interviewed were not aware of services available outside of the facility for emotional support services. Only five inmates interviewed stated they knew there was some type of support services outside the facility and shared it would be counseling. None of the inmates acknowledged Hope House would provide emotional support services. However, the facility provides the emotional support services information with contact numbers and addresses to the inmates in numerous methods as demonstrated through the End the Silence PREA pamphlet, Jail Rules and Regulations handbook, Report It! PREA poster, and on the inmate tablet.

Did Not Meet (b): The Agency's policy did not address informing inmates prior to giving them access to outside support services, the extent to which such communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The inmates are not informed prior to giving them access to outside support services.

Corrective Action Taken (b): The facility updated the PREA policy to state, "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." The facility added language to the Report It! poster that states, "All communications between inmate and provider of services shall be confidential, except to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The added language on the poster informs inmates prior to giving them access to outside support services. The Agency met substantial compliance.

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member." The Auditor reviewed the PREA information on the Marquette County Sheriff's Office website prior to the audit; under the PREA tab the Agency provides information on how to report sexual abuse or sexual harassment of an inmate. The website states, "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. Reports can be made verbally or in writing. You remain anonymous, however, the more detailed information you provide, including your name, the name of others involved and specific locations of the incident, the better we can investigate the actions. A PREA hotline phone number has been established for you to directly report such incidents of sexual misconduct. To make a report of sexual misconduct from outside the facility any person may speak to Corrections Staff by calling 608-297-3053, self-report at the Marquette County Sheriff's Office and ask to speak with a supervisor;

and PREA hotline number 800-584-6790 (Hope House of South-Central Wisconsin). If you think your safety, or the victim's safety, is in jeopardy, we encourage you to report this immediately to a staff member." The public can report PREA allegations through the Marquette County Sheriff's Office and/or jail and calling the Hope House hotline. A Report It! PREA poster is in the public lobby and visitation that informs the public on reporting methods. Random staff interviewed acknowledged that a third-party report would be accepted and handled like any other reported allegation and investigated. There were no third-party reports during the audit period.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states, "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a deputy or supervisor, who will forward the matter to a sexual abuse investigator. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports. Threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigation." The inmate or a third-party may remain anonymous and may report verbally or in writing. If the information is given verbally, the Deputy is required to complete a written report of the verbal allegation. Staff are also informed of the reporting requirement during PREA staff training and on the PREA information card that is issued to all staff identifying the steps to take as a first responder, and reporting requirements. The specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report sexual abuse and sexual harassment of inmates. Staff interviewed indicated they would report immediately to the Jail Administrator, Sergeant, and/or Detective. After verbal reporting, a written report is required and forwarded to the supervisor. The Jail Administrator stated the Agency requires staff to report immediately sexual abuse and harassment allegations and incidents, and staff are trained in PREA reporting procedures. There was one allegation of sexual harassment reported during the audit period, the allegation was reported to the Jail Administrator and PREA Coordinator.

Did Not Meet (a): The Agency's policy did not address the time frame requirement for reporting any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment. The standard required immediately.

Corrective Action Taken (a): The facility updated the PREA policy that states, "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a deputy or supervisor, who will forward the matter to a sexual abuse investigator." Staff were educated on the updated policy as part of the PREA training. The Agency met substantial compliance.

The Agency's policy 606 PREA states, "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." Staff stated that the information would not be shared with other staff unless there was a need to know. The PREA staff training covers confidentiality. The Sexual Abuse Incident Response informational card under the section Notice of Confidentiality informs staff that "apart from reporting to designated supervisors, staff shall not reveal any knowledge, suspicion, or information related to sexual abuse other than to the extent necessary to make treatment, investigation, and other security and management decisions." Random staff interviewed stated any allegation is reported to the supervisor immediately.

The Agency's policy 606 PREA states, "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a deputy or supervisor, who will forward the matter to a sexual abuse investigator. The Responsible Physician or mental health staff shall obtain informed consent from inmates before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18." Medical and mental health staff are contractors and receive the same PREA training as facility staff that includes reporting requirements. The healthcare staff interviewed acknowledged the requirement to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of eighteen. They shared that they explain the limitations of confidentiality and their requirement to report. The medical and mental health practitioners indicated they would report any allegation of sexual abuse to the Captain or Detective immediately. If sexual abuse occurred outside the jail, they would need informed consent from the inmate prior to reporting the incident. There were no allegations reported to healthcare staff during the audit period.

The Agency's policy 606 PREA states "If a victim is under 18 or considered an adult at risk under state law, the assigned investigator shall report the allegation to the designated social services agency as required." The Jail Administrator stated that if an allegation of sexual abuse or sexual harassment is made by someone under the age of 18, the investigation process would be the same and the allegation would be reported to Human Services as mandated.

The Agency's policy 606 PREA states "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment." The Jail Administrator stated when any allegation is reported including anonymous or third-party, a PREA investigation is completed by a Detective. This was also confirmed through the Detective's interview. The Detective stated an anonymous or third-party report of sexual abuse or sexual harassment would be treated as any investigation. There were no third-party or anonymous allegations reported during the audit period.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "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. This can be accomplished by moving the inmate or alleged perpetrator, move the inmate to administrative housing pending the investigation, and request an inmate transfer back to original agency. Facility staff shall immediately notify supervision by using the chain of command and complete a detailed report." The policy further states, "Immediate action and by any means available to place that inmate in an environment that provides the best means for safety to the inmate." The Sheriff stated an inmate is at substantial risk of imminent sexual abuse would have a housing placement change for the inmate's safety. Also, a supervisor may be assigned to monitor the inmate for any safety concerns. The Jail Administrator stated the inmate would be removed from the setting to a safe housing placement. Random staff interviewed knew the steps to take to protect an inmate at imminent risk for sexual abuse with the immediate action to separate the inmate from the area to a safe location and contact a supervisor. The Sexual Abuse Incident Response informational card under the section of Suspicion or Report of Imminent Harm instructs the staff to act to protect the inmate from immediate harm; gather basic information about the inmate's risk; notify a security supervisor; and document the reported concern and response.

In the past twelve months, no inmate reported feeling at imminent risk of sexual abuse, or any staff reported that an inmate was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "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. The Jail Captain/Administrator shall ensure that the notification has been documented in writing. The documentation should include the agency contact, name and rank of individual contacted, details provided to agency regarding incident, date, and time of contact, provide that agency with a written report in a timely manner detailing the information reported and all follow up contact. It will be the responsibility of the Jail Captain / Administrator to conduct follow-up inquiries with that agency to ensure the allegation is investigated in accordance with these standards. The Jail Captain/Administrator should make a formal request for all reports generated by that agency related to their investigation. 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."

Did Not Meet (d): The Agency's policy did not address the actions taken by the Agency when the facility is notified of a sexual allegation that occurred at Marquette County Jail by another facility.

Corrective Action Taken (d): The facility updated the PREA policy to state, "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." Staff were educated on the updated policy as part of the PREA training. The Agency met substantial compliance.

The Sheriff stated if a facility informed the facility of an allegation that occurred at Marquette County Jail, a meeting with the Chief Deputy and Jail Administrator would be held and the allegation would be referred for investigation right away. The Detective or Jail Administrator would collect all information and evidence (if available based on time). If an allegation was made at Marquette County Jail that occurred at another facility, the Jail Administrator would report the allegation to the other agency. The Detective and/or Jail Administrator would assist with the investigation and make the alleged victim available for interviews. The Jail Administrator stated if the facility was notified of an allegation that occurred within the facility, an investigation would be started and completed. The Sheriff and Jail Administrator noted the facility has not had a reported allegation of an inmate abused at another facility as noted in the PAQ also.

Standard 115.64: Staff first responder duties

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "if an allegation of inmate sexual abuse is made, the first deputy to respond shall separate the parties; request medical assistance as appropriate, if no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals; establish a crime scene to preserve and protect any evidence and identify and secure witnesses until steps can be taken to collect any evidence; if the

time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating); consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing; and determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation. If the first responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a correctional officer.” Each staff member is provided the Sexual Abuse Incident Response informational card identifying the steps to take as a first responder and reporting requirements. The first responder duties are covered in orientation and annual in-service training. Random staff interviewed including the Detective, supervisors, the first responder, non-security staff, and deputies were knowledgeable in the steps to take as a first responder. The first responder interviewed from the reported sexual harassment allegation stated the staff member was removed from contact with inmates and assigned to dispatch. With the allegation of sexual harassment, the first responder steps did not have to be activated. Random staff interviewed outlined the process taken to ensure the safety of the inmate including separate the inmates; secure the area; preserve evidence; request the inmates not to destroy evidence and keep them in a secure area preferably with no sink or toilet; ask them not to change clothes, brush teeth, use bathroom; get medical assistance; and contact the supervisor and/or Detective. The allegation the first responder responded to was a sexual harassment incident that did not require the first responder steps to be performed.

As part of the Coordinated Sexual Abuse Response Plan, the staff first responder duties are outlined. The Coordinated Sexual Abuse Response Plan states following a reported risk of imminent the sexual abuse, the staff first responders gather basic information about the risk of imminent sexual abuse; notify a jail supervisor or the jail administrator; take immediate action to protect the inmate from imminent harm, if necessary; and provide victim with appropriate medical mental health services as needed. The Response plan further outlines following suspected or alleged incident of sexual abuse the security staff first responder will notify on duty Jail Sergeant, Jail Captain or OIC; separate the victim and alleged perpetrators; secure the crime scene, preserve evidence, including on the victims and alleged perpetrators bodies or clothes, and maintain custody of evidence until released to law enforcement officials; escort the alleged inmate perpetrator to an isolated area, preferably in camera dry cell with restricted access to a toilet or water, until the arrival of investigators; request the victim and ensure that the alleged perpetrator refrain from actions that could destroy evidence, such as bathing, brushing teeth, changing their clothes, urinating, defecating, smoking, drinking, or eating until they have been examined by a qualified medical personnel; complete an incident report form; share information related to the incident with only those people who need to know in order to ensure the inmate’s safety, conduct the investigation, or provide treatment to the victim or alleged perpetrator; and provide victim with appropriate medical and mental health services as needed.

There were no sexual abuse allegations reported during the audit period.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

The Marquette County Jail did not have 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. The Agency's policy 606 PREA states, "The PREA Coordinator's responsibilities shall include 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." During staff interviews with medical, mental health, Detective, deputies, Jail Administrator, and the Sheriff each area detailed their responsibilities in their coordinated efforts during a sexual abuse incident. The Jail Administrator stated all staff are trained in their responsibilities for responding to a PREA incident through PREA training and policies. Although the staff explained the practices, the facility did not have a written institutional plan. The Jail Administrator developed during the corrective action period a coordinated response plan for the facility that placed the operating practices of the Agency in a written format. The Coordinated Sexual Abuse Response Plan has detailed protocols for the Staff First Responder, Jail Sergeant, Jail Captain, PREA Coordinator, Jail Medical Staff, Jail Mental Health Staff, and Detective or other Law Enforcement Investigator. The Plan provides detailed protocols for staff for different scenarios including a risk of imminent sexual abuse, following suspected or alleged incident of sexual abuse, prior to transport to a medical forensic exam, during the forensic exam, following the exam/after acute care is provided, if a forensic exam is not conducted; and follow-up/long-term duties.

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

Corrective Action Taken: The Agency developed a written facility institutional plan, Coordinated Sexual Abuse Response 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. Staff were educated on the Coordinated Sexual Abuse Plan as part of the PREA training. The Agency met substantial compliance.

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "The Office shall not enter into or renew any collective bargaining labor agreement or other agreement that limits the office'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." The Jail Administrator stated the facility does not have collective bargaining agreements or another other agreement that prohibit us from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment. All staff are general employees. The Sheriff stated there was not a collective bargaining agreement for the correctional staff. Although they are deputies, they do not provide 51% of law enforcement duties. A facility staff member can be reassigned to another post or terminated after a disciplinary hearing where the staff member was found in violation of the Agency's policy and procedures. There is no restriction within the disciplinary process that would limit the Agency from terminating the staff member.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with

victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states, "All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation. Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation shall be utilized. The Jail Captain/Administrator 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. 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 periodic retaliation checks will be documented and filed in the Jail Administrators office. Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks. The Jail Captain/Administrator should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities." Although the Agency's policy had operating procedures for monitoring retaliation, the Agency was not conducting retaliation monitoring. The Agency developed a Retaliation Monitoring Form to document retaliation monitoring. The Retaliation Monitoring Form documents the date allegation received, inmate name, staff name and title, monitoring reason, and broken into three sections of 30-day intermittent review, 60-day intermittent review, and 90-day intermittent review. Under each review section are check boxes for the actions taken by the staff monitoring retaliation that includes reviewed disciplinary reports, reviewed program changes, referral to Office of Mental Health, referral to PREA Investigator, reviewed housing changes, reviewed performance evaluations, referral to Victim Support Services/Hope House, face-to-face status check, telephone status check, referral to EAP/other, and reviewed staff reassignments. The conclusion section lists actions taken as Monitoring Complete- no additional need for continual monitoring, Monitoring Terminated- Inmate Released/Staff Reassigned/Case Unfounded; and Continue Monitoring- Additional monitoring indicated

(90 days). The PREA policy was also updated to designate a staff position responsible for monitoring retaliation, the Jail Captain/Administrator, or an authorized designee. The created Inmate PREA Checklist form also captures the completed retaliation review dates of the 30-day, 60-day, and 90-day monitoring checks.

Did Not Meet (a): Retaliation monitoring was not conducted. The Agency acknowledged retaliation monitoring has not occurred after an allegation of sexual abuse or sexual harassment.

Corrective Action Taken (a): The facility developed a form for documenting retaliation monitoring, Retaliation Monitoring Form. There were no allegations of sexual abuse or sexual harassment during the corrective action period, therefore no monitoring was documented as part of the corrective action period. The Agency met substantial compliance.

Did Not Meet (a): The Agency had not designated a staff member(s) charged with monitoring retaliation.

Corrective Action Taken (a): The facility provided the updated PREA policy that outlines the Jail Captain/Administrator, or an authorized designee shall assign a supervisor or deputy to monitor retaliation. The Agency met substantial compliance.

The Sergeant stated retaliation monitoring would begin with an interview with the individual (staff or inmate) and then periodic checks every 30 days at a minimum. To detect retaliation, she would review housing changes, monitor communication, and review request slips to determine if retaliation is occurring. For staff, the review would include staff call offs, disciplinary issues, tension, and if a staff member requests a schedule or job assignment change. If retaliation was suspected or known, the inmate would be separated from the suspected perpetrator (if known), remove an officer from assignment, make housing changes, and would continue to monitor the individuals involved. Staff may be removed from their post and/or placed on administrative leave. The retaliation would be investigated and if substantiated the staff member would be removed legally and would take all appropriate actions if an inmate that may include transfer from the facility. She stated retaliation monitoring would be up to 90 days and monitoring would be continued if there were any concerns. The Sheriff stated that actions to protect inmates from retaliation may include reassignment of staff, housing changes, and transfer of the inmate from the facility. If retaliation was suspected, an investigation would be started, and discipline sanctions issued including termination if warranted. The Jail Administrator stated that staff are informed about retaliation monitoring during training and retaliation is not acceptable.

The facility had one allegation of sexual harassment during the audit period and retaliation monitoring did not occur. There was no other allegation during the corrective action period to demonstrate the process.

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Agency's policies 507 Inmate Classification and 606 PREA outlines inmates at high risk for sexual victimization or those who allege to have suffered sexual abuse 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. Policy 507 Inmate Classification states "Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers." Policy 606 PREA states "Inmates at high risk for sexual victimization or those who allege to have suffered sexual abuse shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed. If an involuntary protective custody assignment is made because of a high risk for victimization, the Jail Captain/Administrator shall clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged. The facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days." The Sergeant interviewed for who supervises inmates in segregated housing stated an inmate would not be placed in involuntary separation until all alternatives have been reviewed, in most cases the inmate would be placed in another housing unit. The time in involuntary segregated housing would be the minimum amount of time necessary for classification to determine another housing option. The Jail Administrator stated the inmate would be housed in the medical isolation cell or a holding cell for protection and would be offered all the privileges as general population. He further stated the inmate would be held for the minimum amount of time necessary to make another housing placement. There would be a daily check on the inmate and a classification review to determine when the inmate could return to general population. Per staff interviews and the PAQ, there have been no inmates at risk for sexual victimization placed in involuntary segregated housing during the audit period.

Did Not Meet (a): The Agency's policy addresses protective custody for inmates that are at risk for sexual victimization. The policy does not address prohibiting the placement of inmates who have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made no available alternative means of separation from likely abusers.

Corrective Action Taken (a): The facility updated the Inmate Classification policy with language that states, "All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at 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." Staff were educated on the Coordinated Sexual Abuse Plan as part of the PREA training. The Agency met substantial compliance.

The Agency's policy 606 PREA states "Inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education, and work opportunities. If restrictions are put in place, the Jail Administrator shall document the following: the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations." The Sergeant stated inmates would have access to programs, privileges, education, and work opportunities like general population. For programming, the inmates have accessibility to religious, mental health and AODA programs. For privileges, the inmate has availability to all services including telephones, visitation, commissary, tablets, and recreation (TV, games). For education, the inmate has accessibility to library services and GED on a case-by-case basis determined by the Educator. Work opportunities may include Huber if the inmate is within that program. The Sergeant also stated that programming, privileges, work opportunities, and education would only be restricted based on the inmate's behavior as determined through the disciplinary process after being found guilty of a rule violation. The disciplinary hearing would document the restriction duration, what opportunities were restricted, and the reasons for restriction.

Policy 606 states "Every 30 days, the Jail Administrator shall afford each such inmate a review to determine whether there is a continuing need for protective custody." The Sergeant stated there is a process for review through the disciplinary review process since the inmate status would be administrative segregation; a review would occur every seven days or sooner. The Jail Administrator stated there would be a daily check on the inmate and a classification review to determine when the inmate could return to general population. Per staff interviews and the PAQ, there have been no inmates at risk for sexual victimization placed in involuntary segregated housing during the audit period.

The Marquette County Jail has not placed an inmate in post allegation protective custody during the audit period. From the interviews with staff and policy review, the Auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the inmate.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

The Agency's policies 606 PREA Section 606.7 Sexual Abuse and Sexual Harassment Investigations and 602 Sexual Assault Investigation outlines the investigation process for sexual abuse and sexual harassment investigations. Policy 606 PREA states, "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment. Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Sexual abuse and sexual harassment investigations

should be conducted promptly and continuously until completed. 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." Both administrative and/or criminal investigations and evidence collection start immediately following an allegation. Administrative and criminal investigations involving inmates and staff are conducted internally by Sheriff's Office Detectives and trained jail deputies. Criminal and administrative investigations involving staff will be conducted only by the Sheriff's Office Detectives and inmate administrative investigations may be conducted by a trained jail deputy. The Sheriff stated the Agency has zero tolerance for sexual abuse and sexual harassment and all allegations are investigated. He further expanded, when an allegation is reported, it is assigned to a Detective for investigation and completed with a written report. An interview was conducted with a Detective from the Marquette County Sheriff's Office, the Detective stated a sexual assault investigation would be started immediately and the detectives are on-call after hours. A sexual harassment allegation would be investigated as soon as possible. The Detective states all allegations are investigated the same including anonymous and third-party reports. The Auditor reviewed the one sexual harassment investigative file and found the investigation was started immediately and completed in a timely manner. The incident was reported twice, first through a handwritten note to the Captain, and the second time through a slip request to the PREA Coordinator on September 15, 2021 and referred for investigation the same day. The investigation was completed on November 12, 2021. The investigation was determined unfounded and that staffing levels, facility layout, or staff actions had no bearing on the incident reported.

The Agency's policy 606 PREA states, "Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases. When practicable, an investigator of the same sex as the victim should be assigned to the case." The Sheriff stated all allegations are investigated by trained investigators. The five PREA investigators are three Detectives, the Chief Deputy, and Court Services Emergency Management Lieutenant. The facility provided training NIC certificates documenting the Investigators completed the PREA: Investigation Sexual Abuse in a Confinement Setting through the National Institute of Corrections (NIC). The Jail Administrator shared that all jail staff have also completed the PREA: Investigation Sexual Abuse in a Confinement Setting through NIC. The Auditor reviewed seven staff and three contractor training files; all the files documented the completion of the investigator training as well as the training log documented all staff and contractors had completed the investigator course. The Detective interviewed acknowledged completing specialized PREA investigation training. He noted he has received training through a two-day course PREA Investigator Course through the Technical College and the NIC PREA: Investigation Sexual Abuse in a Confinement Setting and PREA: Investigation Sexual Abuse in a Confinement Setting Advanced Investigations. Other training included a week's course on evidence collection. The one investigation completed during the audit period was completed by a specialized trained Investigator.

The Agency's policy 606 PREA and the Wisconsin State Crime Laboratories (WSCL) Sexual Assault Kit Evidence Submission Guidelines and the Physical Evidence Handbook outlines evidence protocols for administrative proceeding, criminal prosecutions; and requirements for forensic exams. The Physical Evidence Handbook outlines the evidence collection kit, collecting a buccal swab standard, the collection of transitory evidence (fingernail swabbing, bite marks), collection of relevant physical evidence (clothing, condoms), how to process a scene, packing requirements, laboratory request details, and an evidence item acceptance. The Detective interviewed stated the first steps in initiating an investigation would be evidence collection; obtaining a SANE exam if incident occurred within a week; conducting interviews with staff, witnesses, and inmates; and reviewing any paperwork related to the allegation. Other direct and circumstantial evidence collected would include physical evidence, DNA, fingerprints, video footage,

phone calls, texts from inmates' tablets, mail correspondence, and further interviews with victim, perpetrator, and witnesses. Physical evidence would include bedding, towels, clothes, video footage, and the SANE kit, if applicable. All facility deputies have completed the on-line course PREA: Investigating Sexual Abuse in a Confinement Setting through the National Institute of Corrections and deputies interviewed were knowledgeable of the protocol for obtaining usable physical evidence. In the one investigation during the audit period, evidence collection included video and interviews with the victim, alleged perpetrator, and witnesses.

The Agency's policy 606 PREA states "If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges." Policy 602 Sexual Assault Investigations states, "The Sexual Assault Checklist for referral to the District Attorney should be completed." The Sexual Assault Checklist outlines all details of the incident including sections on relationship with suspect(s); victim and suspect(s); victim statement; description of incident; witness information; documentation of physical contact; other acts; officer observations; evidence and documentation; and officer statement. Both the victim and officer sign the form acknowledging the document is truthful and accurate. The Detective stated if the evidence appears that a criminal incident had occurred, he will discuss the case with the prosecutor. The prosecutor can provide feedback including how to progress with the case and issue a warrant if needed. The one sexual harassment investigation was not criminal.

The Agency's policy 606 PREA states "Inmates alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation." The Detective stated an inmate would not be required to submit to a polygraph examination or other truth telling device. And the credibility of an alleged victim, suspect, or witness is the same for all until evidence proves different, personal judgment is not acceptable. Credibility is determined through interviews and evidence collection to determine the truth. The facility had one allegation during the audit period, the inmate had been released therefore no inmate interview was conducted for an inmate that reported an allegation.

The Agency's policy 606 PREA states "Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." The Detective stated to determine if staff actions or failure to act contributed to the abuse, he determines if staff violated policy and procedures, reviews what role in the process did staff take, review camera footage of staff actions, and conducts interviews with victims and witnesses to determine staff actions. He also reviews if the staff reported an incident in a timely manner. Once the investigation is completed, a final administrative and/or criminal investigative report is completed. The Detective stated the final investigation report will include everything completed during the investigation, the entire investigation. This would include interviews, evidence collection, statements, evidence control, and a conclusion. The Detective stated the investigative report format is the same for an administrative and criminal investigation. The investigation is also documented through the Investigative Finding Sheet form. The form documents the PREA case number, the date investigation initiated, date assigned to investigator, staff and/or individuals involved, investigative findings, rationale for findings, appointing authority review, PREA risk assessment updates, final notifications, advocate during investigatory review, and notice of PREA investigation findings. The Auditor reviewed the staff-on-inmate sexual harassment investigative file, the closed investigation had a completed investigation report. The investigation report format included a general narrative of the incident, a timeframe, narrative of the video reviewed, narrative of the

interviews conducted, and the conclusion. The investigation report was easy to follow and supported the reasoning of the unfounded investigation outcome.

The Agency's policy 606 PREA states "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. 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 investigation files are securely maintained in the Investigator's office and/or the Jail Administrators office. The Agency maintains the investigative files and supporting documents per the record retention schedule.

The Agency's policy 606 PREA states "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. "The Detective stated all investigations are completed to a final investigative outcome and it would follow the same investigative process if an inmate is transferred or released or if a staff member departs employment with the agency.

The Agency's policy 606 PREA states "If the investigation is referred to another agency for investigation, the Office shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through (e). The referral shall be documented. The Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation." The Detective stated staff investigations may be assigned to an outside agency when warranted. The Agency has established a memorandum of understanding (MOU) with Sauk County Sheriff's Office to complete investigations if the Agency needs to refer a case outside the Agency. The Jail Administrator stated there has not been an investigation completed by an outside agency. If there was an outside agency investigation, the Sheriff's Office Detective and/or the Jail Administrator would stay informed of the progress of the case by contacting the outside agency. The Detective stated he would be the liaison between the two agencies. He would provide any requested information to the investigating agency, provide interview space when needed, and provide any information or documentation that is requested. He would stay informed of the investigation progress through discussions with the outside investigating agency. The facility has not referred a sexual abuse case for outside investigation.

There were two staff-on-inmate sexual harassment allegations (same incident) reported during the audit period. Both allegations reported were of the same incident made by the same inmate against the same deputy. The incident was reported twice, first through a handwritten note to the Captain, and the second time through a slip request to the PREA Coordinator. The allegation was investigated and determined unfounded. The Auditor reviewed the investigative file. The investigative report concluded that staffing levels, facility layout, or staff actions had no bearing on the incident reported.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

The Agency's Policy 606 states "All completed written 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 investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence." The Investigator stated the standard of proof to substantiate allegations of sexual abuse and/or sexual harassment is a preponderance of evidence. The Detective's interview and review of the investigative file confirm compliance with the policy and standard.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the

offender has been released from custody, does the agency subsequently inform the offender whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "The Jail Captain/Administrator or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information

from the investigative agency in order to inform the inmate. If a staff member is the accused (unless the Office has determined that the allegation is unfounded), the inmate shall also be informed whenever: the staff member is no longer assigned to the inmate's unit or employed at the facility and/or the Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. If another inmate is the accused, the alleged victim shall be notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file." The Detective stated the inmate is informed of the outcome of the investigation through the Captain or the Detective. The Jail Administrator stated the inmate is currently notified verbally of the outcome of the investigation. He also noted the facility is creating a way to document the notification. Within the investigation report, it was noted the inmate was informed verbally that the investigation outcome was unfounded, there was no documentation of the notification. The Agency updated the PREA policy to state all notifications or attempted notifications shall be documented. When a notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file. The notification investigation will be documented through the Investigative Finding Sheet form. The form documents the PREA case number, the date investigation initiated, date assigned to investigator, staff and/or individuals involved, investigative findings, rationale for findings, appointing authority review, PREA risk assessment updates, final notifications, advocate during investigatory review, and notice of PREA investigation findings. Under the Notice of PREA Investigation Findings it informs the inmate this is to serve as notification that the investigation of the pre allegation has been closed. The Appointing Authority has determined that the allegation was unfounded - no further action will be taken at this time unless another violation not related to the allegation is warranted; Unsubstantiated - no further action will be taken at this time unless a violation not related to the allegation is warranted; Substantiated - an infraction report will be written and the disciplinary process will be initiated; and Substantiated - an infraction report will be written due to the individual status (i.e., community supervision, mitigating circumstances, release). If the inmate has any questions regarding this investigation, a staff name is provided to contact. It also informs the inmate if the inmate does not wish to keep this notice, the notice should be forwarded to the PREA Coordinator. The form provides the definition of unfounded, substantiated, and unsubstantiated for the inmate's reference. There were no allegations or investigations completed during the corrective action period therefore no inmate notifications were made to demonstrate the new process.

Did Not Meet: The facility notifies the inmate verbally of the investigation outcome. The facility does not document the notifications.

Corrective Action Taken: The facility updated the PREA policy with language that states, "The Jail Captain/Administrator or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. 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." There were no allegations or investigations completed during the corrective action period therefore no inmate notifications were made. The Agency has met substantial compliance.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for

violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies.” The policy also states, “Sexual abuse and sexual harassment between staff, volunteers or contract personnel and inmates is strictly prohibited. The fact that an inmate may have initiated a relationship or sexual contact is not a defense to violating this policy. The Jail Administrator shared the Agency shall discipline an employee for violating policy, up to an including termination. No employee has been disciplined or terminated for violating policies on inmate sexual abuse or sexual harassment during the audit period. There was one staff-on-inmate sexual harassment allegation reported during the audit period, the investigation outcome was unfounded.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states “Sexual abuse and sexual harassment between staff, volunteers or contract personnel and inmates is strictly prohibited. The fact that an inmate may have initiated a relationship or sexual contact is not a defense to violating this policy. Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates. He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies.” The Jail Administrator stated that if a violation of the Agency's sexual abuse or sexual harassment policies occurred by a contractor or volunteer, an investigation would be started and temporary suspended from services at the facility during

the investigation. If the investigation is substantiated, the contractor or volunteer would be terminated and banned from services at the facility. If the case was criminal in nature, the case would be referred for prosecution, and any relevant licensing bodies would be notified. The Agency would also contact the vendor to inform them of the incident and investigation outcome. If the investigation outcome was unfounded or unsubstantiated, the Sheriff, Chief, Deputy, and/or the Jail Administrator would review each case to determine if the contractor/volunteer would continue services within the facility. During the audit period, there were no contractors or volunteers suspended or reported to law enforcement for engaging in sexual abuse of inmates per the PAQ and the Jail Administrator. The Auditor's review of the investigation file showed no allegations were made against a contractor or volunteer.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

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

Auditor Overall Compliance Determination

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

The Agency's policy 600 Inmate Discipline outlines the disciplinary process for inmates. Policy 600 states "Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. 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. The sanctions imposed for rule violations can range from 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." The policy further states, "The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of discipline, if any, should be imposed." The policy also states, "Disciplinary decisions shall be based on the preponderance of evidence presented during the disciplinary hearing." The Jail Administrator stated an inmate who violated the Agency's rules and regulations would go through the disciplinary hearing process. Based on the rule and regulations violation, sanctions would be imposed determined by the disciplinary sanction guidelines. A guilty finding of sexual abuse or sexual harassment is a major rule violation. A major violation, which is defined as any violation for which major discipline may be imposed, or often a threat to the safety, security, or efficiency of the facility its staff members, inmates, or visitors. If determined criminal, the case would be referred to the prosecutor's office for criminal charges. The Jail Administrator stated an inmate's mental disability or mental illness is considered and would be discussed with mental health prior to an inmate's sanctions for the inmate's safety and security. The Jail Rules and Regulations informs the inmates that if an inmate sexually abuses or sexually harasses anyone in the jail facility or if they knowingly or maliciously provide false information about an incident, they will face discipline and will be criminally charged to the fullest extent.

The Agency's policy 600 Inmate Discipline states "To the extent that there is available therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an inmate being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits." The medical and mental health staff stated therapy, crisis intervention, and/or supportive counseling may be offered

to the inmate. The mental health practitioner stated these types of services are offered off-site and would refer the inmate for services. The mental health practitioner has limited hours in the facility. The services are voluntary for the inmate and no services are mandatory, the staff stated the services would be highly encouraged. The inmate can refuse the services. All services would be free of charge to the inmate.

The Agency's policy 600 Inmate Discipline also states "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. No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. No inmate 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." The Jail Administrator shared inmates and detainees would not be disciplined for reporting an allegation of sexual abuse made in good faith. The End of Silence PREA pamphlet informs the inmates if you sexually abuse or harass anyone in any jail facility or if you knowingly or maliciously provide false information about an incident you will face jail discipline and will be criminally charged to the fullest extent. There were no incidents of inmate-on-staff sexual contact during the audit period. There were no disciplinary actions against inmates for sexual contact with staff. There were no inmates disciplined for sexual abuse or sexual misconduct during the audit period.

The inmate that alleged sexual harassment by staff was charged minor rule violations for threatening of staff that was identified during the investigative process. A disciplinary hearing was not held due to the time limits having expired.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

The Agency's policy 708 Health Appraisals states, "Inmates who have an identified history of sexual victimization shall be offered a follow-up meeting with a qualified health care or mental health provider within 14 days of intake screening." The PREA Risk Screening and Housing Plan form completed with the inmate at intake identifies if an inmate discloses prior sexual victimization or perpetrated sexual abuse. If screening indicates the inmate has experienced prior sexual victimization, the staff member offers follow up screening with medical and mental health and notes the date of the referral. If the screening indicates the inmate has perpetrated sexual abuse, the staff member offers follow-up screening with mental health and notes the date of the referral. The inmate and staff member completing the form, sign and date the form. The Agency was not referring inmates that disclosed previous sexual victimization to medical or mental health for follow-up meetings. The Agency did not conduct risk assessments at intake, the initial risk assessment process started in November during the corrective action period. During the compliance revisit, the Agency provided one inmate's name who had disclosed prior sexual victimization during the intake risk screening. The inmate was interviewed. The inmate stated she had reported during intake previous sexual victimization and the staff member did not offer a referral to mental health. She did share she saw the mental health practitioner. Upon review of the inmate's file, a referral was made, and the inmate was seen by mental health. During the follow-up, the inmate stated she was unsure if she had been sexually assaulted.

Did Not Meet: Inmates that disclose sexual victimization through the intake process are not referred to medical and mental health.

Corrective Action Taken: The facility updated the Health Appraisals policy. The updated language states 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. The PREA Risk Screening and House Plan has a section for referrals to mental health if the inmate has experienced prior sexual victimization and/or has perpetrated sexual abuse. The staff member is to offer a follow with mental health and the date of the referral is noted on the form. The staff were provided with written directive on the procedure. There were no required referrals during the corrective action period. The Agency met substantial compliance.

The Agency's policy 606 PREA states, "The Responsible Physician or mental health staff shall obtain informed consent from inmates before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18. Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions." Medical and mental health staff are contractors and receive the same PREA training as facility staff that includes reporting requirements. The healthcare staff interviewed acknowledged the requirement to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of eighteen. They shared that they explain the limitations of confidentiality and their requirement to report. The medical and mental health practitioners indicated they would report any allegation of sexual abuse to the Captain or Detective immediately. If sexual abuse occurred outside the jail, they would need informed consent from the inmate prior to reporting the incident. There were no allegations reported to healthcare staff during the audit period.

Recommendation: The facility should consider developing a process to track inmates that disclosed prior sexual victimization to ensure all referrals are made and received by mental health to schedule inmates for services.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services. Depending on the severity of the injuries, transportation may occur by a staff member or by ambulance, in either case with appropriate security to protect the staff, the inmate, and the public, and to prevent escape. 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." Upon an allegation of sexual abuse, the supervisor begins the incident notifications which includes medical and mental health services. The inmates from the incident are taken to medical, usually to a local hospital, for medical assessment and any emergency treatment.

The interviews with medical staff confirmed that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Emergency medical attention is provided through the facility's medical office or the local hospital. The nurse is a part time position and works irregular hours and days, usually fifteen hours a week. If emergency medical treatment or a forensic exam is needed, the inmate is transported to the local hospital. If no medical staff are on duty, the security supervisor will initiate the transport to the local hospital for services. The medical staff stated medical services are provided as soon as the sexual abuse incident is reported, and the inmate is brought to medical and sent out to the local hospital. The hospital would provide emergency service immediately and conduct a forensic exam by a SANE/SAFE if warranted. The hospital would start any medications and complete testing as needed. The mental health practitioner stated crisis services would be offered to the inmate. Mental health would attempt to see the inmate the same day and complete an assessment to review the inmate's presentation and coping skills. If not completed in person, it may be completed

through telehealth. The healthcare staff stated the scope of medical and mental health services is determined based on their professional judgement, policy and procedures, protocols, and doctors' orders. There were no sexual abuse allegations during this audit period.

The Agency's policy 606 PREA states "Provisions shall be made for testing the victim for sexually transmitted diseases. Counseling for the treatment of sexually transmitted diseases, if appropriate, shall be provided. Victims shall be offered information about, and given access to, emergency contraception prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases. This shall be done in a timely manner. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Through interviews with the medical staff and Detective, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care. The medical staff stated the forensic examinations are conducted by SANE/SAFE staff and any emergency medical care is provided through the emergency room at the local hospital. She expanded to state the local hospital, Unity Point would be used mostly for emergency medical treatment and the Unity Point Meriter hospital in Madison would be utilized for forensic exams and emergency medical care for sexual abuse. The medical staff also explained that she could use Google search to find an available SANE nurse near the facility if needed. The emergency room nurse interviewed noted that the hospital has SANEs staffed in the emergency room or on-call if needed and any other treatment or services deemed required by the Provider would be provided to the inmate through the emergency room. Services offered may include a forensic exam, pregnancy tests, sexual prophylaxis treatment, emergency contraceptives, HIV and other testing, and any medication required. The medical staff stated there were no instances where an inmate was sent to a hospital for emergency medical or mental health treatment following an allegation of sexual abuse during the audit period.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services. Depending on the severity of the injuries, transportation may occur by a staff member or by ambulance, in either case with appropriate security to protect the staff, the inmate, and the public, and to prevent escape. 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." Upon an allegation of sexual abuse, the supervisor begins the incident notifications which includes medical and mental health services. The inmates from the incident are taken to medical,

usually to a local hospital, for medical assessment and any emergency treatment. The interviews with medical staff confirmed that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Emergency medical attention is provided through the facility's medical office or the local hospital. The hospital would provide emergency service immediately and conduct a forensic exam by a SANE/SAFE if warranted. The hospital would start any medications and complete testing as needed. The mental health practitioner stated crisis services would be offered to the inmate. Mental health would attempt to see the inmate the same day and complete an assessment to review the inmate's presentation and coping skills. If not completed in person, it may be completed through telehealth. There were no sexual abuse allegations during this audit period.

The Agency's policy 606 PREA states "Provisions shall be made for testing the victim for sexually transmitted diseases. Counseling for the treatment of sexually transmitted diseases, if appropriate, shall be provided. Victims shall be offered information about, and given access to, emergency contraception prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases. This shall be done in a timely manner. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services. This shall be done in a timely manner. 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. 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." Through the medical staff and Detective's interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care. The medical staff stated forensic examinations are conducted by SANE/SAFE staff and emergency medical care provided at the local hospital with no cost to the inmate. Unity Point hospital would be used mostly for emergency medical treatment and the Unity Point Meriter hospital in Madison would be utilized for forensic exams and emergency medical care for sexual abuse. The emergency room nurse interviewed at Unity Point Meriter noted that the hospital has SANEs staffed in the emergency room or on-call if needed and any other treatment or services deemed required by the Provider would be provided to the inmate through the emergency room. Services offered may include a forensic exam, pregnancy tests, sexual prophylaxis treatment, emergency contraceptives, HIV and other testing, and any medication required. The facility's medical staff stated victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis through the hospital's emergency room as part of the SANE process. This may include emergency contraception (morning after pill), tests for STD, and treatments offered. Any follow-up services would be provided through the facility medical department, or if needed by outside medical agencies. The medical staff stated there were no instances where an inmate was sent to a hospital for emergency medical or mental health treatment following an allegation of sexual abuse during the audit period.

The medical and mental health practitioners interviewed stated they felt the medical and mental health services offered were better than the community level of care. They expanded that inmates have access to services and offered within a timely manner. The inmate has more access to services, no insurance or pre-approval required for services, timeliness of services, and the availability of follow-up services.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

The Agency's Policy 606 PREA states "An incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The review should occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials and seek input from line supervisors, investigators and qualified health care and or mental health professionals, as appropriate: consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect or respond to sexual abuse; 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; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse; assess the adequacy of staffing levels in the area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The policy also states, "The review team shall prepare a written report of the team's findings, including, but not limited to, determinations made pursuant to paragraphs of this section, and any recommendations for improvement. The report should be submitted to the Sheriff and the PREA Coordinator. The Jail Administrator or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so."

The Jail Administrator stated the Incident Review Team is comprised of the Sheriff, Chief Deputy, the Jail Administrator, PREA Coordinator, and a Detective. He further stated the Incident Review Team would review the incident for any issues that need to be addressed to ensure the safety of inmates within the facility. If an issue was identified, a corrective action development plan would be created to address the issue and ensure compliance. A development plan may be training in policies and/or new procedures and accessing any vulnerable areas. The Jail Administrator stated it is his responsibility to follow-up with departments to ensure any recommendations or corrective actions are achieved when a recommendation is made by the Incident Review Team or will document the reasons for not doing so.

The Incident Review Team members interviewed identified all the elements that would be considered during the incident review. Under motivation they review the cause of the incident including gang issues, gender identity, racial, mental health, and any prior incidents, and gender identity. In reviewing the location of the incident, they consider the time of the day, were doors locked, location overall, security of the area, blind spots, and mirror locations. When assessing staffing, they review if staff are completing wellness checks, following procedures, are wellness checks meaningful, are rules enforced, what staff are in the area during the incident, are checks completed timely, staffing levels, and how the incident was reported by staff. Under monitoring technology, the team reviews camera location, adequate mirrors, sufficient cameras, camera views, and whether cameras need to be adjusted.

The Agency had one reported allegation of a staff-on-inmate sexual harassment; the investigative outcome was unfounded. The Agency did not complete an Incident Review during this audit period since the only investigation was unfounded.

Recommendation: The Agency should consider conducting table-top exercises to be familiar with the Incident Review process. The facility must complete a sexual abuse incident review on every sexual abuse investigation unless the allegation has been determined to be unfounded. The facility has not had a sexual abuse allegation only sexual harassment; therefore, the standard is compliant per standard language. The review team must include upper-level management officials, with input from line supervisors, investigators, and medical and mental health staff. The facility needs to review the requirements of the standard and adhere to them for all future sexual abuse investigations.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states, "The PREA Coordinator responsibilities shall include shall 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. Upon request, the Office shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ. The data shall be aggregated at least annually." The PREA Coordinator under the supervision of the Jail Administrator collects accurate uniform data for every allegation. The PREA Coordinator with assistance from the PREA Deputy utilizes the investigative files, sexual abuse incident reports, and other related documents to collect uniform data. The Agency aggregates the incident based sexual abuse data at least annually and shares the data within the Annual Report. The 2020 and 2021 Annual PREA Report was available to review by the Auditor prior to the on-site visit. The 2022 Annual PREA Report was added to the Agency's website at the beginning of 2023. The Agency has not been requested to provide the Department of Justice with data yet.

The agency does not contract with other agencies or private facilities for the confinement of inmates.

Recommendation: The Agency should develop a formalized instrument/form to collect and maintain the data from allegations. A process would assist the Agency in collecting data if at any time the Agency has multiple reported allegations.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

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

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

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

Auditor Overall Compliance Determination

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

The Agency's policy 606 PREA states "This office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices, and training by identifying problem areas; identifying corrective actions taken; recommending corrective actions; comparing current annual data and corrective actions with those from prior years; and assessing the office's progress in addressing sexual abuse. The reports shall be approved by the Jail Captain/Administrator and made available through the office website. Material may be redacted from the reports when publication presents a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated." The Annual PREA Report is prepared by the PREA Coordinator with assistance from the Jail Administrator and other staff as needed. The report is approved by the Jail Administrator and submitted to the Sheriff for review and approval. The report includes efforts for achieving and maintaining compliance with PREA, explanation of other audits/site visits, working goals for PREA compliance, the average daily population of male and female inmates, investigative outcome definition, the current year's data, and data comparison from previous year. The Annual Report is approved and signed by the Sheriff. The Sheriff stated the Agency uses the data collected to improve facility operations. Any concerns identified while compiling the data, the Sheriff and/or Jail Administrator will address all staff. He further stated that once the Jail Captain/Administrator prepares the report for his review, the report is presented to him for his review and approval. The report

is then made available on the Agency's website. The Jail Administrator stated data is collected and reviewed annually. He stated the Agency has created Annual PREA Reports in the last two years, and the reports are available on the Agency's website.

Both 2020 and 2021 Annual PREA Reports were approved by the Sheriff on March 30, 2022. The 2020, 2021, and 2022 Annual PREA Reports are available for review on the Agency's website under the PREA tab. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety of the facility. The Jail Administrator stated the no material is included in the report that would need redacted. Th type of materials that would be redacted is names and personal information. The PREA Annual Reports on the website were reviewed as part of the audit process.

Through interviews with the PREA Coordinator and PREA Compliance Manager, and the review of the Agency's Annual PREA Reports; documents the data collection process.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

The Agency's Policy 606 PREA states "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. 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 Sergeant shared all hardcopy PREA reports and records are maintained in a locked cabinet within the locked Jail Administrator's office. The security of the data within the Jail Administrator's office was observed by the Auditor during the audit.

Both 2020 and 2021 Annual PREA Reports were approved by the Sheriff on March 30, 2022. The 2020, 2021, and 2022 Annual PREA Reports are available for review on the Agency's website under the PREA tab. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety of the facility. The Jail Administrator stated the no material is included in the report that would need redacted. Th type of materials that would be redacted is names and personal information. The PREA Annual Reports on the website were reviewed as part of the audit process.

The agency does not contract with other agencies or private facilities for the confinement of inmates.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

This was the first PREA audit for the Marquette County Jail.

During the audit, the facility and Agency provided the Auditor full access to all areas of each facility and the Auditor was able to observe the facility's practices and processes. Prior to the audit, during the audit, after the on-site audit and during the compliance revisit, the agency and facility provided the Auditor requested documentation to demonstrate compliance. Private interview space was provided to the Auditor for conducting staff and inmate interviews. The inmate interviews were held in a program room that afforded privacy for the interviews. Staff interviews were held in an office within the administrative section that afforded privacy for the staff interviews.

Audit Notices were posted throughout the facility advising staff and inmates they could send confidential information or correspondence to the Auditor. The Auditor did not receive any correspondence from staff, inmates, or outside individuals.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was

published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

This was the first PREA audit for the Marquette County Jail.

AUDITOR CERTIFICATION

I certify that:

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

Barbara A. King

May 23, 2023

Auditor Signature

Date