

PREA Facility Audit Report: Final

Name of Facility: Sauk County Ja

Facility Type: Pr son / Ja

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/18/2022

Auditor Certification	
The contents of th s report are accurate to the best of my know edge.	<input checked="" type="checkbox"/>
No conf ct of interest ex sts w th respect to my ab ty to conduct an aud t of the agency under rev ew.	<input checked="" type="checkbox"/>
I have not ncuded n the f na report any persona y dent f ab e nformat on (PII) about any nmate/res dent/deta nee or staff member, except where the names of adm n strat ve personne are spec f ca y requested n the report temp ate.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: James Kenney	Date of Signature: 03/18/2022

AUDITOR INFORMATION	
Auditor name:	Kenney, James
Email:	[REDACTED]
Start Date of On-Site Audit:	03/08/2022
End Date of On-Site Audit:	03/10/2022

FACILITY INFORMATION	
Facility name:	Sauk County Ja
Facility physical address:	1300 Lange Court, Baraboo, W scons n - 53913
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Capt. Lew s Lange
Email Address:	[REDACTED]
Telephone Number:	[REDACTED]

Warden/Jail Administrator/Sheriff/Director	
Name:	Capt Lew s Lange
Email Address:	[REDACTED]
Telephone Number:	[REDACTED]

Facility PREA Compliance Manager	
Name:	Chr sta W son
Email Address:	[REDACTED]
Telephone Number:	[REDACTED]

Facility Characteristics	
Designed facility capacity:	364
Current population of facility:	155
Average daily population for the past 12 months:	142
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both fema es and ma es
Age range of population:	17-62
Facility security levels/inmate custody levels:	M n mum to Max mum nc ud ng uber
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	71
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	11
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Sauk County Sher ff's Off ce
Governing authority or parent agency (if applicable):	
Physical Address:	1300 Lange Court, Baraboo, W scons n - 53913
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name: Jan amer

Email Address: [REDACTED]

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

3

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.41 - Screening for risk of victimization and abusiveness
- 115.86 - Sexual abuse incident reviews

Number of standards met:

42

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-08
2. End date of the onsite portion of the audit:	2022-03-10

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	364
15. Average daily population for the past 12 months:	142
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	190
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	0
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	16
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	6
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The auditor reviewed the full inmate roster and found no inmates that were under the age of 18. The auditor verified with medical staff that they had no knowledge of any inmate in custody that had a physical disability or who was blind. The auditor also reviewed the inmate roster for those in segregation or administrative confinement. There were no inmates held for the risk of sexual victimization.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	71
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	11
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected inmates from each of the facility's housing units. The auditor also selected inmates by checking the race and sex of the inmate to ensure there was a valid sample selected.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	11
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the on-site portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</p>	<p>The auditor reviewed the complete inmate roster and noted no inmates with an age under age 18.</p>
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the on-site portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed medical staff who confirmed they were unaware of any inmate in custody that had a physical disability.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the on-site portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed medical staff who confirmed they were unaware of any inmate in custody that was blind or low vision.</p>

63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	2
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed the segregation and admission strategy confinement roster and noted no inmates in confinement due to the high risk of victimization. The auditor also interviewed inmates who had filed allegations of sexual abuse and they had not been placed in segregation.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	

71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	24
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youth inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youth inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The auditor was unable to interview a volunteer due to the ongoing national pandemic.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>84. Did you have access to all areas of the facility?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>

Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory roundings; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1

107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigations)
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Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
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109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigations)
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110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigations)
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Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
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112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigations)
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113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigations)
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114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or reciprocal auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantially compliance; compliance materially ways with the standard for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 901 - <i>Prison Rape Elimination</i> 2. Policy 606 - <i>Prison Rape Elimination Act</i> 3. Sauk County Sheriff's Office Organizational Chart 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator 2. PREA compliance manager <p>Findings (by provision):</p> <p>115.11(a). The Sauk County Sheriff's Office has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The agency provided Policy 901 - <i>Prison Rape Elimination</i>, which outlines the zero-tolerance sexual abuse policy. The policy clearly describes the agency's approach to the prevention, detection, and response to sexual assault incidents and establishes mandated reporting guidelines of such incidents. The policy states that the agency has established a standard for the detection, prevention, reduction, and punishment of sexual abuse, sexual contact, and sexual harassment of inmates. The policy also provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. The strategies are also outlined in Policy 606 - <i>Prison Rape Elimination Act</i>. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.11(b). The Sheriff has appointed an upper-level manager with sufficient time and authority to develop, implement, and oversee the office efforts to comply with the PREA standards. The PREA Coordinator is Sergeant Jan Amer. Responsibilities of the PREA Coordinator include developing and maintaining procedures to comply with the PREA Rule, developing a staffing plan to provide adequate levels of staffing to protect inmates from sexual abuse, developing a written plan to coordinate response to incidents, and ensuring a protocol is developed for investigating allegations of sexual abuse in the jail. The agency's organizational chart was provided for review and shows the PREA coordinator's position as a direct report to the Captain who is the Jail Administrator. There is no question as to the authority level of the PREA coordinator at this agency.</p> <p>The auditor interviewed the PREA coordinator and confirmed her role as the agency's assigned PREA coordinator. She discussed the functions of the position as outlined in the agency policy. We discussed her ability to perform all the PREA coordinator duties while maintaining her responsibilities as a shift sergeant. She explained that there is a second sergeant on duty on her shift, so that helps to ensure that sufficient time can be allotted to PREA. The auditor worked directly with the PREA coordinator for this audit and was able to assess her knowledge and authority level. Based on this interview, the organizational chart, and my contact with the PREA coordinator, the auditor believes she has both the time and authority necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.11(c). Although this agency self-contained in one location and a PREA compliance manager is not mandated by this provision, the agency has designated a PREA compliance manager (PCM), Captain Lewis Lange, the Jail Administrator. The auditor interviewed the PCM during the onsite phase of the audit and was impressed with the PCM's knowledge of the PREA standards and what is necessary for sexual safety in the correctional facility. She understood the requirements to respond appropriately to vulnerable inmates in the absence of the PREA coordinator, coordinate investigation efforts, and assist with the collection of statistical information on an annual basis. The agency also assigns an additional shift sergeant as a back-up for the PREA coordinator. While not specifically carrying the title of a PREA compliance manager, the role she plays is much like an additional PCM. This additional coverage to ensure the inmates have support at all times is clearly exceptional. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>Sauk County Jail's efforts to assign a PCM when the standards do not require one for a facility that is maintained with one building is exceptional. The PCM takes the role seriously and works very closely with the PREA coordinator, rather than just having the title assigned when the coordinator is out of the building. This attention to the needs of the agency, the safety of the inmates, and the dedication to the compliance with the PREA standards clearly exceeds this standard.</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p><i>Documents: (Policies, directives, forms, files, records, etc.)</i></p> <ol style="list-style-type: none"> 1. None 2. Interviews: <ol style="list-style-type: none"> 1. Agency Contract Administrator <p>Findings (by provision):</p> <p>115.12(a) The agency did not provide any policy or procedure relative to this standard. In the PAQ, the agency stated there were no contracts currently in place for the housing of Sauk County Jail inmates.</p> <p>Through an interview with the agency contract administrator, the auditor was able to confirm that the agency currently has no contracts for any other agency to house inmates for Sauk County. Because there are no current contracts, the auditor was not able to verify language in any executed contract. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.12(b) The auditor interviewed the agency contract administrator during the onsite audit, who indicated that any new contract entered into with any other agency for the housing of Sauk County inmates will include a provision that requires the contractor to comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA). The contract must also provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. The agency contract administrator confirmed that inmates will not be housed in any facility or with any entity that fails to provide proof of compliance with the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.13 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- 1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - 1. Policy 606 - *Prison Rape Elimination Act*
 - 2. Policy 221 - *Staffing*
 - 3. *Sauk County Security Division Staffing Plan 2018*
 - 4. *2021 Staffing Plan Review*
 - 5. *Unannounced Rounds Protocol*
 - 6. Shift Reports
 - 7. Daily Logs Reports
- 2. Interviews:
 - 1. PREA Coordinator
 - 2. Agency Head
 - 3. Random Inmates
 - 4. Random Staff
 - 5. Specified Staff
- 3. Site Review Observations:
 - 1. Control rooms (electronic monitoring)
 - 2. Program areas
 - 3. Dining units
 - 4. Kitchen
 - 5. Medical rooms

Findings (by provision):

115.13(a). In the PAQ, the agency provided the auditor a copy of the *Sauk County Security Division Staffing Plan 2018*. The document includes the staffing guidelines for the Sauk County Jail and the breakdown of video monitoring technology for the facility. The plan includes a review of the supervisors for the institution.

The staffing plan mandated that supervisors must take into account 11 considerations:

- 1. Provisions on 115.13(a)(1) Generally accepted detention and correctional practices. The Sauk County Jail employs staff in a manner consistent with guidelines based on state statutes, DOC350, and acceptable jail standards and practices. The facility has undergone and passed an annual state jail inspections since it was established in 2003. The facility has also undergone two staffing analyses by the County.
- 2. Provisions on 115.13(a)(2) Any judicial findings of inadequacy. The Sauk County Jail has not had any judicial findings of inadequacy. There are no current lawsuits/settlement agreements.
- 3. Provisions on 115.13(a)(3) Any findings of inadequacy from Federal investigative agencies. The Sauk County Jail has not had any Federal findings of inadequacy by any Federal investigative agency.
- 4. Provisions on 115.13(a)(4) Any findings of inadequacy from internal or external oversight bodies. The facility has undergone and passed an annual state jail inspections since it was established in 2003. There were no findings of inadequacy from these or any other internal or external oversight bodies.
- 5. Provisions on 115.13(a)(5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated). The Sauk County Jail considered blind spots in housing areas where a so-called inmate privacy for toilet and shower areas. The facility utilizes additional staff, video monitoring, and required staff safety checks in order to combat any noted blind spots.
- 6. Provisions on 115.13(a)(6) The composition of the inmate population. The Sauk County Jail staffing plan is based on an inmate population of male and female inmates, averaging 180 inmates on a daily basis. They do not house youthful inmates (under age 18). The plan includes required staffing to maintain the safety of all inmates, regardless of gender, sexual orientation, or age. The average age of the inmates is approximately 35 years old, and the inmates are predominantly white, with small Indian and Asian populations.
- 7. Provisions on 115.13(a)(7) The number and placement of supervisory staff. The plan considers the placement of supervisors for the proper supervision of staff and safety of the inmates to ensure coverage for the security inspections and

required facility rounds. Each of the facilities three shifts supervised by two sergeants.

8. Provisions on 115.13(a)(8) Institution programs occurring on a particular shift The Sauk County Jail plan does not assign specific staff members to monitor inmate program activities. These activities must be supervised by the staff on duty. Although this would appear to minimize programming options, the staff of available inmate programs ongoing. Inmate visits that are performed over video monitors directed from the inmate housing area. This allows for more than adequate visits that do not take away from staff responsibilities.

9. Provisions on 115.13(a)(9) Any applicable State or local laws, regulations, or standards The Sauk County Jail is regulated and operates under state statute DOC 350 and meets the applicable standards and practices under that statute.

10. Provisions on 115.13(a)(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse The Sauk County Jail determined that the number of reported sexual abuse incidents since 2013 has fluctuated, but the number of substantiated or unsubstantiated incidents have decreased annually. A review of the sexual abuse incident reviews from these allegations shows that jail staffing levels has not had a bearing on the incidents.

11. Provisions on 115.13(a)(11) Any other relevant factors There are no other relevant factors at the Sauk County Jail that affect its ability to detect, prevent, and respond to issues of sexual abuse, sexual assault, or sexual harassment of inmates. The facility considered staff and inmate movement, inmate safety checks, inmate searches, transportation, and supervision of contractors and volunteers.

The overall staffing of the facilities consistent with accepted practices and standards, and the auditor saw nothing in the plan or in the facility that would be inconsistent with that finding.

The auditor was also provided Policy 221 - *Staffing* in the PAQ. This policy requires a comprehensive staffing plan and analysis to identify staffing needs sufficient to maintain the safety and security of the facility, staff, visitors, inmates, and the public.

During the site review, the auditor found no areas of concern or blind spots in the facility. The auditor also noted adequate staffing throughout the institution, as well as an adequate number of supervisory staff. The auditor reviewed areas, including the kitchen, laundry, program areas, medical and mental health, and a housing units. There are clearly visible cameras throughout the facility and the auditor could see where the facility had identified potential areas of concern, as some mirrors had been installed. This would support the assertion in the staffing plan that the facility has done an extensive review. The auditor visited the control rooms where staff actively monitor video within the facility. There appeared to be extensive coverage in all areas of the facility.

The auditor talked with several supervisors throughout the facility and witnessed the interactions with staff. It was apparent that there is ample supervisory coverage to ensure staff and inmate safety.

The auditor interviewed the Facility Administrator, the Captain, during the onsite phase of the audit. The Captain talked about the staffing plan and indicated the staffing plan is reviewed annually and updated based on a broad review with a team that includes the PREA coordinator. The Captain explained the plan is based on several factors and nationally accepted guidelines for staffing coverage. Each of the three shifts has adequate staff to provide a safe environment leading to the prevention, detection, and reduction of sexual abuse of the inmate population. The video monitoring system is evaluated at least once per year to determine if the agency should make adjustments to better identify safety concerns. The Captain confirmed the plan covers each of the 11 points required under this standard. To confirm compliance, the shift sergeants review daily and weekly staffing reports and addresses any concerns immediately and forward those reports to the Captain's office for additional review and approval. The auditor also interviewed the PREA coordinator, who confirmed the staffing plan considers each of the required points stated in this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(b). The agency reported on y minor deviations from the staffing plan during the 12 months prior to the audit. Most of the deviations are due to vacation time, sick time, overall staffing shortage, and the ongoing national pandemic that causes additional sick leave for illnesses and quarantine. These deviations were fixed with overtime and adjustments to staffing requirements of supervisors.

During the onsite phase of the audit, the auditor interviewed the Captain, who confirmed the documented deviations through the daily shift reports. The auditor was provided copies of the shift reports and noted the deviations below the required minimum staffing. The auditor could see how the facility corrected the deviation by requiring staff to work additional overtime hours to cover shortages on each shift. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(c). The auditor was provided a copy of the *2021 Staffing Plan Review* in the PAQ. The annual review was completed in May 2021. The review indicated that no changes to the staffing plan were warranted based on the facility's inmate population, current staffing levels, current video monitoring technology, physical plant, and the number and

composition of sexual abuse allegations. The annual review was completed by the PREA coordinator and a team of administrative staff and signed by the PREA coordinator.

The auditor interviewed the PREA coordinator, who confirmed the staffing plans reviewed at a minimum of once per year. The annual review is then shared with the executive administration. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(d). The auditor was provided a copy of Policy 606 - *Prison Rape Elimination Act* in the PAQ. The policy mandates that, "Mid-evening or higher-evening supervisors conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur." The auditor was provided the *Unannounced Rounds Protocol*, which highlights the requirements for supervisor inspections in the facility. The document requires the supervisor to document rounds by creating a shift log entry and noting "Unannounced Rounds". The auditor was provided several Jail Logs from various dates throughout the last 12 months for review. The auditor noted supervisor rounds at different times of the day and night throughout the facility.

During the onsite phase of the audit, the auditor interviewed 12 random inmates and each inmate stated that supervisors enter the housing units several times a day. When asked, inmates told the auditor that supervisors come in the units many times throughout the day and night. During interviews with 12 random staff members, staff stated that supervisors perform rounds daily and at different times. The auditor also interviewed supervisors during the onsite audit and confirmed that they are expected to enter each housing unit at least once per day to make rounds. Those rounds are required to be documented in the logs and are to be performed at random times so as not to be predictable. Also, during the site review, the auditor met supervisors in the housing units while they were performing the unannounced rounds. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 521 - *Youthful Offenders*
2. Interviews:
 1. Specified staff
3. Site Review Observations:
 1. Youthful housing

Findings (by provision):

115.14(a). The auditor reviewed Policy 521 - *Youthful Offenders*, which was provided in the PAQ. This policy outlines the requirements to house inmates within the Sauk County Jail that are under age 18. The policy states, "Youthful inmates shall not be placed in a housing unit in which the youthful inmate will not have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area or sleeping quarters (p. 1)." The policy states that any inmate under the age of 18 will be housed in a specific subdayroom in the facility's B Pod. The policy outlines the proper housing and handling of those inmates.

During the site review, the auditor toured the area utilized to house youthful inmates. The housing unit utilized is a separate subdayroom, completely separated by sight and sound from the rest of the housing unit. The subdayroom provides any youthful inmates with separate, single-cell housing, a separate shower, and a small dayroom with complete access to the telephone and television. There is another dedicated subdayroom within the female housing unit for any youthful female inmate that may be admitted to the facility. The agency would provide classes, programs, meetings, and required state education within the dayroom. Large-muscle exercise would be provided in a large indoor gymnasium that provides more than adequate space for exercise and outside daylight.

The auditor reviewed that facility's complete inmate roster, which lists the age of the inmates. There were no inmates currently housed that were under age 18. Therefore, the auditor was not able to interview any youthful inmate to confirm the agency's policy. The auditor interviewed a deputy assigned to the housing unit which holds the youthful housing area. This deputy confirmed that adult inmates are not allowed to enter the youthful housing areas at any time when an inmate is housed there. He related that one youthful inmate had been housed there in 2021, but no one since that time. He also confirmed separation of the youthful inmates by sight and sound. He told the auditor the facility does not utilize solitary confinement to achieve this separation, as the youthful inmates are assigned to this separate area. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14(b). The auditor reviewed Policy 521 - *Youthful Offenders*, which was provided in the PAQ. This policy states, "In areas outside of housing units, agencies shall either: 1. Maintain sight and sound separation between youthful inmates and adult inmates, or 2. Provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact."

During the onsite audit, the auditor interviewed a deputy assigned to the housing unit which holds the youthful housing area. The deputy explained, when a youthful inmate is in the facility, hallway are cleared of adult inmates before youthful inmates are escorted through the hallway. They are being escorted to medical or outside the facility. The auditor reviewed that facility's complete inmate roster, which lists the age of the inmates. There were no inmates currently housed that were under age 18. Therefore, the auditor was not able to interview any youthful inmate to confirm the agency's policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14(c). The auditor reviewed Policy 521 - *Youthful Offenders*, which was provided in the PAQ. This policy states, "The Sauk County Sheriff's Office shall make best efforts to avoid placing youthful inmates in sojourn to comply with this provision. Absent exigent circumstances, this agency shall not deny youthful inmates day large-muscle exercise and any legally required education services to comply with this provision."

During the onsite audit, the auditor interviewed a deputy assigned to the housing unit which holds the youthful housing area. The deputy stated that the facility usually would only have one youthful inmate housed at a time, so the inmate is housed alone. This, however, is not the same as placing the inmate in confinement to achieve the separation from adult inmates, as the youthful inmates are assigned to their own separate housing area. He also stated that any reduction in programs and exercise are documented in the disciplinary and housing logs. The auditor was unable to interview an instructor for the youthful inmates because there are no youthful inmates confined at this time.

The auditor reviewed that facility's complete inmate roster, which lists the age of the inmates. There were no inmates currently housed that were under age 18. Therefore, the auditor was not able to interview any youthful inmate to confirm the agency's policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 906 880" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 806 - <i>Inmate Hygiene</i> 2. Policy 512 - <i>Searches</i> 3. Training curriculum 4. Training records 5. Housing Unit Logs 2. Interviews: <ol style="list-style-type: none"> 1. Specified staff 2. Targeted inmates 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Control rooms (electronic monitoring) 2. Strip search room 3. Bathrooms and shower areas 4. Housing units 5. Medical services <p data-bbox="240 909 501 936">Findings (by provision):</p> <p data-bbox="240 965 1489 1126">115.15(a). In the PAQ, the facility provided Policy 512 - <i>Searches</i>. The policy states, "Unless conducted by a qualified health care professional 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 (W.S. Stat. § 968.255). Any cross-gender modified strip searches and cross-gender strip searches shall be documented." The PAQ shows that no body cavity searches were performed in the previous 12 months.</p> <p data-bbox="240 1155 1465 1386">During the site review, the auditor viewed the strip search area outside the facility's booking area. This area is separated from viewing from other inmates and staff members and there are no cameras in the area that could view the inmate in a state of undress during the search. This area is utilized for unclothed searches of inmates upon transfer into or out of the facility. During the onsite audit, the auditor interviewed two officers that could be asked to perform a cross-gender search. Both officers confirmed that cross-gender searches are prohibited by policy and would only be performed due to some emergency. In that case, the search would be performed with a second Deputy observer for the protection of the staff member and the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1415 1477 1576">115.15(b). In the PAQ, the facility provided Policy 512 - <i>Searches</i>. The policy states, "Access shall not be restricted to regularly available programming or other out-of-cell opportunities for female inmates due to shortages of female staff (p. 2)". The PAQ shows that no pat down searches of female inmates were performed by male staff members in the previous 12 months. The PAQ also shows there were no inmates who had out of cell opportunities restricted to comply with this provision.</p> <p data-bbox="240 1606 1485 1971">During the site review, the auditor experienced the intake process in booking and saw where searches of inmates would be performed and was to do the search of a female inmate would always be performed by a female deputy, based on the agency policy. The auditor had informal discussion with inmates during the site review and was to do that pat searches of female inmates are always performed by female deputies. The auditor interviewed 12 random staff members during the onsite phase of the audit. All 12 deputies stated that pat down searches of female inmates are always performed by female deputies. The auditor was to do that male deputies can search female inmates in exigent circumstances, but no one could recall an instance when that was necessary. The auditor was also to do that staff shortages will most always be filled on overtime by female deputies to ensure that adequate female staff members are on duty at all times. The auditor interviewed 12 random inmates during the onsite audit, five of which were female inmates. Each inmate confirmed that pat searches were always performed by female deputies. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2000 1493 2128">115.15(c). The agency provided Policy 512 - <i>Searches</i> in the PAQ. The policy states, "A cross-gender pat-down searches shall be documented (p. 3)". In the PAQ, the agency indicated that there were zero such searches conducted over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.15(d). The agency provided Policy 806 - *Inmate Hygiene* in the PAQ. This policy 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 as detailed in policy 503 Inmate Safety Checks (p.5)." Documentation of this opposite gender announcement is placed in the Housing Unit Logs. Several of these logs was provided to the auditor in the PAQ and were reviewed by the auditor for completeness.

During the site review, the auditor visited all the facility housing units and viewed the restroom and shower areas. In the housing units on the secure side of the facility, the cells are wet cells, and activities performed inside the cells, where inmates are provided privacy by closing the cell door. The showers are in separate stations, each with its own door to provide privacy while in the shower. At the Huber Center, the cells are dry cells, and each housing unit has two group restroom areas, one upstairs and one downstairs. These restroom areas are enclosed in large glass-walled rooms. The open windows provide the opportunity for staff to view inside for safety and security. The toilet stations and showers, however, are behind doors for more than adequate privacy for the inmates. In every instance, the auditor was unable to view inmates on the toilet or in the shower. The auditor visited each of the facility's three control rooms and checked the video monitors for viewing inside the housing units. In each control room, the auditor was able to view the monitor and verified that no showers or toilets were visible on the monitors.

Also, during the site review, the auditor routinely witnessed cross-gender announcements during entry into every housing unit. Each time we attempted to enter a housing unit, a deputy clearly made a loud announcement of "female or male on the floor". We were then asked to wait a moment before we entered, allowing inmates the opportunity to cover up if it was necessary.

During random interviews with 12 inmates, they all stated that officers routinely make an announcement before entry to the unit. All 12 of the inmates interviewed confirmed they felt comfortable to shower and use the restroom without staff members of the opposite sex viewing them. During random interviews with 12 deputies, they confirmed that cross-gender announcements are done every time a deputy of the opposite gender enters a housing unit. Deputies stated clearly that they cannot see inmates in the showers and restrooms and only see inmates naked during routine cell checks and security rounds. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(e). In the PAQ, the agency provided Policy 512 - *Searches*. On page 10, the policy states, "Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status." The agency noted no such searches in the PAQ during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed one transgender inmate. The inmate told the auditor that he was not strip searched to determine his genital status. The auditor also interviewed 12 random deputies and was told that such searches of transgender inmates was a violation of policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(f). The facility provided the auditor a copy of the search procedures training curriculum that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bonded technique between and under the breasts to search for contraband. The training also requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible. The auditor was provided training records for the current year, which documents staff member completion of the search procedures training.

During the onsite phase of the audit, the auditor interviewed 12 random deputies. Each of the 12 deputies confirmed completion of the search procedures training during the new hire training or the annual refresher training. The required training for cross-gender searches was included in the training. All 12 deputies stated that the training included how to perform the searches of transgender inmates in a professional and respectful manner. Based on this analysis, the auditor finds the facility in compliance with this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 901 - *Prison Rape Elimination*
 2. Policy 606 - *Prison Rape Elimination Act*
 3. Policy 602 - *Inmates with Disabilities*
 4. *Sexual Violence Brochure* - English
 5. *Sexual Violence Brochure* - Spanish
 6. *Sauk County Sheriff's Department Information Handbook* - English
 7. *Sauk County Sheriff's Department Information Handbook* - Spanish
2. Interviews:
 1. Agency head
 2. Targeted inmates
 3. Random inmates
3. Site Review Observations:
 1. Postings in housing units
 2. Medical housing
 3. Inmate educational materials

Findings (by provision):

115.16(a). In the PAQ, the auditor was provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "The facility provide inmate educational formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills." The auditor was provided with copies of the *Sauk County Sheriff's Department Information Handbook* - Spanish and the *Sexual Violence Brochure* - Spanish. The auditor was also provided Policy 602 - *Inmates with Disabilities* in the PAQ. This policy outlines specific responsibilities of the Facility Administrator to ensure that reasonable accommodations for inmates with disabilities and for those with cognitive disorders and those that are limited English proficient.

During the onsite phase of the audit, the auditor viewed the PREA signage, and it appeared to be posted at a level that was easily viewed by all inmates, even those that were wheelchair-bound. It was also posted in both English and Spanish. The inmates also have access to PREA information on the inmate tablet in English and Spanish. Grievances are available to all inmates and the facility requires accommodations for those that need assistance to file a grievance. The telephones are also in a place easily accessible for all inmates, so all inmates would be able to call the PREA hotline. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(b). In the PAQ, the auditor was provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "The facility provide inmate educational formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills." The policy also states, "The facility shall 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."

During the onsite phase of the audit, the auditor interviewed one inmate who is partially blind. The inmate was able to understand the PREA education as it was provided because he could still hear it and captioning was available. The auditor also interviewed one inmate with a cognitive disability. The inmate told the auditor that he easily understood the PREA education, and he was able to explain the agency's zero-tolerance policy. The auditor interviewed two inmates who spoke Spanish. One of the inmates requested the assistance of a translator that was provided using an online tool. The inmate could easily explain to the auditor the agency's zero-tolerance policy and stated that she was able to understand PREA education because the video and handbook are available in Spanish. The other inmate could speak both English and Spanish. She explained to the auditor how to file an allegation of sexual abuse if it were necessary. The inmates have a copy of the *Sauk County Sheriff's Department Information Handbook* in Spanish. The auditor viewed PREA signage in the housing units during the site review and all signs were available in both English and Spanish. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(c). In the PAQ, the auditor was provided Policy 606 - *Prison Rape Elimination Act*. The policy states that staff shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances, and must be fully documented, where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations.

During the onsite phase of the audit, the auditor spoke with 12 random deputies and 12 random inmates. A staff and inmates stated that the facility does not utilize inmates to interpret for other inmates. Staff members stated clearly that using an inmate to interpret could be dangerous, as there is no way to ensure that the translation from the inmate's language to English is accurate. Staff stated that there are many staff members available who could translate, or they could utilize the language interpreter if it was needed. Based on this analysis, the auditor finds the facility in compliance with this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 304 - *Recruitment and Selection*
 2. Policy 107 - *Special Assignments and Promotions*
 3. Security Division *PREA Background Questionnaire*
 4. Employment records
2. Interviews:
 1. Specified staff

Findings (by provision):

115.17(a). In the PAQ, the auditor was provided Policy 304 - *Recruitment and Selection*. The policy states, "No person shall be hired who has (28 CFR 115.17): (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 USC § 1997). (b) Been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse. (c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section." The auditor was provided a copy of the Security Division *PREA Background Questionnaire*. The questionnaire includes the three questions in this provision that must be answered by applicants before they can be considered for employment. The auditor reviewed the records of six randomly selected staff members who had been hired in the previous 12 months prior to the onsite audit. The agency provided a completed employment application for each staff member, which included the three questions in the standard. Each staff member had marked "no" to each question. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(b). In the PAQ, the auditor was provided Policy 304 - *Recruitment and Selection*. The policy states that the agency shall 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.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that applicants are asked specific questions about sexual harassment. The applicant's request to affirmatively state that he or she has not been the subject of a sexual harassment investigation. This is also confirmed through the background check of prior employers. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(c). The auditor was provided Policy 304 - *Recruitment and Selection* in the PAQ. The policy states, "Every person who may have inmate contact as a member or contractor shall, prior to service, 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 Sauk County Sheriff's Office. Consistent with Federal, State, and local law, the Office shall make its best efforts to contact a prior institution's employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse." The agency listed 16 staff members hired over the last 12 months that passed the background checks. The auditor reviewed the records of six randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the six records reviewed.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that applicants must pass the fingerprint history review before being considered for employment. Also, a fingerprint check of prior employers is completed for everyone before the applicant's fee can receive final approval. These same reviews are completed for contractors before they are authorized to be approved to perform duties inside the secure perimeter of the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(d). In the PAQ, the auditor was provided Policy 304 - *Recruitment and Selection*. The policy requires background checks to be completed before a contractor is granted approval to perform duties inside the secure perimeter of the facility compound.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that individuals, including contractors must pass the fingerprint history review before being approved for entrance to the

facility. The reviews are completed for contractors before they are authorized to be approved to perform duties inside the secure perimeter of the facility. The auditor interviewed the staff member responsible for contractors and volunteers. He stated that background checks are performed and reviewed before any contractor is granted access to the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(e). In the PAQ, the auditor was provided Policy 304 - *Recruitment and Selection*. The policy states, "The Sauk County Sheriff's Office shall either conduct follow-up criminal background records checks at least once every five years on members or contractors who may have contact with inmates or have in place a system for otherwise capturing such information (p. 1)." As part of the agency's background investigation process, applicants, existing staff members, and contractors and volunteers with unescorted access to the jail compound, inmates, or Criminal History Record Information will submit to a fingerprint-based background check. The fingerprints are entered into a vescan system run through Wisconsin state that provides immediate notification of any of the entered staff members fingerprinted anywhere in the United States. This system allows the agency to meet the requirement of five-year background checks.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. She confirmed that fingerprinting of staff is a part of the normal procedure. The vescan system provides immediate notification through NCIC on new attempts to fingerprint an individual. The agency's policy of fingerprinting all staff members, volunteers, and contractors, satisfies the standards requirements for the five-year background checks. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(f). In the PAQ, the auditor was provided Policy 304 - *Recruitment and Selection*. The policy states, "The Office shall ask 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."

During the auditor's interview with the human resources staff member, it was confirmed the agency follows this provision of the standard. She explained that questions regarding an individual's prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the oral interview process. She also confirmed that employees are required to report any arrests or allegations of sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(g). In the PAQ, the auditor was provided Policy 304 - *Recruitment and Selection*. The policy states, "The Office shall ask 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 auditor was provided a copy of the agency's employment application and this statement is clearly noted in the application.

During the interview with the human resources staff member, the auditor confirmed that the agency will terminate any employee for false information provided during the application process or omissions of fact of any information, including sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(h). During the onsite phase of the audit, the auditor interviewed a staff member from human resources. She confirmed that the agency would, in fact, provide potential new employees with information regarding a past employee's sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to inmates in another facility. She stated that there is no law prohibiting this in Florida. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head <p>Findings (by provision):</p> <p>115.18(a). The auditor was provided Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "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, considerations given to the office's ability to protect inmates from sexual abuse (p. 3)."</p> <p>During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator. He stated that the administrator constantly reviews what changes might be needed for the Sauk County Jail. Although none are needed at this time, they would always consider the sexual safety of the inmate population when making decisions. Modifications must consider proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction not inhibit an inmate's ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.18(b). The auditor was provided Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "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, considerations given to the office's ability to protect inmates from sexual abuse (p. 3)."</p> <p>During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator, who stated that the administrator constantly reviews what video updates might be needed for the Sauk County Jail. He went on to say that any updates to the facility's video monitoring technology to better monitor public areas of the facility and housing units will be intended to enhance the overall sexual safety of the inmate population. This provides additional safety for staff and inmates and increases the agency's ability to respond promptly to situations such as assaults or sexual victimization. The Captain stated that they are currently preparing a purchase order for new, updated cameras throughout the facility. A full review for sexual safety in the facility's included in the plan for new cameras. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1469 678" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 901 - <i>Prison Rape Elimination</i> 2. Policy 606 - <i>Prison Rape Elimination Act</i> 3. <i>A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents</i> 4. <i>Memorandum of Understanding between the Sauk County Jail and Hope House of South Central Wisconsin, Inc.</i> 2. Interviews: <ol style="list-style-type: none"> 1. Spec a zed staff 3. Site Review Observations: <ol style="list-style-type: none"> 1. Medical services <p data-bbox="240 707 504 734">Findings (by provision):</p> <p data-bbox="240 763 1477 1059">115.21(a). In the PAQ, the agency provided Policy 901 - <i>Prison Rape Elimination</i>. The policy states that the agency is responsible for conducting administrative or criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The policy goes on to state, "Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, applicable, and adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "<i>A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents</i>," or similar comprehensive and authoritative protocols developed after 2011." The auditor was also provided <i>A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents</i> in the PAQ. This document defines the standard evidence to be collected for reports of sexual abuse, sexual assault, and sexual misconduct at the Sauk County Sheriff's Department.</p> <p data-bbox="240 1088 1493 1317">During the onsite phase of the audit, the auditor interviewed a Sheriff's Office detective, who assists with investigations inside the facility. He confirmed that they investigate allegations of sexual abuse made by inmates at the jail. The investigator stated they utilize the national protocol as the standard evidence collection format. During random staff interviews, the auditor interviewed 12 deputies. Each of the 12 deputies interviewed knew that the facility supervisors investigate allegations of sexual abuse and sexual assault. All 12 deputies also knew that evidence was collected by the investigators and deputies were responsible to protect the crime scene to preserve the evidence until it could be collected. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1346 1493 1473">115.21(b). The auditor was also provided <i>A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents</i> in the PAQ. This document defines the standard evidence to be collected for reports of sexual abuse, sexual assault, and sexual misconduct at the Sauk County Sheriff's Department. The protocol includes collection and preservation of evidence that is appropriate for youth.</p> <p data-bbox="240 1503 1465 1570">The auditor reviewed the evidence protocol and is familiar with the document. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1599 1477 1794">115.21(c). In the PAQ, the agency provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "Forensic medical examinations shall be performed as evidentiary or medical 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." In the PAQ, the agency stated there were no such forensic examinations for inmate victims over the previous 12 months prior to the audit.</p> <p data-bbox="240 1823 1489 1984">During the onsite phase of the audit, the auditor was informed that forensic medical examinations are conducted at St. Clare Hospital. The auditor conducted a telephone interview with the emergency room nurse manager during the onsite audit. She confirmed that there is always a SANE available at the hospital and she would perform the examination if an inmate from the facility were brought to the hospital. Since the hospital is an outside agency, no agreement or memorandum of agreement is in place. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2013 1442 2141">115.21(d). In the PAQ, the facility provided a <i>Memorandum of Understanding between the Sauk County Jail and Hope House of South Central Wisconsin, Inc.</i> The memorandum of understanding (MOU) calls for the open use to provide victim advocacy services for the Sauk County Jail. This advocacy includes the advocacy accompaniment during sexual assault forensic exams and investigatory interviews.</p>

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. He stated that the facility has access to victim advocates through the open house. Inmates are informed of the available advocates through the inmate handbook. During the onsite audit, the auditor conducted a telephone interview with the director at the open house, who confirmed that the agency provides a victim advocate for victims at the Sauk County Jail pursuant to an agreement with the Sauk County Sheriff's Office. The auditor also interviewed two inmates who had reported sexual abuse. Both inmates told the auditor they knew that victim advocates were available to them. They agreed to speak to an advocate. The staff at the facility told them about the advocate and the investigators told them about the advocate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(e). In the PAQ, the agency provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "If requested by the victim, a victim advocate, a qualified office staff member or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information and referrals." In the PAQ, the facility provided a *Memorandum of Understanding between the Sauk County Jail and Hope House of South Central Wisconsin, Inc.* The MOU calls for the agency to provide victim advocacy services for the Sauk County Jail. This advocacy includes the advocacy accompaniment during sexual assault forensic exams and investigatory interviews.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. He stated that the facility has access to victim advocates through the open house. Inmates are informed of the available advocates through the inmate handbook. During the onsite audit, the auditor conducted a telephone interview with the director at the open house, who confirmed that the agency provides a victim advocate to all victims during the forensic examination. The auditor also interviewed two inmates who had reported sexual abuse. Both inmates told the auditor they knew that victim advocates were available to them. They agreed to speak to an advocate. The staff at the facility told them about the advocate and the investigator told them about the advocate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(f). Since sexual abuse investigations are performed by the agency, this provision does not apply to the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(g). The auditor is not required to review this provision.

115.21(h). The Sauk County Jail has a contract with the open house to provide victim advocacy services for the facility. With this contract in place, it is not necessary to utilize staff members to provide victim advocate services. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 901 - <i>Prison Rape Elimination</i> 2. Policy 606 - <i>Prison Rape Elimination Act</i> 3. Sexual abuse investigation forms 2. Interviews: <ol style="list-style-type: none"> 1. Specified staff <p>Findings (by provision):</p> <p>115.22(a). In the PAQ, the agency provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment."</p> <p>During the onsite phase of the audit, the auditor reviewed the agency's incident reports and grievances from the previous 12 months. The auditor could not find any reports or grievances related to sexual abuse or sexual harassment that were not investigated properly. The auditor also reviewed the agency's sexual abuse and sexual harassment investigation forms from the previous 12 months. There were 2 allegations that were investigated properly. The auditor interviewed the Captain, the Facility Administrator, who confirmed that all allegations of sexual abuse and sexual harassment are investigated by the Sheriff's Office. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.22(b). In the PAQ, the facility provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states that all allegations of sexual abuse or sexual harassment must be referred for investigation unless the allegation does not involve potential criminal behavior.</p> <p>During the onsite phase of the audit, the auditor interviewed a Sheriff's Office detective, who assists with investigations inside the facility. The detective confirmed that agency policy requires that all allegations of sexual abuse and sexual harassment are referred to him for investigation. The auditor reviewed the Sauk County Sheriff's Office website, and under the tab for Prison Rape Elimination Act, the agency lists the agency's zero-tolerance information and provides the public an opportunity to file an allegation of sexual abuse or sexual harassment on a third-party grievance form. The agency's PREA policy is also posted. The information can be found here: Prison Rape Elimination Act (PREA) information Sauk County Wisconsin Official Website. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.22(c). All investigations are performed internally for the Sauk County Jail so there is no need to note additional information on the website. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.22(d). The auditor is not required to audit this provision.</p> <p>115.22(e). The auditor is not required to audit this provision.</p>

115.31	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 308 - <i>Prison Rape Elimination Act Training</i> 2. Training curriculum 3. Training Bulletins 4. Trainings 2. Interviews: <ol style="list-style-type: none"> 1. Random staff <p>Findings (by provision):</p> <p>115.31(a). In the PAQ, the facility provided a copy of the Policy 308 - <i>Prison Rape Elimination Act Training</i>. This policy 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." On page 1 of the policy, the agency lists the ten items required in this provision of the standard. The auditor was provided the agency's training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten required points of the standard. The training materials presented in a manner that all staff members can understand, and the agency utilizes a test at the end of the course to measure understanding. The education is presented in the classroom.</p> <p>During the onsite phase of the audit, the auditor interviewed 12 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure facility or had received it when the first PREA education was provided by the agency. A deputy interviewed verified the ten points of this standard in the agency training. The auditor was told that they get PREA training as part of the annual training. The auditor reviewed training records for six randomly selected deputies and verified attendance in the training and written proof of completion of the PREA course. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.31(b). In the PAQ, the facility provided a copy of the Policy 308 - <i>Prison Rape Elimination Act Training</i>. This policy states, "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." Although the policy makes that statement, there is no need for gender-specific training, as the jail houses both male and female inmates. The agency's training curriculum related to PREA is consistent for all correctional staff that work in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.31(c). In the PAQ, the facility provided a copy of the Policy 308 - <i>Prison Rape Elimination Act Training</i>. This policy states, "The Training Officer shall ensure that members undergo annual refresher training that covers the office's sexual abuse and sexual harassment policies and related procedures (28 CFR 115.31). All employees shall receive refresher training every 2 years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies and procedures." The auditor was provided copies of refresher training bulletins that are developed by Lexipol. The training bulletins are clear and concise and contain complete information related to the PREA Standards. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.31(d). In the PAQ, the facility provided a copy of the Policy 308 - <i>Prison Rape Elimination Act Training</i>. The policy states, "Training should include written testing to validate knowledge and understanding of the material. The Training Officer shall document, through signature or electronic verification, that staff, volunteers and contractors have received and understand the training. The Training Unit will maintain training records on all those receiving training in accordance with procedures developed by the Training Officer." The auditor was provided several copies of proof of completion of PREA training in the PAQ.</p> <p>The auditor reviewed random training records during the onsite phase of the audit. The records show acknowledgement of completion of the PREA training on an annual basis. Records show full completion of the training by staff. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>	

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 308 - <i>Prison Rape Elimination Act Training</i> 2. <i>Quick Reference Card Non-Security Staff</i> 3. Training Records 2. Interviews: <ol style="list-style-type: none"> 1. Spec a zed staff <p>Findings (by provision):</p> <p>115.32(a). In the PAQ, the fac ty prov ded a copy of the r Po cy 308 - <i>Prison Rape Elimination Act Training</i>. Th s po cy states, "A staff, vo unteers and contractors who may have contact w th inmates sha rece ve off ce-approved tra n ng on the prevent on and detect on of sexua abuse and sexua harassment w th th s fac ty." On page 1 of the po cy, the agency sts the ten tems requ red n th s prov s on of the standard. The aud tor was prov ded the agency s tra n ng curr cu um n the PAQ. The aud tor rev ewed the curr cu um and ver f ed the appearance of the ten requ red po nts of the standard. The tra n ng mater a s presented n a manner that a staff members can understand, and the agency ut zes a test at the end of the course to measure understand ng. The educat on s presented n the c assroom.</p> <p>Dur ng the ons te phase of the aud t, the aud tor nterv ewed two contractors who have nmate contact n the fac ty. Both conf rmed comp et on of the requ red PREA educat on prov ded by the agency. The agency requ res annua tra n ng w th the agency s curr cu um. The aud tor was not ab e to nterv ew vo unteers due to the ongo ng nat ona pandem c. Based on th s ana ys s, the aud tor f nds the fac ty n comp ance w th th s prov s on.</p> <p>115.32(b). In the PAQ, the aud tor was nformed that they agency tra ns a vo unteers and contractors to the same eve that staff members are tra ned. The agency stated that tra n ng at the eve of fu nmate contact s the ntent and for those that do not have fu contact, they w be over-tra ned. The aud tor rev ewed a <i>Quick Reference Card Non-Security Staff</i> that was prov ded n the PAQ. The card sat sf ed the requ rements under th s prov s on of the standard.</p> <p>Dur ng the ons te phase of the aud t, the aud tor nterv ewed two contractors who have nmate contact n the fac ty. Both conf rmed comp et on of the requ red PREA educat on prov ded by the agency and cou d eas y state the zero-to erance po cy and knew how to report a egat ons of sexua abuse n the fac ty. The aud tor was not ab e to nterv ew vo unteers due to the ongo ng nat ona pandem c. Based on th s ana ys s, the aud tor f nds the fac ty n comp ance w th th s prov s on.</p> <p>115.32(c). The aud tor was prov ded cop es of vo unteer and contractor wr tten acknow edgement of tra n ng n the PAQ. They showed wr tten proof that the vo unteer and/or contractor had comp eted the requ red or entat on mater a , wh ch nc ded the PREA educat on. Based on th s ana ys s, the aud tor f nds the fac ty n comp ance w th th s prov s on.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 606 - *Prison Rape Elimination Act*
 2. *Online PREA Statement*
 3. *Sexual Violence Pamphlet*
 4. *Sauk County Sheriff's Department Information Handbook*
2. Interviews:
 1. Specified staff
 2. Random staff
 3. Random inmates
3. Site Review Observations:
 1. Housing units

Findings (by provision):

115.33(a). In the PAQ, the auditor was provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "It is the policy of the Sauk County Sheriff's Office to provide inmates education on the PREA Standards of the facility and give them guidance on how to access and report incidents of sexual abuse and sexual harassment. During the intake process, inmates shall receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. This will occur at the time of booking." The inmates also receive a *Sexual Violence Pamphlet* on booking. In the PAQ, the agency stated that of the 2,879 inmates who were admitted to the facility during the past 12 months, 100% of them had received the intake education. The auditor was provided a copy of the Online PREA Statement in the PAQ. This statement contains the zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment and is provided to all inmates at intake and the inmate signs to document receipt of the information.

During the onsite phase of the audit, the auditor toured the facility booking floor and walked through the process for intake of an inmate. The auditor acted as an inmate and was presented the Online PREA Statement, just as an inmate would. The auditor was asked to sign an acknowledgement of receipt of the statement. The auditor interviewed 12 random inmates during the onsite audit. They all described receiving education about PREA when they arrived at the facility. All 12 inmates could easily describe the zero-tolerance policy, knew what behavior was prohibited, and knew how to report sexual abuse. The auditor interviewed two intake staff members and they confirmed providing the *Sexual Violence Pamphlet* to all inmates while they did the intake process. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(b). In the PAQ, the auditor was provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "Within 30 days of intake, the facility shall provide comprehensive education to inmates either in person or 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 facility policies and procedures for responding to such incidents." This education is provided to the inmate when they leave intake and before housing. An education acknowledgement sheet is completed at the time by the inmate. The comprehensive education is provided by video for the inmate in a private room. The agency provided documentation to show 504 inmates whose length of stay was 30 days or more over the past 12 months prior to the audit and a 504 inmates had received the comprehensive education.

During the onsite phase of the audit, the auditor interviewed intake staff and security staff and they confirmed the delivery of the comprehensive PREA education before movement to the housing unit. The auditor interviewed 12 random inmates during the onsite phase of the audit. All 12 inmates confirmed receiving the PREA education and could answer all the questions. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(c). In the PAQ, the auditor was provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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." All inmates are provided the education within 72 hours of intake. The education is not provided for transfer inmates, as the agency has only one location and there are no transfers.

The facility provides all inmates with education regarding PREA at intake and before housing in general population. The auditor interviewed intake staff during the onsite audit and walked through the intake process. The PREA video is viewed prior to housing in general population for all inmates. Based on this analysis, the auditor finds the facility in compliance with

th s prov s on.

115.33(d). In the PAQ, the aud tor was prov ded Po cy 606 - *Prison Rape Elimination Act*. The po cy states, "The fac ty sha prov de nmate educat on n formats access b e to a nmates, nc ud ng those who are m ted Eng sh prof c ent, deaf, v sua y mpa red, otherw se d sab ed, as we as to nmates who have m ted read ng sk s."

Dur ng the ons te phase of the aud t, the aud tor cou d see posters n each of the hous ng un ts and n severa other ocat ons that were prov ded n Eng sh and Span sh. The posters nform nmates of the r ght to be free from sexua abuse and sexua harassment, free from reta at on for report ng abuse and that the agency wou d proper y respond to nc dents of such abuse. A so, the *Sauk County Sheriff's Department Information Handbook* s ava ab e to nmates n both nguages. The aud tor rev ewed documentat on under standard 115.16 to ver fy the var ous methods ava ab e to prov de nmate educat on. Based on th s ana ys s, the aud tor f nds the fac ty n comp ance w th th s prov s on.

115.33(e). In the PAQ, the fac ty prov ded cop es of s gned acknow edgment of rece pt of PREA educat on statements. The aud tor rev ewed severa documents and conf rmed the nmates rece pt of the educat on. Th s nformat on s a so ma nta ned n the correct ons management system. Based on th s ana ys s, the aud tor f nds the fac ty n comp ance w th th s prov s on.

115.33(f). Dur ng the s te rev ew, the aud tor cou d see many forms of PREA educat on read y ava ab e for nmates. In a hous ng un ts there are s gns posted n Eng sh and Span sh. These s gns rem nd nmates that sexua abuse s not to erated and prov des the hot ne number, as we as the nformat on for ava ab e counse ng serv ces. The nmates are a so prov ded a *Sauk County Sheriff's Department Information Handbook*, where the agency s sexua abuse po cy s documented. The nformat on s a so ava ab e constant y on the nmate kosk n the hous ng un ts. Based on th s ana ys s, the aud tor f nds the fac ty n comp ance w th th s prov s on.

The aud tor rev ewed the arge amount of PREA educat on ava ab e for nmates and deta nees n the correct ons fac ty. Inmate brochures and Informat on andbooks are ava ab e at a t mes and the PREA educat on s read y ava ab e on nmate tab ets. Based on a of th s nformat on, the aud tor f nds the fac ty has exceeded the standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 308 - <i>Prison Rape Elimination Act Training</i> 2. Training curriculum 3. Training certificates 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.34(a). In the PAQ, the facility provided Policy 308 - <i>Prison Rape Elimination Act Training</i>. The policy states, "In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement setting."</p> <p>The auditor interviewed a Sheriff's Office detective and two jail sergeants during the onsite phase of the audit. All three confirmed that they had taken the investigation specialized course and had successfully received a certificate. The detective was able to recite the four points from this provision and told the auditor that was included in the training. The auditor reviewed training records and verified completion of the online course provided by the agency. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.34(b). In the PAQ, the facility provided Policy 308 - <i>Prison Rape Elimination Act Training</i>. The policy states, "Specialized investigation 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." In the PAQ, the facility provided the training curriculum from the National Institute of Corrections. The curriculum is known to the auditor and meets the requirements of the standard, covering each of the four points stated in the provision.</p> <p>The auditor interviewed a Sheriff's Office detective and two jail sergeants during the onsite phase of the audit. All three confirmed that they had taken the investigation specialized course and had successfully received a certificate. The detective was able to recite the four points from this provision and told the auditor that was included in the training. The auditor reviewed training records and verified completion of the online course provided by the agency. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.34(c). The Department maintains documentation showing completion of the investigation course for 17 individuals, including the PREA coordinator, the PREA compliance manager, the jail supervisors, and a few Sheriff's Office detectives. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.34(d). The auditor is not required to audit this provision.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 308 - <i>Prison Rape Elimination Act Training</i> 2. Training records 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.35(a). In the PAQ, the facility provided Policy 308 - <i>Prison Rape Elimination Act Training</i>. The policy states, "A full- and part-time qualified health care and mental health professionals who work regularly in the facility shall receive a of the member training stated above, as well as training that includes (28 CFR 115.35): (a) Detecting and assessing signs of sexual abuse and sexual harassment. (b) Preserving physical evidence of sexual abuse. (c) Responding effectively and professionally to victims of sexual abuse and sexual harassment. (d) Reporting allegations or suspicions of sexual abuse and sexual harassment." The agency indicated that 9 medical and mental health staff members are approved for work at the facility, and they all have completed the PREA education.</p> <p>During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health. Both confirmed having taken the online specialized medical course and completed the class. They acknowledged understanding of the four points of the standard that were included in the training. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(b). In the PAQ, the facility provided Policy 308 - <i>Prison Rape Elimination Act Training</i>. The policy states, "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 forensic medical examinations are performed by staff at a local hospital. Therefore, the facility medical staff do not receive training related to these exams. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(c). In the PAQ, the facility provided Policy 308 - <i>Prison Rape Elimination Act Training</i>. The policy states, "The Training Officer 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."</p> <p>The Department maintains written documentation of each staff member's completion of the specialized medical course and provided proof to the auditor for review. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(d). The medical and mental health care staff are all contracted staff, and they receive the basic education provided to all staff, contractors, and volunteers. All contracted medical staff members must complete the basic orientation and annual education. The auditor was provided proof of medical staff completion of the basic orientation class. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 906 712" style="list-style-type: none"> Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> Po cy 507 - <i>Inmate Classification</i> <i>PREA Risk Screening and Housing Plan</i> Inmate records Sexua abuse nvest gat on f es Interv ews: <ol style="list-style-type: none"> Spec a zed staff Random nmates Site Rev ew Observat ons: <ol style="list-style-type: none"> Intake/Book ng Med ca <p data-bbox="240 741 501 768">Findings (by provision):</p> <p data-bbox="240 797 1461 958">115.41(a). The agency supp ed Po cy 507 - <i>Inmate Classification</i> n the PAQ. The po cy states, "The n t a c ass f cat on process s ntended to dent fy predatory, v o ent and at-r sk nmates, as we as other ssues that may affect the r hous ng (med ca /menta hea th). It shou d occur ear y n the ntake process to a ow for appropri ate superv s on wh e an nmate s be ng temporar y he d n th s fac ty and unt a dec s on s made to p ace the nd v dua nto a more permanent hous ng ass gnment (p. 3)."</p> <p data-bbox="240 987 1493 1249">Dur ng the ons te phase of the aud t, the aud tor nterv ewed the c ass f cat on deputy who conf rmed that a nmates are screened upon adm ss on to the Sauk County Ja . The aud tor observed as the deputy performed the n t a r sk screen ng for severa nmates. The deputy exp a ned the screen ng process and the reason why the screen ng was be ng performed. The r sk screen ng conta ned the proper quest ons re ated to the standard. The aud tor asked the deputy severa quest ons to conf rm that the process s rout ne and was sat sf ed based on the responses and how the screen ng was performed, that the ntake screen ng s a norma and rout ne part of the ntake process for nmates. The aud tor nterv ewed 12 random nmates dur ng the ons te aud t. A 12 of the nmates conf rmed that they had been asked the screen ng quest ons when they had arr ved at the fac ty. Based on th s ana ys s, the aud tor f nds the fac ty n comp ance w th th s prov s on.</p> <p data-bbox="240 1279 1461 1473">115.41(b). The agency supp ed Po cy 507 - <i>Inmate Classification</i> n the PAQ. The po cy states, "Once t has been determ ned that the person arrested w not be re eased from custody on ba or O.R., a more n-depth c ass f cat on of the nmate w be conducted as soon as poss b e but no ater than 72 hours after the nmate's arr va at the fac ty, after wh ch the nmate w be moved to more permanent hous ng." The agency noted n the PAQ that 953 nmates entered the Sauk County Ja w th n the ast 12 months that rema ned after 72 hours. A 953 nmates were assessed w th n 72 hours of enter ng the fac ty.</p> <p data-bbox="240 1503 1485 1731">Dur ng the ons te phase of the aud t, the aud tor rev ewed 10 nmate records wh ch a nc uded the r sk screen ng. The screen ng had been comp eted w th n 72 hours of the nmate s arr va at the fac ty. Dur ng nterv ews w th the c ass f cat on deputy who performs the r sk screen ng, t was conf rmed that the screen ng of a nmates s done n the hous ng un t nterv ew room w th n the 72-hour t me per od fo ow ng the nmate s arr va at the fac ty. The aud tor nterv ewed 12 random nmates dur ng the ons te aud t. A 12 of the nmates conf rmed that they had been asked the screen ng quest ons. The 12 nmates re ated that the screen ng was comp eted w th n the requ red 72-hour t me frame. Based on th s ana ys s, the aud tor f nds the fac ty n comp ance w th th s prov s on.</p> <p data-bbox="240 1760 1489 1888">115.41(c). The agency supp ed Po cy 507 - <i>Inmate Classification</i> n the PAQ. The po cy states, "The p an shou d nc ude use of an object ve screen ng nstrument, procedures for mak ng dec s on s about c ass f cat on and hous ng ass gnments, ntake and hous ng forms and a process to ensure that a c ass f cat on and hous ng records are ma nta ned n each nmate s permanent f e."</p> <p data-bbox="240 1917 1497 2112">The aud tor was prov ded a copy of the agency s <i>PREA Risk Screening and Housing Plan</i>, the r PREA r sk assessment screen ng too . The aud tor rev ewed the screen ng too to determ ne f t was object ve. The screen ng too requ res a s mp e yes or no answer to each of the quest ons and the scor ng system s standard for everyone screened. Because the screen ng too does not a ow for subject ve answers, the too s object ve. The outcome for potent a to be v ct m zed or become a predator s based on a standard scor ng system. Based on th s ana ys s, the aud tor f nds the fac ty n comp ance w th th s prov s on.</p>

115.41(d) The auditor was provided a copy of the agency's *PREA Risk Screening and Housing Plan*, the *PREA* assessment screening tool. The screening tool lists each of the criteria stated in the provisions of the standard. Additionally, the screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate's potential for vulnerability. The tool asks the inmate for his or her feeling of safety while incarcerated.

During the onsite phase of the audit, the auditor interviewed the classification deputy who performs the risk screening. He explained that he speaks directly with the inmates to complete the screening tool and ask additional questions on the tool. He is encouraged to include comments about his observations regarding safety and vulnerability based on the conversation with the inmate. Based on this analysis, the auditor finds the facility in compliance with these provisions.

115.41(e). The auditor was provided a copy of the agency's *PREA Risk Screening and Housing Plan*, the *PREA* risk assessment screening tool. The Sauk County screening tool provided to the auditor includes questions about the inmate's prior or sexual abuse history in a detention facility, prior or sexual abuse while incarcerated in Sauk County, and committed sexual abuse at any time in the inmate's life. The screening asks the assessor to review known history of the inmate to determine if there is documentation of committed sexual abuse other than the inmate's admitted offenses. The screening also reviews additional violent criminal offenses.

The auditor interviewed the classification deputy who performs the risk screening during the onsite phase of the audit. He confirmed that the screening tool includes questions about an inmate's prior or acts of sexual abuse, prior or convictions for violent offenses and history of prior institutional violence or sexual abuse. Based on this analysis, the auditor finds the facility in compliance with these provisions.

115.41(f). The agency supplied *Po. 507 - Inmate Classification* in the PAQ. The policy states, "The classification deputy shall review the status of inmates who have been incarcerated in the facility for more than 30 days. Additionally, reviews should occur as needed based upon any additional, relevant information received by the facility since the intake screening. The review should examine changes in the inmate's behavior or circumstances and should determine the cause, power or maintenance of the classification status." The agency noted in the PAQ that 504 inmates entered the Sauk County Jail within the last 12 months whose length of stay was for 30 days or more and a 504 inmates were assessed within 30 days of entering the facility.

During the onsite phase of the audit, the auditor interviewed the classification deputy who performs the risk screening who confirmed that inmates are reassessed within 30 days from the intake booking date. The auditor reviewed records for 10 inmates and confirmed the reassessment was completed within 30 days of the inmate's arrival at the facility. During interviews with 12 random inmates, the auditor asked if they were asked additional follow-up questions by classification staff and a 12 recalled this reassessment. Based on this analysis, the auditor finds the facility in compliance with these provisions.

115.41(g). The agency supplied *Po. 507 - Inmate Classification* in the PAQ. The policy states, "Additionally, reviews should occur as needed based upon any additional, relevant information received by the facility since the intake screening. The review should examine changes in the inmate's behavior or circumstances and should determine the cause, power or maintenance of the classification status (p. 4)."

The auditor interviewed the classification deputy who performs the risk screening during the onsite audit, and he confirmed that inmates are continually reassessed based on information that is received from other staff, inmates or through incident reports. During interviews with 12 random inmates, a 12 stated they recalled being asked follow-up questions by classification or medical staff. The auditor reviewed the agency's sexual abuse investigation files from the 12 months prior to the audit and was able to confirm that following the allegation of sexual abuse, the victim was reassessed following the incident. Based on this analysis, the auditor finds the facility in compliance with these provisions.

115.41(h). The agency supplied *Po. 507 - Inmate Classification* in the PAQ. The policy states, "Inmates may not be compelled by threat of discipline to provide information or answers regarding (28 CFR 115.41): (a) Whether the inmate has a mental, physical or developmental disability. (b) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming. (c) Whether the inmate has previously experienced sexual victimization. (d) The inmate's own perception of vulnerability (p. 3)."

During the onsite audit, the auditor interviewed the classification deputy who performs the risk screening. He stated that inmates will not be disciplined if they refuse to answer questions or decide not to disclose information during the risk screening. Agency policy does not allow that, and thus the inmate's decision to not disclose information. The auditor was told that staff attempt to encourage the inmate to answer the questions by reminding the inmate that the information is used to keep them safe. Based on this analysis, the auditor finds the facility in compliance with these provisions.

115.41(i). The agency supplied *Po. 507 - Inmate Classification* in the PAQ. The policy states, "The facility shall implement 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 exposed to the inmate's detriment by staff or other inmates." The auditor learned the information is maintained in the classification section in the computer and accessible only by the classification staff and facility supervisors.

During the onsite phase of the audit, the auditor interviewed the classification deputy who performs the risk screening. He told the auditor that only classification staff and facility supervisors can access the risk screening information on the computer. Without a logon, you cannot access the information. The PREA coordinator was interviewed, and she stated that screening information is accessible by classification and supervisors only. The PREA Coordinator has specific access in order to perform her job duties. During the site review, the auditor asked several random deputies to access the screening and they were unable to access it. Based on this analysis, the auditor finds the facility in compliance with this provision.

The auditor reviewed several inmate records related to the risk screening during the onsite phase of the audit. The risk screening paperwork was completed for inmates as well as the required 30-day reassessment. The facility utilizes an online calendar to track required reassessments to ensure they are completed timely for inmates. The auditor spent time with the classification deputy and monitored his work with the inmates. The deputy's work was beyond reproach and a clear example of the professionalism and concern for the safety of the inmates in the facility. The auditor was impressed with the classification deputy's demeanor and actions with the inmates. He speaks with a soft and tender voice, taking action to remove the stigma of an officer talking to the inmates, allowing them to open up and speak with him about personal information. To ensure that the classification tasks are completed timely, the facility assigns two additional deputies to complete the work in the absence of the assigned classification deputy. All of this combined to ensure the agency fulfills the provisions of this standard clearly exceeds this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 507 - *Inmate Classification*
 2. Policy 806 - *Inmate Hygiene*
 3. *PREA Risk Screening and Housing Plan*
 4. Inmate records
2. Interviews:
 1. Specified staff
 2. Targeted inmates

Findings (by provision):

115.42(a). In the PAQ, the facility provided Policy 507 - *Inmate Classification*. The policy states, " housing, bed, work and program assignments should be made using information from the risk screening required by 115.41 to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (p. 6)." The agency provided copies of risk screening results for several inmates in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate inmates that score as vulnerable from those that score as potential abusers.

During the onsite phase of the audit, the auditor interviewed the PREA coordinator, who was asked how the agency utilizes the information from the risk screening. She stated that the scoring for risk of victimization and risk of being abusive is entered into the classification system and that provides coding for victimization or abusiveness to ensure separation when placing inmates into housing units or work placements or programs. This ensures the required separation for safety. The auditor also interviewed the classification deputy. She confirmed the use of the screening information to properly house those inmates at risk of victimization separate from those with a potential to be abusive. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the inmates are housed, but also the jobs and programs that are assigned to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(b). In the PAQ, the facility provided Policy 507 - *Inmate Classification*. The policy states, "Individualized determinations shall be made about how to ensure the safety of each inmate." The agency provided copies of risk screening results for several inmates in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate inmates that score as vulnerable from those that score as potential abusers.

During the onsite phase of the audit, the auditor interviewed the classification deputy. She confirmed the use of the screening information to properly house those inmates at risk of victimization separate from those with a potential to be abusive. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the inmates are housed, but also the jobs and programs that are assigned to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(c). In the PAQ, the facility provided Policy 507 - *Inmate Classification*. The policy 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 (p. 6)."

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager, who confirmed that transgender and intersex inmates are reviewed on a case-by-case basis, which is consistent with the policy. The reviews completed during a case review meeting prior to the inmate's placement in housing. The auditor interviewed two transgender inmates during the onsite audit, and both stated that they were interviewed and asked about their safety in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(d). In the PAQ, the facility provided Policy 507 - *Inmate Classification*. The policy 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 auditor interviewed the classification deputy, who is also the PREA compliance manager, during the onsite phase of the audit. She confirmed that transgender inmates are reassessed twice per year to verify that the transgender inmates are not in any danger and are housed safely, work in a safe situation, and attend safe programming. The reassessments are performed

the classification deputy. The auditor also interviewed the PREA coordinator, who confirmed that this reassessment for transgender inmates occurs every six months and is documented as part of the coordinator's activities. The PREA coordinator provided the auditor with copies of the review for two transgender inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(e). In the PAQ, the facility provided Policy 507 - *Inmate Classification*. The policy states, "A transgender or intersex inmate survives with respect to his/her own safety shall be given serious consideration (p. 6)."

During the onsite phase of the audit, the auditor interviewed one inmate who identified as transgender female during the onsite audit. The inmate stated that she was asked specifically for her input regarding housing preference during the intake screening process. The auditor interviewed the classification deputy who stated that transgender inmates are asked about their housing preferences during the screening process. The auditor also interviewed the PREA coordinator, who also stated that transgender inmates are provided the opportunity to share their preferences for housing. The review for the safety is a part of the housing decisions along with the screening scores, the needs of the Department, and the safety of the rest of the inmate population. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(f). In the PAQ, the facility provided Policy 806 - *Inmate Hygiene*. The policy states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates upon their request (p. 6)."

During the onsite phase of the audit, the auditor interviewed one transgender inmate during the onsite audit. The inmate told the auditor that they shower separately in the housing unit. The auditor interviewed the classification deputy, who is responsible for the risk screening. She stated that transgender inmates are given the opportunity to shower separately from other inmates in the housing unit. The auditor also interviewed the PREA coordinator during the onsite audit. The PREA coordinator stated that this opportunity for separate showering is noted in the policy. Officers in the housing units are instructed to provide times for transgender inmates to shower after lockdown when other inmates cannot watch the transgender inmate in the shower. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(g). In the PAQ, the facility provided Policy 507 - *Inmate Classification*. The policy 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, agreement or court judgment for the purpose of protecting such inmates." The auditor reviewed the provided list of housing units for the facility and was able to determine that none of the units was labeled specifically for inmates that identified as gay, lesbian, bisexual, or transgender.

The auditor interviewed two inmates that identified as gay, lesbian, or bisexual and one transgender inmate during the onsite audit. All three inmates told the auditor they were housed in general population in regular housing units, and they were not confined in specific housing units for gay or transgender inmates. The auditor interviewed the PREA compliance manager who told the auditor that the facility is not under any consent decree or court order that requires them or allows them to house gay and transgender inmates in a specific unit. The auditor also interviewed the PREA coordinator who confirmed that there is no consent decree and that inmates are screened and housed on an individual basis. Based on this analysis, the auditor finds the facility in compliance with this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 606 - *Prison Rape Elimination Act*
2. Interviews:
 1. Specified staff
 2. Targeted inmates
3. Site Review Observations:
 1. Segregated housing units

Findings (by provision):

115.43(a). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "Inmates at high risk for sexual victimization shall not be placed in voluntary protective custody

unless an assessment of availability alternatives has been made and it has been determined that there is no reasonable alternative means of separation. Inmates may be held in voluntary protective custody for less than 24 hours when an assessment is completed (p. 10)." In the PAQ, the agency states that there have been zero inmates placed in voluntary segregation over the previous 12 months to separate them from key abusers.

During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator, and he stated that voluntary segregation is only used to protect those inmates that are at risk for victimization, but only as a last resort when there is no other safe housing available. If segregation is utilized, it would be used for the least amount of time necessary, until an alternative housing is made available. He was not aware of the last time the facility has had to resort to that measure in order to protect an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(b). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy 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 Captain shall document the following: (a) The opportunities that have been limited (b) The duration of the limitation (c) The reasons for such limitations."

The auditor talked to two inmates that were in the administrative and disciplinary unit and both inmates had full access to the telephone, medical and mental health care, inmate requests, grievance forms, and programs. The auditor confirmed this information by speaking with deputies that worked in the unit. Even though inmates were held in confinement, they still had access to all of these, as much as possible. This confirmed that if the agency saw the need to confine an inmate due to the high risk for victimization, they could still provide the inmate with access to programs and privileges, consistent with this provision. The auditor interviewed a deputy assigned to segregated housing and he confirmed the access to programming and privileges in confinement. There were no inmates who were housed in confinement due to the high risk for victimization that could be interviewed by the auditor relative to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(c). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "The facility shall assign these inmates to voluntary protective custody only until an alternative means of separation from key abusers can be arranged, not ordinarily in excess of 30 days." In the PAQ, the agency states that there have been zero inmates placed in voluntary segregation more than 30 days over the previous 12 months to separate them from key abusers.

During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator, who stated that the facility had not placed any inmates in voluntary segregation over the last 12 months. The auditor interviewed a deputy that works in confinement, and he stated that no inmates have been housed in confinement due to the high risk of victimization. There were no inmates who were housed in confinement due to the high risk for victimization that could be interviewed by the auditor relative to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(d). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "If an voluntary protective custody assignment is made because of a high risk for victimization, the Jail Captain 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 (p. 10)."

The auditor was unable to review any records of inmates that were found to be at high risk for sexual victimization, as there were none during the 12 months prior to the onsite audit. The PREA coordinator confirmed, however, that any use of

segregation, voluntary or involuntary would be for the shortest time possible and a use would be properly documented. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(e). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "Every 30 days, the Jail Captain shall afford each such inmate a review to determine whether there is a continuing need for protective custody."

During the onsite phase of the audit, the auditor interviewed a deputy that works in confinement, and he stated that no inmates have been housed in confinement due to the high risk of victimization. Although, there are no inmates currently in segregation for this reason, all inmates in segregation are reviewed every week to confirm their stay in segregation and any modifications to their rights and privileges. There were no inmates who were housed in confinement due to the high risk for victimization that could be interviewed by the auditor relative to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1468 813" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. Policy 901 - <i>Prison Rape Elimination</i> 3. <i>Sauk County Sheriff's Department Information Handbook</i> 4. <i>Sexual Violence Pamphlet</i> 5. Zero Tolerance facility signs 6. <i>Memorandum of Understanding between the Sauk County Jail and Hope House of South Central Wisconsin, Inc.</i> 2. Interviews: <ol style="list-style-type: none"> 1. Random staff 2. PREA coordinator 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Housing units <p data-bbox="240 842 501 869">Findings (by provision):</p> <p data-bbox="240 898 1484 1126">115.51(a). In the PAQ, the auditor was provided Policy 901 - <i>Prison Rape Elimination</i>. This policy states, "Detainees may make reports verbally, in writing, privately or anonymously of any of the following: • Sexual abuse • Sexual harassment • Retaliation by other detainees or staff for reporting sexual abuse or sexual harassment • Staff neglect or violation of responsibilities that may have contributed to sexual abuse or sexual harassment." The auditor was provided a copy of the Sexual Violence Pamphlet, which is provided to inmates as the primary PREA education book. This document lists the multiple ways that inmates can report allegations of sexual abuse and sexual harassment. These multiple ways are as printed in the <i>Sauk County Sheriff's Department Information Handbook</i>.</p> <p data-bbox="240 1155 1484 1384">During the onsite phase of the audit, the auditor completed a site review and visited all housing units. Signs informing inmates of the multiple reporting ways were clearly posted, in two languages, in each housing unit. The signs include the ways stated in the policy. The auditor interviewed 12 random inmates and all inmates could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. Ten of the 12 inmates mentioned the PREA hotline as the first avenue to report abuse. That option is clearly marked by telephones throughout the facility. The auditor interviewed 12 random staff members. All staff could list at least four different ways that inmates could report abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1413 1484 1641">115.51(b). In the PAQ, the auditor was provided Policy 901 - <i>Prison Rape Elimination</i>. This policy states, "During intake the Office shall notify all detainees of the zero-tolerance policy regarding sexual abuse and sexual harassment, and of at least one way to report abuse or harassment to a public or private entity that is not part of the Office and that is able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials. This allows the detainee to remain anonymous." The agency provided pictures of the agency's zero-tolerance facility signs in the PAQ. The signs are posted in both English and Spanish and there are two different versions. All the facility signs include the agency's external hotline number.</p> <p data-bbox="240 1671 1484 1966">During the onsite phase of the audit, the auditor saw the signs posted throughout the facility and in all the housing units. Information regarding the hotline is available on the inmate tablet and in the <i>Sauk County Sheriff's Department Information Handbook</i>. The auditor made several test phone calls from a facility phone to the hotline and received immediate response to the PREA coordinator. The auditor interviewed the PREA coordinator and asked about the outside reporting entity. He explained that the agency's hotline number takes the calls and sends immediate notification to the Captain and the PREA coordinator. The information is posted on all the signs and in the handbook provided to inmates at intake. The auditor interviewed 12 random inmates and all 12 knew how to report allegations of sexual abuse through the hotline. They knew that the information was posted on the signs in the housing unit. Based on this analysis, the auditor finds the facility in compliance with this standard.</p> <p data-bbox="240 1995 1484 2063">115.51(c). Policy 901 - <i>Prison Rape Elimination</i> was provided to the auditor in the PAQ. This policy states, "Office members shall accept reports from detainees and third parties and shall promptly document all reports."</p> <p data-bbox="240 2092 1484 2157">During the onsite phase of the audit, the auditor interviewed 12 random staff members. All staff interviewed were aware of the responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. There was one</p>

deputy that reported having received a verbal allegation from an inmate. Each of the 12 random inmates interviewed were aware that they could report sexual abuse directly to any staff member, call the hotline, write a grievance, or have someone else file a report for them. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51(d). In the PAQ, the auditor was provided with Policy 901 - *Prison Rape Elimination*. The policy states, "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of inmates (e.g., report to the Jail Captain).

The auditor interviewed 12 random staff members. All 12 explained to the auditor that they could talk to any supervisor or to the investigator to privately report incidents of sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 609 - *Inmate Grievances*
 2. *Sauk County Sheriff's Department Information Handbook*
2. Interviews:
 1. Targeted inmates

Findings (by provision):

115.52(a). The agency provided Policy 609 - *Inmate Grievances* in the PAQ. The policy states, "It is the policy of this office that any inmate may file a grievance relating to conditions of confinement, which includes release date, housing, medical care, food services, hygiene and sanitation needs, recreation opportunities, classification actions, disciplinary actions, program participation, telephone and mail use procedures, visiting procedures and allegations of sexual abuse."

The Sauk County Jail is not exempt from this standard, as it does have in place an administrative grievance procedure for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(b). The agency provided Policy 609 - *Inmate Grievances* in the PAQ for the auditor to review. This policy states, "The following apply to grievances that relate to sexual abuse allegations (28 CFR 115.52): (a) Inmates may submit a grievance regarding an allegation of sexual abuse at any time." The auditor was provided a copy of the *Sauk County Sheriff's Department Information Handbook*, inmates are provided the agency's grievance procedures that include the provisions required under the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(c). The agency provided Policy 609 - *Inmate Grievances* in the PAQ for the auditor to review. The policy states, "Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(d). The agency provided Policy 609 - *Inmate Grievances* in the PAQ for the auditor to review. The policy states, "The Supervisor shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the intake filing. The Supervisor 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 in writing and provided a date by which a decision will be made." In the PAQ, the agency states there have been no grievances filed in the 12 months prior to the audit and, therefore, no responses that were filed more than 30 days after the grievance was filed.

During the onsite phase of the audit, the auditor interviewed two inmates who had reported sexual abuse. Both inmates were aware of the option to file a grievance regarding sexual abuse. Neither had done so, so they could not provide additional information relative to this provision of the standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(e). The agency provided Policy 609 - *Inmate Grievances* in the PAQ for the auditor to review. The policy 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." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(f). The agency provided Policy 609 - *Inmate Grievances* in the PAQ for the auditor to review. The policy 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 actions reasonably necessary to protect the inmate and shall provide an initial response within 48 hours. The supervisor shall refer the grievance to the Supervisor, 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." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(g). In the PAQ, the facility provided Policy 609 - *Inmate Grievances*. The policy 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." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 606 - *Prison Rape Elimination Act*
 2. *Sauk County Sheriff's Department Information Handbook*
 3. *Sexual Violence Brochure*
 4. *Memorandum of Understanding between the Sauk County Jail and Hope House of South Central Wisconsin, Inc.*
2. Interviews:
 1. Specified staff
 2. Random inmates
 3. Targeted inmates
3. Site Review Observations:
 1. Ongoing units

Findings (by provision):

115.53(a). The facility provided information from Policy 606 - *Prison Rape Elimination Act* in the PAQ. The policy states, "The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hot line numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Persons detained solely for criminal gratification 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 auditor was also provided the *Sauk County Sheriff's Department Information Handbook* in the PAQ. The auditor located the emotional support services information on page 28 of the document. The information is also available in the *Sexual Violence Brochure*. The agency does not house inmates solely for criminal gratification purposes.

During the onsite phase of the audit, the auditor interviewed 12 random inmates. None of the 12 inmates interviewed could explain to the auditor the available support and advocacy services. They knew that these services were available if someone were a victim of sexual abuse, but also knew they could contact someone outside because they had read that in the handbook. Some did not know the phone number or address but knew it was in the handbook and available on the signs in the housing unit. None of the inmates had used the services. The other three inmates were not aware of those services. The auditor interviewed two inmates who had reported sexual abuse and both inmates were aware of the available support services, although neither took advantage of the services. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(b). The facility provided information from Policy 606 - *Prison Rape Elimination Act* in the PAQ. The policy states, "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 auditor was provided the *Sauk County Sheriff's Department Information Handbook* in the PAQ. The auditor located the emotional support services information on page 28 of the document. In the handbook, the agency advises inmates that communication with victim advocacy services will be kept confidential, except information that requires mandatory reporting, such as if the inmate intends to harm himself or someone else. The inmate also advised that if the inmate is asking the advocate to report the PREA allegation, the inmate must sign a release of information first.

During the onsite phase of the audit, the auditor interviewed 12 random inmates. None of the 12 inmates interviewed could explain to the auditor the available support and advocacy services. They knew that these services were available if someone were a victim of sexual abuse, but also knew they could contact someone outside because they had read that in the handbook. Some did not know the phone number or address but knew it was in the handbook and available on the signs in the housing unit. None of the inmates had used the services. The auditor interviewed two inmates who had reported sexual abuse and both inmates were aware of the available support services, although neither took advantage of the services. Both inmates had been advised of the confidentiality limits of the support services. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(c). In the PAQ, the agency provided the auditor a copy of the *Memorandum of Understanding between the Sauk County Jail and Hope House of South Central Wisconsin, Inc.* The Memorandum of Understanding provides for the opportunity to provide victim advocate services to those inmates at the Sauk County Jail that may require such services. These services may be through contact over the telephone, through mailed communication, or in person at the correct on-site facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. Sauk County Sheriff's Office Website - PREA Information Page <p>Findings (by provision):</p> <p>115.54(a). In the PAQ, the auditor was directed to the Sauk County Sheriff's Office website. On the website, there is a link to a page specific for the agency's PREA information. On this page the agency provides a several ways a third-party can report sexual abuse of an inmate. The auditor reviewed the website and confirmed that it meets the requirements of this provision. The auditor contacted the phone number listed to file a test complaint and was notified by the PREA coordinator the next morning that the complaint had been received and was submitted for investigation. The web page can be found at https://www.co.sauk.wi.us/sheriffsoffice/prison-rape-elimination-act-prea-information. Inmates are informed through signage and the inmate handbook that the public can file a report on the third-party grievance form. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 901 - *Prison Rape Elimination*
 2. Policy 606 - *Prison Rape Elimination Act*
2. Interviews:
 1. Specified staff
 2. Random staff

Findings (by provision):

115.61(a). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (p. 5)." The facility also provided Policy 901 - *Prison Rape Elimination* in the PAQ. This policy states, "All members shall report immediately to the Shift Sergeant any knowledge, suspicion or information regarding: (a) An incident of sexual abuse or sexual harassment that occurs in the Temporary Holding Facility. (b) Retaliation against detainees or the member who reports any such incident. (c) Any neglect or violation of responsibilities on the part of any office member that may have contributed to an incident or retaliation."

During the onsite phase of the audit, the auditor interviewed 12 random staff members. Every person interviewed clearly stated that they were required to immediately report allegations of sexual assault or sexual harassment. During the site review, the auditor spoke with staff members throughout the facility. Each staff member knew that it was a requirement for a staff to immediately report a knowledge or suspicion of sexual abuse of an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(b). Policy 901 - *Prison Rape Elimination*, provided in the PAQ, states, "No member shall reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment and investigation decisions."

During the onsite phase of the audit, the auditor interviewed 12 random staff members. All 12 deputies were aware of the agency policy that required immediate reporting of sexual abuse and sexual harassment allegations. Each of the deputies understood the requirement to maintain privacy and not share the information with others unless necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(c). Policy 901 - *Prison Rape Elimination*, included in the PAQ, states that medical and mental health practitioners shall inform inmates of the practitioner's duty to report, and the limitation of confidentiality, at the initiation of services to the inmate. The State Wisconsin requires mandatory reporting of incidents of sexual abuse of an inmate under state statute. This law does not provide an exception for medical and mental health practitioners and all staff members of the Sauk County Jail are required to immediately report a incident.

During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health department. Both confirmed that they are mandatory reporters of sexual abuse of inmates. Staff did confirm that they would not compromise the duty of care and the mission of the department. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(d). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "If a victim is under 18 or considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency as required (p. 7)."

The auditor interviewed the Captain, the Facility Administrator, during the onsite phase of the audit. He stated that immediate action would be taken to ensure the inmate's safety and social services and outside law enforcement would be notified along with the required internal agencies. Medical and mental health would be notified, the Sauk County Sheriff's Office would be notified, and the agency's investigators would be notified. The auditor also interviewed the PREA coordinator who stated that for individuals under the age of 18, the agency would contact outside law enforcement and report the incident to social services. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(e). Policy 901 - *Prison Rape Elimination* states, "The facility shall report allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated jail investigators."

The auditor interviewed the Captain, the Faculty Administrator, during the onsite phase of the audit. It was clear that every allegation of sexual abuse and sexual harassment is investigated at the institution. They take every allegation very seriously. When they receive the allegation, they follow a process that includes an immediate reporting to the jail supervisors and a referral to the law enforcement detectives, as needed, to assist with the investigation. Based on this analysis, the auditor finds the faculty in compliance with this provision.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 901 - <i>Prison Rape Elimination</i> 2. Interviews: <ol style="list-style-type: none"> 1. Spec a zed staff 2. Random staff <p>Findings (by provision):</p> <p>115.62(a). In the PAQ, the fac ty prov ded Po cy 901 - <i>Prison Rape Elimination</i>. The po cy states, "The Sauk County Sher ff's Off ce w take mmed ate act on to protect deta nees who are reasonab y be eved to be subject to a substant a r sk of mm nent sexua abuse." In the PAQ, the agency nc uded nformat on that there were no nmates found to be n substant a r sk of mm nent sexua abuse dur ng the 12 months pr or to the aud t.</p> <p>Dur ng the ons te phase of the aud t, the aud tor nterv ewed the Capta n, the Fac ty Adm n strator. The Capta n to d the aud tor that they wou d take mmed ate act on to separate the nmate from the potent a abuser as soon as staff was not f ed. Staff wou d take a fu report of the nmate s concern and then take act on to rehouse the nmate n a safer s tuat on. The aud tor nterv ewed 12 random staff members dur ng the ons te aud t. A 12 deput es stated that they wou d take mmed ate act on to remove the nmate from the s tuat on, nc ud ng rehous ng the nmate to another hous ng un t or potent a y p ac ng the nmate n protect ve custody f the s tuat on warranted such act on. Based on th s ana ys s, the aud tor f nds the fac ty n comp ance w th th s prov s on.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. Policy 901 - <i>Prison Rape Elimination</i> 3. Other facility notifications 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Specified staff <p>Findings (by provision):</p> <p>115.63(a). In the PAQ, the facility provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Captain shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Jail Captain shall ensure that the notification has been documented." In the PAQ, the agency noted two such notifications during the 12 months prior to the audit. The auditor reviewed the completed notifications to the other agencies that were provided in the PAQ. The notifications were made properly and timely. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.63(b). In the PAQ, the facility provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Captain shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Jail Captain shall ensure that the notification has been documented." In the PAQ, the agency noted two such notifications during the 12 months prior to the audit. The auditor reviewed the completed notifications to the other agencies that were provided in the PAQ. The notifications were made properly and timely. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.63(c). In the PAQ, the facility provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Captain shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Jail Captain shall ensure that the notification has been documented." In the PAQ, the agency noted two such notifications during the 12 months prior to the audit. The auditor reviewed the completed notifications to the other agencies that were provided in the PAQ. The notifications were made properly and timely. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.63(d). In the PAQ, the facility provided Policy 901 - <i>Prison Rape Elimination</i>. The policy states, "The Sauk County Jail is required to fully investigate allegations received from other facilities/agencies." The auditor was notified in the PAQ that there was no such notification during the 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator. The Captain confirmed that any notification from another agency would be investigated to the extent possible. He was not aware of any such incidents occurring over the previous 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. Interviews: <ol style="list-style-type: none"> 1. Targeted inmates 2. Specified staff 3. Random staff <p>Findings (by provision):</p> <p>115.64(a). The facility provided Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "If an allegation of inmate sexual abuse is made, the first deputy to respond shall (28 CFR 115.64): (a) Separate the parties. (b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82). (c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence. (d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating). (e) 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. (f) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation (p. 6)." In the PAQ, the agency stated there were no reported incidents of sexual abuse reported over the previous 12 months, where the time period allowed for the preservation of physical evidence.</p> <p>The auditor interviewed two staff members who were first responders to incidents of sexual abuse during the onsite phase of the audit. Both staff members identified the proper steps to take as a first responder. Both told the auditor that the allegation was reported after the timeframe to properly collect evidence. The auditor interviewed two inmates who reported sexual abuse during the onsite audit. Both inmates reported that they were immediately separated from other inmates and held until evidence could be collected. Based on this analysis, the auditor finds the facility in compliance with these provisions.</p> <p>115.64(b). The facility provided Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "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 deputy." In the PAQ, the agency stated there were no such incidents of sexual abuse reported over the previous 12 months, where the first responder was not a security staff member.</p> <p>During the onsite phase of the audit, the auditor interviewed one non-security staff member who would be a first responder to an incident of sexual abuse. He told the auditor that a non-security staff member would immediately notify a deputy upon learning of the incident. The auditor interviewed 12 random staff members during the onsite audit. All 12 staff members understood the proper steps to take upon identifying an incident of sexual abuse. When asked, they told the auditor a non-security staff member would ensure the victim was safe then immediately notify a corrections officer, probably a supervisor. Based on this analysis, the auditor finds the facility in compliance with these provisions.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. <i>Security Division Coordinated Sexual Abuse Response Plan</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head <p>Findings (by provision):</p> <p>115.65(a). The agency provided Policy 606 - Prison Rape Elimination Act in the PAQ. The policy states, "The PREA coordinator's responsibilities shall include: (a) Developing a written plan to coordinate response among staff first responders, medical and mental health practitioners, investigators, and facility management to an incident of sexual abuse. The plan must also outline the office's approach to identifying imminent sexual abuse toward inmates and preventing and detecting such incidents." The auditor was provided the <i>Security Division Coordinated Sexual Abuse Response Plan</i> in the PAQ.</p> <p>The plan clearly outlines the responsibilities of first responders, including the steps to properly separate the inmate victim from the alleged abuser, securing of the crime scene, and the preservation of evidence. The Plan also requires the staff member to immediately notify a supervisor and complete an incident report.</p> <p>The Plan then outlines the responsibilities of the supervisor, medical and mental health staff, and investigators. Responsibilities include notifications to the chain of command, assessment of the victim's acute medical needs, assessment for mental health needs, and initiating investigation steps, including the transfer of the victim for the forensic medical examination.</p> <p>Lastly, the plan outlines the duties for the PREA Coordinator and medical and mental health for follow-up of any medical concerns and mental health treatment.</p> <p>The plan appears to be inclusive of the needs of the agency to ensure a prompt and thorough investigation is completed, with attention to the needs of the victim. The plan makes it easy for a staff to easily recall and identify the responsibilities that should be followed in the event of sexual abuse occur.</p> <p>During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the Captain, the Facility Administrator. He made it clear that having this document in place makes it easy for staff at the agency to promptly respond to incidents of sexual abuse and do it in a way to follow agency procedure and preserve evidence and protect the inmate victim. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1442 546" style="list-style-type: none"> <li data-bbox="276 349 906 376">1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol data-bbox="339 383 1442 479" style="list-style-type: none"> <li data-bbox="339 383 791 409">1. Policy 606 - <i>Prison Rape Elimination Act</i> <li data-bbox="339 416 1442 479">2. <i>Collective Bargaining Agreement between The County of Sauk and the Sauk County Sheriff's Department Sworn Unit Employees, Local 241</i> <li data-bbox="276 486 432 512">2. Interviews: <ol data-bbox="339 519 517 546" style="list-style-type: none"> <li data-bbox="339 519 517 546">1. Agency head <p data-bbox="240 573 501 600">Findings (by provision):</p> <p data-bbox="240 629 1490 860">115.66(a). In the PAQ, the auditor was provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy 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 agency provided the auditor a copy of the <i>Collective Bargaining Agreement between The County of Sauk and the Sauk County Sheriff's Department Sworn Unit Employees, Local 241</i> in the PAQ. The auditor reviewed the agreement and found no mention for the Sauk County Sheriff's Department to properly discipline a staff member or limit their contact with an inmate.</p> <p data-bbox="240 889 1474 1016">During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator. The Captain stated that the current bargaining agreement does not limit the agency's ability to discipline any staff member, if warranted. Any future agreements will not contain any such mention. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1046 847 1072">115.66(b). The auditor is not required to audit this provision.</p>

115.67	Agency protection against retaliation
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. Inmate logs 2. Interviews: <ol style="list-style-type: none"> 1. Targeted inmates 2. Agency head 3. Specified staff <p>Findings (by provision):</p> <p>115.67(a). In the PAQ, the facility provided Policy 606 - <i>Prison Rape Elimination Act</i>. This policy states, "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 (p. 5)."</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA coordinator, who confirmed her responsibility to complete monitoring of staff and inmates that were reporters, victims, or witnesses of allegations of sexual abuse at the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.67(b). In the PAQ, the facility provided Policy 606 - <i>Prison Rape Elimination Act</i>. This policy states, "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 (p. 5)."</p> <p>During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator, who stated that the agency uses many ways to protect inmates from retaliation, including housing changes, transferring the inmate to another housing unit, and providing the inmate information about available emotional support services. The auditor interviewed the PREA coordinator, who is responsible for the retaliation monitoring. She told the auditor that she visits with victims shortly after receiving notification of the reported allegation and tells them about her role to monitor their safety. She tells them to contact her if they have a problem and offers assistance and provides them with information about the outside emotional support services. She visits the inmate periodically, every 30 days, and documents the meeting. This monitoring lasts for 90 days following the report of the allegation. If problems arise, she reports immediately and can offer a transfer to another housing unit or locates a new work assignment, if needed. The auditor interviewed two inmates who had reported sexual abuse during the onsite audit. The auditor confirmed with both inmates that they were asked about possible retaliation. Each inmate stated that they did not have problems with staff or other inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.67(c). In the PAQ, the facility provided Policy 606 - <i>Prison Rape Elimination Act</i>. This policy states, "The Jail Captain or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks." The auditor was provided inmate logs for two inmates in the PAQ showing the retaliation monitoring checks. Each log showed the monitoring for 90 days as required. In the PAQ, the agency stated that there were no inmates that required monitoring past the 90-day mark.</p> <p>During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator, who was asked about steps that would be taken if retaliation of a victim was suspected. The Captain stated the victim would be interviewed and provided the opportunity to tell staff what problems might be occurring. If the victim fails to offer information, the Captain may authorize the transfer of the inmate to another housing unit or to protective custody for protective purposes. The auditor interviewed the retaliation monitor, the PREA coordinator, who stated that she would review incident reports and housing assignments. She would also review medical information to attempt to determine if the inmate were having problems that were unreported. If necessary, the inmate would be separated to provide an opportunity for the inmate to speak freely to</p>	

staff to and describe the problems that were occurring. The monitoring would continue for 90 days but could extend longer if it appeared to be necessary based on the inmate's behavior. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(d). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. This policy states, "Inmate monitoring shall also include periodic status checks."

During the onsite phase of the audit, the auditor interviewed the retention monitor, the PREA coordinator, who stated that she would review incident reports and housing assignments. She stated that her periodic checks are performed every 30 days. She can always see an inmate more frequently if behavior warrants that, but the procedure requests a visit with the inmate at 30-day intervals. She continues to monitor every day by reviewing records from his office but only meet with the inmate every 30 days. She stated that monitoring can be continued if there appears to be a need based on the statements from the victim or from other indications. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(e). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. This policy states, "If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (p. 6)."

During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator, who was asked about steps that would be taken if retaliation of any person who cooperated in an investigation was suspected. The Captain stated the individual would be interviewed and provided the opportunity to tell staff what problems might be occurring. The agency would take immediate action to protect the individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(f). The auditor is not required to audit this provision.

115.68	<p>Post-allegation protective custody</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. Interviews: <ol style="list-style-type: none"> 1. Spec a zed staff 2. Random staff 3. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Segregated housing <p>Findings (by provision):</p> <p>115.68(a). In the PAQ, the agency provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43 as noted above." The policy goes on to state, "Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation." In the PAQ the agency stated there were no inmates involuntarily segregated following the report of a sexual abuse allegation over the last 12 months.</p> <p>During the onsite review, the auditor interviewed the Captain, the Facility Administrator, about involuntary segregation. Just as he stated about segregation for risk of victimization, he said that the agency does not see the need to utilize confinement to keep inmates safe. If it were to become necessary to place an inmate in segregation, it would only be done until another alternative safe housing became available. The auditor also interviewed one staff member who works in segregated housing who confirmed that inmates are not placed in segregated housing to keep them safe following the filing of allegations of sexual abuse. The auditor interviewed two inmates who had been the victim of sexual abuse during the onsite audit. Neither had been placed in segregated housing following the reporting of the allegation of sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 901 - *Prison Rape Elimination*
 2. Policy 606 - *Prison Rape Elimination Act*
 3. Sexual abuse investigation files
2. Investigations:
 1. Agency head
 2. Specified staff

Findings (by provision):

115.71(a). In the PAQ, the agency provided Policy 901 - *Prison Rape Elimination*. The policy states, "The Office shall promptly, thoroughly and objectively investigate all allegations, including third-party and anonymous reports, of sexual abuse or sexual harassment. Only investigators who have received office-approved specialized training shall conduct sexual abuse investigations."

During the onsite phase of the audit, the auditor interviewed a detective from the Sheriff's Office. The detective confirmed that he investigates allegations of sexual abuse and sexual harassment. He is not fielded immediately upon the agency learning of the allegation and immediate steps are taken to preserve evidence upon learning of the allegation and initiating the investigation. The investigation process for third-party allegations is the same. The auditor reviewed sexual abuse investigation files from the previous 12 months prior to the audit and was able to confirm the investigation process. The referral to the investigator was completed immediately for each allegation. Most investigations were completed within one week unless additional investigation was required. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(b). The agency provided Policy 606 - *Prison Rape Elimination Act* in the PAQ. The policy states, "Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (p. 7)."

During the onsite phase of the audit, the auditor interviewed a detective from the Sheriff's Office. The detective confirmed that he had taken the required specialized investigation course. The class covers interviewing sexual abuse victims, Miranda and Garrity, sexual abuse evidence collection and confinement, and preparing a case for referral. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(c). The agency provided Policy 901 - *Prison Rape Elimination* in the PAQ. The policy states, "Investigators shall (28 CFR 115.171): (a) Gather and preserve direct and circumstantial evidence, including any available physical and biological evidence and any available electronic monitoring data. (b) Interview alleged victims, suspects and witnesses. (c) Review any prior complaints and reports of sexual abuse involving the suspect (p. 5)."

During the onsite phase of the audit, the auditor interviewed a detective from the Sheriff's Office. The detective confirmed that he investigates a PREA allegations just as he would in other cases. He collects evidence based on the standards of the Sheriff's Office. The investigation would include everything expected in this provision of the standard. He explained that a review of facility video evidence, telephone calls, and available DNA evidence would be a standard part of every sexual abuse investigation. They would also take statements from the victim and available witnesses. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(d). The agency provided Policy 901 - *Prison Rape Elimination* in the PAQ. The policy states, "Conduct completed interviews only after consulting with prosecutors as to whether completed interviews may be an obstacle for subsequent criminal prosecution."

During the onsite phase of the audit, the auditor interviewed a detective from the Sheriff's Office. The detective stated that he does not conduct completed interviews during the investigation. He would only utilize completed interviews after any criminal investigations are completed and information was needed to conduct the administrative investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(e). The agency provided Policy 901 - *Prison Rape Elimination* in the PAQ. The policy states, "Conduct completed interviews only after consulting with prosecutors as to whether completed interviews may be an obstacle for subsequent criminal prosecution." The auditor was also provided Policy 606 - *Prison Rape Elimination Act* in the PAQ. This policy

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."

During the onsite phase of the audit, the auditor interviewed a detective from the Sheriff's Office. The detective stated that he would not utilize polygraph examinations or other truth-telling devices as a means of determining whether to move forward with a PREA investigation. A cases and the credibility of subjects and witnesses is determined on an individual basis regardless of the status as an inmate. The auditor interviewed two inmates who had reported an allegation of sexual abuse during the onsite audit. Both inmates told the auditor that they were not required to submit to a polygraph examination. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(f). The agency provided Policy 901 - *Prison Rape Elimination* in the PAQ. The policy states, "Admission strategies shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Document written reports a description of physical, testimonial, documentary and other evidence, the reasoning behind any credibility assessments, and investigation facts and findings."

During the onsite phase of the audit, the auditor interviewed a detective from the Sheriff's Office. The detective confirmed that the admission strategies include a review of agency procedures to determine if the staff member followed a directives or if someone else failed to properly perform the duties, thus enabling an inmate or staff member to violate rules and commit an act of sexual misconduct. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(g). The agency provided Policy 901 - *Prison Rape Elimination* in the PAQ. The policy states, "Document written reports a description of physical, testimonial, documentary and other evidence, the reasoning behind any credibility assessments, and investigation facts and findings. Refer allegations of conduct that may be criminal to the District Attorney for possible prosecution."

During the onsite phase of the audit, the auditor interviewed a detective from the Sheriff's Office. The detective confirmed that he completes an investigation report to include a full description of the allegation, witness statements, evidence descriptions, and statements from the victim and accused. The investigator would attach the evidence and submit the full report to his supervisor, the Facility Captain, and PREA Coordinator for review. The auditor reviewed the agency's sexual abuse investigation files from the previous 12 months prior to the audit. Each of the files included a full and complete investigation report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(h). The agency provided Policy 901 - *Prison Rape Elimination* in the PAQ. The policy states, "Refer allegations of conduct that may be criminal to the District Attorney for possible prosecution."

During the onsite phase of the audit, the auditor a detective from the Sheriff's Office. The detective confirmed that any allegations where criminal charges were possible would be referred for prosecution as required under the standard. The auditor reviewed the agency's sexual abuse investigation files from the previous 12 months prior to the audit. There were five substantiated allegations of inmate-on-inmate sexual abuse. These allegations resulted in the arrest of eight suspects, clearly meeting the intent of this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(i). The auditor was provided Policy 901 - *Prison Rape Elimination* in the PAQ. The policy states, "The Office shall retain a written reports from admission strategies and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (p. 8)."

During the onsite audit, the auditor was shown storage of the investigation files in the PREA coordinator's office. The files are stored in a secured cabinet and are marked for a retention period to ensure proper retention to meet the standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(j). The auditor was provided Policy 901 - *Prison Rape Elimination* in the PAQ. The policy states, "The departure of the alleged abuser or victim from the employment or control of this office shall not be used as a basis for terminating an investigation."

The auditor interviewed a detective from the Sheriff's Office during the onsite audit. The detective stated that agency procedure and PREA standards require that investigators continue with sexual abuse investigations even if the alleged abuser or victim has been released from the facility or has left the employ of the agency. The detective stated that a crime must still be investigated even if the individual quits and tries to avoid arrest. The investigation must continue to its end and criminal and admission strategies proceedings will result. The detective was not able to show the auditor an example, as he was not sure it had happened during an investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(k). The auditor is not required to audit this provision.

115.71(l). The auditor was provided Policy 901 - *Prison Rape Elimination* in the PAQ. The policy states, "Cooperate with

outs de nvest gators and rema n nformed about the progress of any outs de nvest gat on.”

Dur ng the ons te phase of the aud t, the aud tor nterv ewed the Capta n, the Fac ty Adm n strator, who stated that the ja superv sors and Sher ff s Off ce detect ve prompt y comp ete a PREA nvest gat ons. The agency typ ca y does not ut ze outs de nvest gators, but the Capta n has no doubt that cooperat on and commun cat on w ex st f an outs de agency s ca ed upon to ass st w th any nvest gat on. The aud tor nterv ewed the PREA coord nator and was to d a nvest gat ons are performed by the ja superv sors. Based on th s ana ys s, the aud tor f nds the fac ty n comp ance w th th s prov s on.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. Sexual abuse investigations 2. Interviews: <ol style="list-style-type: none"> 1. Specially staff <p>Findings (by provision):</p> <p>115.72(a). The auditor was provided Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "A completed written investigations shall be forwarded to the Jail Captain or if the allegations may reasonably involve the Jail Captain, to the Sheriff. The Jail Captain 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 (p. 7)."</p> <p>The auditor interviewed a Sheriff's Office detective during the onsite phase of the audit. The investigator stated that the standard of proof for investigations is a preponderance of the evidence. The auditor reviewed the agency's sexual abuse investigations from the previous 12 months prior to the audit and the determination in each investigative memo is the preponderance of the evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. <i>Security Division Inmate Notification of Investigation & Incident Review Outcome</i> 3. Sexual abuse investigation forms 2. Interviews: <ol style="list-style-type: none"> 1. Specified staff 2. Targeted inmates <p>Findings (by provision):</p> <p>115.73(a). The auditor was provided Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "The Jail Captain or the authorized designee shall inform a victim inmate whether an allegation has been substantiated, unsubstantiated or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information from the investigative agency in order to inform the inmate." The auditor was provided a copy of the <i>Security Division Inmate Notification of Investigation & Incident Review Outcome</i> from in the PAQ. This form is utilized to provide the notification to the inmates. In the PAQ, the agency stated that there were two criminal or administrative investigations of sexual abuse completed by the agency investigators. Of those, both had received notification of the outcome of the investigation, since six of the inmates had been released prior to the completion of the investigation.</p> <p>During the onsite phase of the audit, the auditor interviewed two inmates who had reported sexual abuse. Both of the inmates reported to the auditor they had received written notification of the completion of the investigation. The auditor interviewed a detective from the Sheriff's Office during the onsite phase of the audit. The detective stated that following the completion of the investigation, the inmate is notified of the outcome of the investigation verbally and in writing, and the inmate's signature is received to indicate receipt of the notification. The auditor also interviewed the Captain, the Facility Administrator, during the onsite audit. The Captain stated that all inmates are notified upon the completion of the investigation. They must be notified if the allegation is sustained, not sustained, or unfounded. The auditor reviewed the agency's two sexual abuse investigation forms from the previous 12 months prior to the audit. The auditor noted in each file a document indicating the outcome of the investigation with the inmate's signature at the bottom of the form indicating receipt of the document. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.73(b). This provision does not apply, as the agency performs the own investigations of sexual abuse and sexual harassment allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.73(c). The auditor was provided Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "If a staff member is the accused (unless the Office has determined that the allegation is unfounded), the inmate shall also be informed whenever: (a) The staff member is no longer assigned to the inmate's unit or employed at the facility. (b) The Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility."</p> <p>During the onsite phase of the audit, the auditor interviewed two inmates who had filed an allegation of sexual abuse. None of the allegations were filed against a staff member. The auditor reviewed the agency's two sexual abuse investigation forms from the 12 months prior to the audit. The auditor noted on only one allegation filed against a staff member, and the outcome of the investigation was unfounded. Therefore, there was no additional documentation for the auditor to review. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.73(d). The auditor was provided Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "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."</p> <p>During the onsite phase of the audit, the auditor interviewed two inmates who had filed an allegation of sexual abuse. Neither of the inmates could recall receiving any notifications regarding the outcome of the abuser, but they stated that charges were not filed in the case. The auditor reviewed the agency's two sexual abuse investigation forms from the 12 months prior to the audit. The auditor noted no cases where criminal charges had been filed against the abusers. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.73(e). In the PAQ, the auditor was provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "Allegations or attempted allegations shall be documented."</p>

During the onsite phase of the audit, the auditor reviewed the agency's two sexual abuse investigation files from the previous 12 months prior to the audit. The auditor noted in each file a document indicating the outcome of the investigation with the inmate's signature at the bottom of the form indicating receipt of the document. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(f). The auditor is not required to audit this provision.

115.76	Disciplinary sanctions for staff
	<p data-bbox="240 147 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 908 510" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. Sexual abuse investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specified interviews <p data-bbox="240 542 501 568">Findings (by provision):</p> <p data-bbox="240 600 1469 757">115.76(a). In the PAQ, the facility provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "The staff shall be subject to disciplinary sanctions, up to and including termination, for violation of this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. A 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 (p. 7)."</p> <p data-bbox="240 788 1489 913">During the onsite phase of the audit, the auditor reviewed the agency's two sexual abuse investigation files from the previous 12 months prior to the audit. There were no substantiated allegations against a staff member. The auditor confirmed through conversations with the PREA coordinator that there have been no substantiated incidents of staff sexual abuse over the last year. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 945 1458 1070">115.76(b). In the PAQ, the facility provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse." In the PAQ, the agency stated there were no terminations or resignations of staff members related to staff sexual abuse allegations over the 12 months prior to the audit.</p> <p data-bbox="240 1102 1469 1160">The auditor confirmed through conversations with the PREA coordinator that there have been no substantiated incidents of staff sexual abuse over the last year. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1191 1485 1317">115.76(c). In the PAQ, the facility provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "A 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." In the PAQ, the agency stated there were no such disciplinary actions taken upon staff members over the 12 months prior to the audit.</p> <p data-bbox="240 1348 1489 1473">During the onsite phase of the audit, the auditor reviewed the agency's two sexual abuse investigation files from the previous 12 months prior to the audit. There were no substantiated allegations against a staff member. There were no records of any staff member who had resigned or had been terminated. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1505 1493 1662">115.76(d). In the PAQ, the facility provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "A termination for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for the resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant censuring bodies." In the PAQ, the agency stated there were no such reporting actions over the 12 months prior to the audit.</p> <p data-bbox="240 1693 1493 1818">During the onsite phase of the audit, the auditor reviewed the agency's two sexual abuse investigation files from the previous 12 months prior to the audit. There were no substantiated allegations against a staff member. The auditor was unable to review additional evidence to confirm this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.77	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. Sexual abuse investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Agency head <p>Findings (by provision):</p> <p>115.77(a). In the PAQ, the agency provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "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 censuring bodies." In the PAQ, the agency stated that there were no such reports to censuring bodies or to law enforcement over the past 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor reviewed the agency's two sexual abuse investigation files for the previous 12 months and did not find any allegations made against a volunteer or contractor. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.77(b). In the PAQ, the agency provided Policy 606 - <i>Prison Rape Elimination Act</i>. The policy states, "The facility shall take appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer."</p> <p>The auditor interviewed the Captain, the Facility Administrator, during the onsite phase of the audit. The Captain stated that although such remedial measures were certainly an option, the agency would review each situation independently, and decide whether to allow the individual to remain providing services in the facility or to permanently terminate them. The Captain stated there were no such cases in the past 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 600 - *Inmate Discipline*
 2. Sexual abuse investigation files
2. Interviews:
 1. Specialized staff

Findings (by provision):

115.78(a). In the PAQ, the agency provided Policy 600 - *Inmate Discipline*. The policy 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 (p. 10)." The agency stated in the PAQ that there were three inmates disciplined for offenses of sexual abuse over the last 12 months prior to the audit.

During the onsite phase of the audit, the auditor reviewed the agency's sexual abuse investigation files from the previous 12 months. The auditor found no files where the inmate abuser was issued an internal disciplinary report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(b). In the PAQ, the agency provided Policy 600 - *Inmate Discipline*. The policy states, "Discipline shall be commensurate with the nature and circumstances of the offense committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories."

During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator, who confirmed that inmate discipline would be consistent with the level and type of offense committed. The penalty assigned would be consistent for comparable offenses and consistent for all inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(c). In the PAQ, the agency provided Policy 600 - *Inmate Discipline*. The policy states, "The disciplinary process shall consider whether an inmate's mental status or mental illness contributed to the inmate's behavior when determining what type of discipline, if any, should be imposed."

During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator. The Captain stated that any disciplinary process would consider the inmate's mental status or mental illness if it were noted by mental health staff. This would be considered when reviewing potential disciplinary sanctions to be imposed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(d). In the PAQ, the agency provided Policy 600 - *Inmate Discipline*. The policy 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."

During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health staff. Both stated that since the county jail population was transient, they did not offer sexual offender therapy or counseling. Therefore, the facility was not able to offer such interventions for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(e). The agency has provided the auditor with Policy 600 - *Inmate Discipline*. The policy states, "No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact that an inmate may be disciplined for sexual contact with a staff member only if it was determined the staff member did not consent to the contact with the inmate." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(f). The agency has provided the auditor with Policy 600 - *Inmate Discipline*. The policy states, "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 (p. 9)." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(g). The agency has provided the auditor with Policy 600 - *Inmate Discipline*. The policy 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." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 606 - *Prison Rape Elimination Act*
 2. Policy 708 - *Health Appraisals*
 3. Policy 713 - *Mental Health Screening and Evaluation*
 4. *Security Division PREA Prior Sexual Victimization or Perpetrated Sexual Abuse Mental Health Request*
 5. *Mental Health Log*
2. Interviews:
 1. Specified staff
 2. Targeted inmates
3. Site Review Observations:
 1. Medical services

Findings (by provision):

115.81(a). This provision applies for prisons and does not apply to the Sauk County Jail. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(b). This provision applies for prisons and does not apply to the Sauk County Jail. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(c). The agency provided Policy 708 - *Health Appraisals*. The policy 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 agency also provided Policy 713 - *Mental Health Screening and Evaluation* in the PAQ. The policy states, "Qualified mental health staff or a qualified health care professional should administer a complete and thorough evaluation of inmates referred for treatment as soon as practicable but no later than 14 days from the referral." The auditor was provided Security Division PREA Prior Sexual Victimization or Perpetrated Sexual Abuse Mental Health Request in the PAQ. This form is completed to document the referral to medical and mental health staff.

During the onsite phase of the audit, the auditor interviewed four inmates who reported prior sexual victimization on the risk screening. A fourth inmate told the auditor that they were provided the opportunity to meet with someone from mental health. They told the auditor that no meeting happened during the intake medical physical. The auditor also interviewed the Classification Deputy who performs the intake risk screening. He confirmed that if an inmate reported prior victimization, the inmate would be provided the opportunity to see medical or mental health. Those scheduled visits were tracked on a log, which was provided to the auditor for his review. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(d). The agency provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform facility staff about security or management decisions (p. 10)."

During the onsite phase of the audit, the auditor talked with several staff members who perform the site review. Staff members were asked about the screening of inmates and how to access the screening information on the computer. The auditor was told they were unable to access that information on the computer. The auditor asked two officers to access the computer and show him the screening information and they were unable to do so. The auditor was assured by the Classification Deputy and the PREA Coordinator that access to the screening tool's data was restricted to facility supervisors, classification and the PREA coordinator only. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(e). The auditor was provided Policy 606 - *Prison Rape Elimination Act* in the PAQ. The policy states, "The Responsible Physical or mental health staff shall obtain informed consent from inmates before reporting information to facility staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18."

During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health staff. Both explained that obtaining informed consent is a regular part of the agency's process prior to engaging in services with inmates. Upon learning of an inmate's sexual assault history and prior to contacting security staff, the clinician would remind the inmate about the consent form and clinician's mandatory reporting requirements. For inmates under the age of 18 this is not a requirement, due to State law. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 901 - *Prison Rape Elimination*
 2. Policy 606 - *Prison Rape Elimination Act*
 3. Sexual abuse investigation files
2. Interviews:
 1. Specified staff
 2. Targeted inmates

Findings (by provision):

115.82(a). In the PAQ, the auditor was provided Policy 901 - *Prison Rape Elimination*. The policy states, "Detainees victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The agency was unable to provide medical records as proof as there had been no incidents of abuse requiring such medical care.

During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health department. Both confirmed that any inmate who was the victim of sexual abuse would be immediately brought to the medical department as part of the coordinated response plan to an allegation of sexual abuse. The first step taken would be to evaluate the inmate for injuries and the urgent need for medical care. Specific care would be taken to ensure that any evidence would be preserved. This evaluation is done immediately and is based on the medical professional's credentials. The auditor interviewed four inmates who reported sexual abuse during the onsite audit and all four confirmed they were seen by a medical professional following the report of the allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(b). The auditor was provided Policy 606 - *Prison Rape Elimination Act* in the PAQ. The policy states, "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."

The auditor interviewed two staff members who were first responders to allegations of sexual abuse during the onsite phase of the audit. Both understood the immediate need to provide the inmate with access to medical and mental health. They told the auditor that medical staff is available on-call after hours, even if staff is not on duty at the facility. Although mental health staff is not on duty 24-hours a day, appointments are scheduled for an immediate meeting with a mental health practitioner, which would normally occur the following day. If staff believe there is an urgent need for the inmate victim to see mental health, a mental health staff member can be called for an immediate response to the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(c). In the PAQ the auditor was provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "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 in accordance with professionally accepted standards of care where medically appropriate (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner."

During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health department. Both confirmed that any inmate who was the victim of sexual abuse would be immediately brought to the medical department as part of the coordinated response plan to an allegation of sexual abuse. Testing and treatment for sexually transmitted infections would be coordinated through a follow-up treatment plan provided by the healthcare provider at the local hospital. This is due to pregnancy-related services as well. The auditor was told that there were no pregnancy-related cases over the last year and no inmates were transported for a forensic examination that would have required prophylactic testing. The auditor interviewed four inmates who reported sexual abuse, but none of the four alleged sexual abuse required a forensic exam or prophylactic testing. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(d). Policy 606 - *Prison Rape Elimination Act* was provided to the auditor in the PAQ. The policy states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Based on this analysis, the auditor finds the facility in compliance with this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 901 - *Prison Rape Elimination*
 2. Policy 606 - *Prison Rape Elimination Act*
 3. Sexual abuse investigation files
2. Interviews:
 1. Specified staff
 2. Targeted inmates

Findings (by provision):

115.83(a). Policy 606 - *Prison Rape Elimination Act* was provided to the auditor in the PAQ. The policy states, "Medical and mental health evaluation and, as appropriate, treatment to inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(b). Policy 606 - *Prison Rape Elimination Act* was provided to the auditor in the PAQ. The policy states, "Victims shall be provided with follow-up services, treatment plans and, when necessary, referrals for continued care following the transfer to, or placement in, other facilities or the release from custody." Based on this analysis, the auditor finds the facility in compliance with this provision.

During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health department. Both confirmed for the auditor that the facility would provide a full treatment plan for inmates, especially for inmates who have been sexually abused. The treatment plan would include information from the local hospital if the victim had received a forensic examination. The auditor interviewed four inmates who had reported sexual abuse, but none of the four had been abused to the extent that a forensic examination was necessary. There was no treatment plan in place. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(c). Policy 606 - *Prison Rape Elimination Act* was provided to the auditor in the PAQ. The policy states, "The facility shall provide such victims with medical and mental health services consistent with the community level of care."

During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health department. Both confirmed for the auditor that all services provided to the facility's inmates are always consistent with care that would be provided outside the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(d). Policy 606 - *Prison Rape Elimination Act* was provided to the auditor in the PAQ. The policy states, "Victims of sexual abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, such victims shall receive comprehensive information about, and access to, a safe pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner."

During the onsite phase of the audit, the auditor was unable to interview any inmate regarding this provision, as there were no cases of vaginal penetration. The auditor reviewed the agency's sexual abuse investigation files from the 12 months prior to the audit. None of the cases involved vaginal penetration of the inmate victim, so the auditor was unable to confirm additional information for this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(e). Policy 606 - *Prison Rape Elimination Act* was provided to the auditor in the PAQ. The policy states, "Victims of sexual abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, such victims shall receive comprehensive information about, and access to, a safe pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner."

During the onsite phase of the audit, the auditor was unable to interview any inmate regarding this provision, as there were no cases of vaginal penetration. The auditor reviewed the agency's sexual abuse investigation files from the 12 months prior to the audit. None of the cases involved vaginal penetration of the inmate victim, so the auditor was unable to confirm additional information for this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(f). Policy 606 - *Prison Rape Elimination Act* was provided to the auditor in the PAQ. The policy states, "Provisions

shall be made for testing the victim for sexually transmitted diseases.”

During the onsite phase of the audit, the auditor interviewed four inmates who had reported sexual abuse, but none of the four had been abused to the extent that required testing for sexually transmitted infections. The auditor reviewed the agency's sexual abuse investigation files from the 12 months prior to the audit. There were no cases where the inmate victim was abused to the extent that sexually transmitted infections testing was necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(g). Policy 606 - *Prison Rape Elimination Act* was provided to the auditor in the PAQ. The policy states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident”

During the onsite phase of the audit, the auditor interviewed four inmates who had reported sexual abuse. None of the four inmates were charged for any of the medical or mental health services provided to them following the report of sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(h). This provision is for prisons and does not apply to the Sauk County Jail. Based on this analysis, the auditor finds the facility in compliance with this provision.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 606 - *Prison Rape Elimination Act*
 2. Sexual Abuse Incident Review documents
 3. Sexual abuse investigation files
2. Interviews:
 1. Specified staff
 2. Incident review team

Findings (by provision):

115.86(a). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "An incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded (28 CFR 115.86). The review should occur within 30 days of the conclusion of the investigation." In the PAQ, the agency reported there were two such incident review meetings completed following sexual abuse investigations over the last 12 months prior to the audit.

During the onsite phase of the audit, the auditor reviewed the agency's sexual abuse investigation files from the 12 months prior to the onsite audit. The auditor located the incident review form in the investigation files where the investigation outcome was not unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(b). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "The review should occur within 30 days of the conclusion of the investigation."

During the onsite phase of the audit, the auditor reviewed the agency's sexual abuse investigation files from the 12 months prior to the onsite audit. The auditor located the incident review form in the investigation files where the investigation outcome was not unfounded. The incident review was completed in each case within the 30-day period. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(c). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "The review team shall include upper-level management officials and seek input from line supervisors, investigators and qualified health care and/or mental health professionals, as appropriate." The auditor was provided copies of the sexual abuse incident reviews in the PAQ. The reviews show the team included the PREA Coordinator, the PREA Compliance Manager, the Facility Administrator, a Sheriff's Office detective, and medical and mental health.

During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator. The Captain explained that the incident reviews following completed investigations were extremely important to the process to ensure sexual safety. The incident reviews the best way to evaluate policy failures, physical plant issues, inmate motivations, or staff failures which may have led to the inmate's opportunity to perpetrate sexual abuse within the facility. Involving the correct administrative staff as well as shift personnel ensures the agency receives a complete picture of exactly what happened during the incident. The auditor reviewed the agency's sexual abuse investigation files from the 12 months prior to the onsite audit. The auditor located the incident review form in the investigation files where the investigation outcome was not unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(d). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "(a) Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect or respond to sexual abuse. (b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification status or perceived status; gang affiliation; or other group dynamics at the facility. (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse. (d) Assess the adequacy of staffing levels in the area during different shifts. (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. (f) Prepare a written report of the team's findings, including, but not limited to, determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Sheriff and the PREA coordinator."

During the onsite phase of the audit, the auditor interviewed the PREA coordinator, who participates in the sexual abuse incident reviews. She confirmed for the auditor that each incident review includes a review of all the items stated in this provision. She said that without this full review, the agency would not continue to improve and provide an atmosphere of

sexual safety and that these incidents are important for the facility to not just say that sexual safety is important, but to show to staff and a lot of administration that it is important. If they identify an action that must be taken following the review, the action must be taken immediately. The auditor also interviewed the Captain, the Facility Administrator, about the sexual abuse incidents. He explained that the incidents following completed investigations were extremely important to the process to ensure sexual safety. The incident review is the best way to evaluate policy failures, physical plant issues, inmate motivations, or staff failures which may have led to the inmate's opportunity to perpetrate sexual abuse within the facility. Based on this analysis, the auditor finds the facility in compliance with the provisions.

115.86(e). In the PAQ, the facility provided Policy 606 - *Prison Rape Elimination Act*. The policy states, "The Jail Captain or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so."

The auditor interviewed the Captain, the Facility Administrator, about the sexual abuse incidents during the onsite phase of the audit. He explained that the incidents following completed investigations were extremely important to the process to ensure sexual safety. The incident review is the best way to evaluate policy failures, physical plant issues, inmate motivations, or staff failures which may have led to the inmate's opportunity to perpetrate sexual abuse within the facility. If for some reason the decision is made to not institute the recommendations made in the incident review report, administration would document the reasons why and maintain that documentation. Based on this analysis, the auditor finds the facility in compliance with the provisions.

Through several specialized staff interviews, the auditor learned that the Sheriff's Office detective assigned to assist with jail investigations is always included in the sexual abuse incident review meetings, even if the detective was not part of the initial investigation. The detective explained that he was asked to review the incident and the initial investigation to verify if the proper steps of the investigation were taken and to offer suggestions if he saw something missing on the investigation. This is something the auditor had not previously seen at an agency. The inclusion of this detective on all incident reviews is clearly exceptional. It provides the agency with an additional set of eyes outside the facility that may certainly assist in seeing something important to the improvement of the agency. This exceptional move exceeds this standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 606 - <i>Prison Rape Elimination Act</i> 2. <i>Sauk County Jail/Huber Center 2020 Annual Report</i> 3. <i>Sauk County Jail/Huber Center 2019 Annual Report</i> 4. <i>Survey of Sexual Victimization, 2020</i> <p>Findings (by provision):</p> <p>115.87(a). The agency provided the auditor with Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "The Office shall establish 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." Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(b). The agency provided the auditor with Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "The data shall be aggregated at least annually." The agency provided the auditor with a copy of the <i>Sauk County Jail/Huber Center 2020 Annual Report</i> and the <i>Sauk County Jail/Huber Center 2019 Annual Report</i>. The auditor reviewed the reports and noted the annual data aggregated for each year in the reports. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(c). The agency provided the auditor with Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "The data collected shall include, at a minimum, the data necessary to answer a question from the most recent version of the Survey of Sexual Violence conducted by the U.S. Department of Justice (DOJ)." The auditor's review of the agency's <i>Sauk County Jail/Huber Center 2020 Annual Report</i> included verification of the presence of the Department of Justice (DOJ) Survey of Sexual Violence (SSV-3) definitions in the report, as well as the data included with those definitions. The auditor was also provided the agency's <i>Survey of Sexual Victimization, 2020</i> in the PAQ. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(d). The agency provided the auditor with Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "The data shall be maintained, reviewed, and collected as needed from available incident-based documents, incident reports, investigation files, and sexual abuse incident reviews." Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(e). The agency does not contract with any facility or contracted agency for the confinement of its inmates. Therefore, this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(f). The agency completes the Survey of Sexual Violence (SSV) when the request is received from the Department of Justice. The auditor was provided the agency's <i>Survey of Sexual Victimization, 2020</i> in the PAQ. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Policy 606 - *Prison Rape Elimination Act*
 2. *Sauk County Jail/Huber Center 2020 Annual Report*
 3. Sauk County Sheriff's Office website
2. Interviews:
 1. Specified staff

Findings (by provision):

115.88(a). The agency provided the auditor with Policy 606 - *Prison Rape Elimination Act* in the PAQ. The policy 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: (a) Identifying problem areas. (b) Identifying corrective actions taken. (c) Recommending corrective actions. (d) Comparing current annual data and corrective actions with those from prior years. (e) Assessing the office's progress in addressing sexual abuse. (f) Preparing an annual report of findings and corrective actions for the facility, as well as the agency as a whole." The agency provided the auditor with a copy of the *Sauk County Jail/Huber Center 2020 Annual Report*. The auditor reviewed the report and noted the report's review of the annual data and discussion of the agency's findings and concerns related to the allegations and outcomes in the facility. The report also included a corrective action plan.

The auditor interviewed the Captain, the Facility Administrator, during the onsite phase of the audit and discussed the agency's annual report. She stated the reports prepared by the PREA Coordinator using the agency's annual data and then submitted to him for review and approval. The report includes a corrective action plan based on incidents found in the annual data. The auditor interviewed the PREA Coordinator who confirmed the annual data collection. She stated she reviews the outcomes of the sexual abuse investigations as well as the outcomes of the incidents. She looks for patterns of behavior or common trends. All issues are reviewed, and actions are taken for prevention of future incidents, which may require training and education. This information is then written into the annual corrective action plan. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(b). The agency provided the auditor with Policy 606 - *Prison Rape Elimination Act* in the PAQ. The policy 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: (a) Identifying problem areas. (b) Identifying corrective actions taken. (c) Recommending corrective actions. (d) Comparing current annual data and corrective actions with those from prior years. (e) Assessing the office's progress in addressing sexual abuse. (f) Preparing an annual report of findings and corrective actions for the facility, as well as the agency as a whole." The auditor noted this comparison in the provided agency annual report for 2020. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(c). The agency provided the auditor with Policy 606 - *Prison Rape Elimination Act* in the PAQ. The policy states, "The reports shall be approved by the Jail Captain and made available through the office website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated."

During the onsite phase of the audit, the auditor interviewed the Captain, the Facility Administrator. She stated the reports prepared by the PREA Coordinator using the agency's annual data and then submitted to him for review and approval. The agency's 2020 report was located on the Sauk County Sheriff's Office website. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(d). The agency provided the auditor with Policy 606 - *Prison Rape Elimination Act* in the PAQ. The policy states, "The reports shall be approved by the Jail Captain and made available through the office website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated."

During the onsite phase of the audit, the auditor interviewed the PREA coordinator who stated that the annual report is posted without redacted information. The annual report is written without data that would require redaction. The auditor reviewed the 2020 report and noted no redacted information or personally identifiable information in the report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Policy 901 - <i>Prison Rape Elimination</i> 2. Policy 606 - <i>Prison Rape Elimination Act</i> 3. <i>Sauk County Jail/Huber Center 2020 Annual Report</i> 4. Sauk County Sheriff's Office website 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.89(a). Policy 901 - <i>Prison Rape Elimination</i> was provided to the auditor in the PAQ. The policy states, "All other data collected pursuant to this policy shall be securely retained for at least 10 years after the date of the initial collection unless federal, state or local law requires otherwise."</p> <p>The auditor interviewed the PREA coordinator during the onsite phase of the audit. The PREA coordinator confirmed that all the data is maintained on the secure computer server or a locked cabinet in his secure office. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89(b). The agency provided Policy 606 - <i>Prison Rape Elimination Act</i> in the PAQ. The policy states, "All aggregated sexual abuse data from Sauk County Sheriff's Office facilities and private facilities with which contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, a person's identity shall be removed."</p> <p>The agency's 2020 report, <i>Sauk County Jail/Huber Center 2020 Annual Report</i>, was located on the Sauk County Sheriff's Office website. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89(c). Policy 606 - <i>Prison Rape Elimination Act</i> was provided to the auditor in the PAQ. The policy states, "Before making aggregated sexual abuse data publicly available, a person's identity shall be removed."</p> <p>The auditor reviewed the 2020 report supplied to the auditor for review and noted no redacted information or personally identifiable information in the report. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89(d). Policy 901 - <i>Prison Rape Elimination</i> was provided to the auditor in the PAQ. The policy states, "All other data collected pursuant to this policy shall be securely retained for at least 10 years after the date of the initial collection unless federal, state or local law requires otherwise." Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. Agency website 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.401(a). This was the third audit completed by the Sauk County Jail. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(b). This is the third year of the third PREA audit cycle. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(h). During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the institution, so the auditor could assess all operations and talk with staff and inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(i). During the onsite phase of the audit, the auditor was provided with all documentation requested to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(m). During the onsite phase of the audit, the auditor requested to interview a total of 23 inmates. The institution provided a private room for the auditor to meet with each inmate for the interview, without interruption. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(n). The institution posted the required audit notice every hour during unit, on colored paper, printed in two languages. The notices were also seen in public areas throughout the institution, in the public lobby and in the visitation building. The audit notice included the auditor's contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. Agency website 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.403(f). This was the third audit completed by the Sauk County Jail. The prior audit reports posted to the Sauk County Jail website as required by this provision and the auditor understands that this audit report will be posted properly after the agency receives it. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency employ or designate an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator positioned in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates on only one facility.)	yes
	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 on only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency's public and private contracts for the confinement of inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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.)	na

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Does the facility/agency implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcements related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place a youthful inmates 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
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in so-called to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and adequate required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable 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 checks?	yes
	Does the facility have procedures that enable 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 checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining their inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by earning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

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

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask a p plicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask a p plicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of material false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similar 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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer a v c t ms of sexua abuse access to forens c med ca exam nat ons, whether on-s te or at an outs de fac ty, w thout f nanc a cost, where ev dent ar y or med ca y appropri ate?	yes
	Are such exam nat ons performed by Sexua Assau t Forens c Exam ners (SAFEs) or Sexua Assau t Nurse Exam ners (SANEs) where poss b e?	yes
	If SAFEs or SANEs cannot be made ava ab e, s the exam nat on performed by other qua f ed med ca pract t oners (they must have been spec f ca y tra ned to conduct sexua assau t forens c exams)?	yes
	as the agency documented ts efforts to prov de SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make ava ab e to the v c t m a v c t m advocate from a rape cr s s center?	yes
	If a rape cr s s center s not ava ab e to prov de v c t m advocate serv ces, does the agency make ava ab e to prov de these serv ces a qua f ed staff member from a commun ty-based organ zat on, or a qua f ed agency staff member? (N/A f the agency a ways makes a v c t m advocate from a rape cr s s center ava ab e to v c t ms.)	na
	as the agency documented ts efforts to secure serv ces from rape cr s s centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the v c t m, does the v c t m advocate, qua f ed agency staff member, or qua f ed commun ty-based organ zat on staff member accompany and support the v c t m through the forens c med ca exam nat on process and nvest gatory nterv ews?	yes
	As requested by the v c t m, does th s person prov de emot ona support, cr s s ntervent on, nformat on, and referra s?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency tse f s not respons b e for nvest gat ng a egat ons of sexua abuse, has the agency requested that the nvest gat ng agency fo ow the requ rements of paragraphs (a) through (e) of th s sect on? (N/A f the agency/fac ty s respons b e for conduct ng cr m na AND adm n strat ve sexua abuse nvest gat ons.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qua f ed agency staff member or a qua f ed commun ty-based staff member for the purposes of th s sect on, has the nd v dua been screened for appropri ateness to serve n th s ro e and rece ved educat on concern ng sexua assau t and forens c exam nat on ssues n genera ? (N/A f agency a ways makes a v c t m advocate from a rape cr s s center ava ab e to v c t ms.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an adm n strat ve or cr m na nvest gat on s comp eted for a a egat ons of sexua abuse?	yes
	Does the agency ensure an adm n strat ve or cr m na nvest gat on s comp eted for a a egat ons of sexua harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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 potential criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train 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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	ave a current emp oyees who may have contact w th inmates rece ved such tra n ng?	yes
	Does the agency prov de each emp oyeew th refresher tra n ng every two years to ensure that a emp oyees know the agency s current sexua abuse and sexua harassment po ces and procedures?	yes
	In years n wh ch an emp oyeew does not rece ve refresher tra n ng, does the agency prov de refresher nformat on on current sexua abuse and sexua harassment po ces?	yes
115.31 (d)	Employee training	
	Does the agency document, through emp oyeew s gnature or e ectron c ver f cat on, that emp oyees understand the tra n ng they have rece ved?	yes
115.32 (a)	Volunteer and contractor training	
	as the agency ensured that a vo unteers and contractors who have contact w th inmates have been tra ned on the r respons b tes under the agency s sexua abuse and sexua harassment prevent on, detect on, and response po ces and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	ave a vo unteers and contractors who have contact w th inmates been not f ed of the agency s zero-to erance po cy regard ng sexua abuse and sexua harassment and nformed how to report such nc dents (the eve and type of tra n ng prov ded to vo unteers and contractors sha be based on the serv ces they prov de and eve of contact they have w th inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency ma nta n documentat on conf rm ng that vo unteers and contractors understand the tra n ng they have rece ved?	yes
115.33 (a)	Inmate education	
	Dur ng ntake, do inmates rece ve nformat on exp a n ng the agency s zero-to erance po cy regard ng sexua abuse and sexua harassment?	yes
	Dur ng ntake, do inmates rece ve nformat on exp a n ng how to report nc dents or susp c ons of sexua abuse or sexua harassment?	yes
115.33 (b)	Inmate education	
	W th n 30 days of ntake, does the agency prov de comprehens ve educat on to inmates e ther n person or through v deo regard ng: The r r ghts to be free from sexua abuse and sexua harassment?	yes
	W th n 30 days of ntake, does the agency prov de comprehens ve educat on to inmates e ther n person or through v deo regard ng: The r r ghts to be free from reta at on for report ng such nc dents?	yes
	W th n 30 days of ntake, does the agency prov de comprehens ve educat on to inmates e ther n person or through v deo regard ng: Agency po ces and procedures for respond ng to such nc dents?	yes
115.33 (c)	Inmate education	
	ave a inmates rece ved the comprehens ve educat on referenced n 115.33(b)?	yes
	Do inmates rece ve educat on upon transfer to a d fferent fac ty to the extent that the po ces and procedures of the inmate s new fac ty d ffer from those of the prev ous fac ty?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	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

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

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

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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 exposed to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: If an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, agreement, or court judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or inmates pursuant to a consent decree, agreement, or court judgment.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, agreement, or court judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or inmates pursuant to a consent decree, agreement, or court judgment.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, agreement, or court judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or inmates pursuant to a consent decree, agreement, or court judgment.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of a viable alternative has been made, and a determination has been made that there is no viable alternative means of separation from key abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to voluntary segregated housing on a unit on an alternative means of separation from key abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an voluntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an voluntary 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
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in voluntary 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
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil commitment purposes provided information on how to contact relevant consumer offices and relevant officials at the Department of Home and Security? (N/A if the facility never houses inmates detained solely for civil commitment purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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 expediency, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	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
	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

115.52 (d)	Exhaustion of administrative remedies	
	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 filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeals.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is sufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any event of the administrative process, including the final event, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extensions, may an inmate consider the absence of a response to be a denial at that event? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate decides 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
115.52 (f)	Exhaustion of administrative remedies	
	Does the agency establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination on whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	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

115.53 (a)	Inmate access to outside confidential support services	
	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 hot line numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil commitment purposes mailing addresses and telephone numbers, including toll-free hot line numbers where available of local, State, or national commitment services agencies? (N/A if the facility never has persons detained solely for civil commitment purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require 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 on a facility, whether or not it is part of the agency?	yes
	Does the agency require staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require 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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officers, 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

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise prescribed by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victims 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
115.61 (e)	Staff and agency reporting duties	
	Does the facility report allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegations are investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation on by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation on by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and a use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	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
	Does the agency conduct such investigations for 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

115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct completed interviews only after consulting with prosecutors as to whether completed interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of a documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain a written reports referenced in 115.71(f) and (g) for as long as the alleged abuse is necessary as employed by the agency, unless otherwise specified?	yes
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually 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
115.73 (e)	Reporting to inmates	
	Does the agency document actual offenses or attempted offenses?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	Are alternative sanctions for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for the resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are alternative sanctions for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for the resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental stability or mental health contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits a sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit a sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prisoner inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prisoner inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail.)	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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
115.82 (a)	Access to emergency medical and mental health services	
	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 the professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following the transfer to, or placement in, other facilities, or the release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A for "male" facility. Note: "male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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 lawful pregnancy-related medical services? (N/A for "male" facility. Note: "male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of a known inmate-on-inmate abuser within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (N/A for the facility is a jail.)	na
115.86 (a)	Sexual abuse incident reviews	
	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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from the supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identity category, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of 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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide 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

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant 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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personally identifiable information before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review periods for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes