Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails

☐ **Interim** ☒ **Final**

Date of Report December 17, 2018

Auditor Information

Name: Barbara King	**Email:** Barbannkam@aol.com
Company Name: Click or tap here to enter text.	
Mailing Address: 1145 Eastland Avenue	**City, State, Zip:** Akron, Ohio 44305
Telephone: 330-618-7456	**Date of Facility Visit:** August 27-29, 2018

Agency Information

Name of Agency: **Sauk County Sheriff's Office**		**Governing Authority or Parent Agency** *(If Applicable)*:	
Physical Address: 1300 Lange Court		**City, State, Zip:** Baraboo, Wisconsin 53913	
Mailing Address: 1300 Lange Court		**City, State, Zip:** Baraboo, Wisconsin 53913	
Telephone: 608-355-3492		**Is Agency accredited by any organization?** ☐ Yes ☒ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☒ County	☐ State	☐ Federal

Agency mission: The mission of the Sauk County Sheriff's Office is to provide, on a twenty-four-hour basis; responsible, professional and timely law enforcement. The services provided include: Staff and maintain a Jail and Huber facility for the purpose of holding inmates in custody while awaiting trial and housing sentenced inmates as punishment upon order of the courts. Provide a visible Law Enforcement presence to promote and enforce safety on our roadways, in our homes, businesses, and recreational areas, and to provide timely response to emergencies and all other calls for law enforcement services. Provide twenty-four-hour dispatching services for all police, fire, and EMS agencies (except the City of Reedsburg). These services include regular and enhanced 911 telephone response services as well as all radio and pager services. Provide a Clerical Division to provide reception services for the public, record and file all department records for safe keeping, retrieval and reproduction upon public request under the open records law. Provide report transcribing and appointment services for all department personnel. Provide specially trained teams to respond to special emergencies and events that require special equipment, training and additional personnel resources when needed. These teams make up the Dive/Rescue, Emergency Response, Boat and Snow Patrol, K-9 Unit, Critical Incident Negotiating Teams, and Honor Guard. Provide an Administrative Division to guide and regulate all employees and operations of the department to ensure the mission of the Sauk County Sheriff's Office is accomplished in conformity with all County, State and Federal laws.

Agency Website with PREA Information: www.co.sauk.wi.us/sheriffsoffice	
Agency Chief Executive Officer	
Name: Chip Meister	**Title:** Sheriff
Email: Richard.meister@saukcountywi.gov	**Telephone:** 608-356-4895
Agency-Wide PREA Coordinator/Compliance Manager	
Name: Jan Hamer	**Title:** Sergeant / PREA Coordinator/Compliance Manager
Email: jan.hamer@saukcountywi.gov	**Telephone:** 608-355-3463
PREA Coordinator/Compliance Manager Reports to: Captain Lewis Lange	**Number of Compliance Managers who report to the PREA Coordinator/Compliance Manager** 0

Facility Information

Name of Facility: Sauk County Jail / Huber Center			
Physical Address: 1300 Lange Court Baraboo, Wisconsin 53913			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 608-355-3492			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☒ County	☐ State	☐ Federal
Facility Type:	☒ Jail	☐ Prison	

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Facility Website with PREA Information: www.co.sauk.wi.us/sheriffsoffice	
Warden/Superintendent	
Name: Lewis Lange	**Title:** Captain
Email: lewis.lange@saukcountywi.gov	**Telephone:** 608-355-3482
Facility PREA Compliance Manager	
Name: Jan Hamer	**Title:** Sergeant
Email: jan.hamer@saukcountywi.gov	**Telephone:** 608-355-3463
Facility Health Service Administrator	
Name: Criss Holmen	**Title:** Site Medical Manager
Email: criss.holmen@saukcountywi.gov	**Telephone:** 608-355-3920
Facility Characteristics	
Designated Facility Capacity: 463	**Current Population of Facility:** 171 (first day of audit)

Number of inmates admitted to facility during the past 12 months			3,108
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			437
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1,078
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	**Youthful Inmates Under 18:** 17	**Adults:** 18-79	
Are youthful inmates housed separately from the adult population?	☐ Yes	☒ No	☐ NA
Number of youthful inmates housed at this facility during the past 12 months:			21
Average length of stay or time under supervision:			Adults: 38.5 days Youthful: 1.1 days
Facility security level/inmate custody levels:			Minimum to Maximum
Number of staff currently employed by the facility who may have contact with inmates:			77 (assigned to the jail)
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			18
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			3

Physical Plant	
Number of Buildings: 1	**Number of Single Cell Housing Units:** 1 (booking/receiving area)

Number of Multiple Occupancy Cell Housing Units:	6
Number of Open Bay/Dorm Housing Units:	4
Number of Segregation Cells (Administrative and Disciplinary:	16 Admin and 8 Disciplinary (all can be used for both)
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The facility has an electronic security system combined with a closed-circuit television provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and out of the building. The facility is monitored by exterior and interior cameras. There are 96 cameras (92 interior/ 4 exterior). The cameras are monitored through the control center. All cameras are analog and have recording ability of 365 days. The state statute requires recording capacity of 120 days. Cameras are located throughout the facility including all the housing areas. An expansion of the video monitoring system is planned for next year. The project will upgrade cameras to digital and add additional cameras.	
Medical	
Type of Medical Facility:	Health Services Unit and Local Hospital
Forensic sexual assault medical exams are conducted at:	Local hospital: Meriter Hospital Madison, Wisconsin
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	109
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	17

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Sauk County Jail in Baraboo, Wisconsin, a facility under the operation of the Sauk County Sheriff's Office was conducted on August 27-29, 2018 by certified PREA Auditor Barbara King. The audit process began with communication between the Captain/Jail Administrator, PREA Coordinator/Compliance Manager, and the auditor in August 2017. The auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with inmates and staff. The Captain indicated this would the initial PREA audit for the Sauk County Jail.

The Audit Notice was sent to the facility by the auditor on July 17, 2018. The facility acknowledged receiving the audit posting and the postings were placed throughout the facility. The PREA Compliance Manager emailed photos of the Audit Notice posted throughout the facility for verification of posting on July 20, 2018.

About three weeks prior to the audit, the auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency. The thumb drive contained a master folder of supporting documentation for all 43 PREA standards. The master folder contained separate files for each standard that included relevant policies and procedures and supporting documentation to demonstrate compliance. After the review of the Pre-Audit Questionnaire and supporting documentation, on August 11, 2018 the auditor emailed the agency and facility requesting further documentation for clarification and review on various standards. Some of this information was provided electronically prior to the audit and the remaining documentation was provided during the audit visit. The auditor reviewed the PREA information and the PREA Annual Report on the Sauk County Sheriff's Office website prior to the audit; www.co.sauk.wi.us/sheriffsoffice. Prior to the on-site visit, contact was made with the Captain/Jail Administrator and the PREA Coordinator/Compliance Manager to discuss the audit process and set a tentative time schedule for the on-site audit.

Also on August 11, 2018, the auditor requested the following information be provided the first day of the audit: daily population report (use August 24), staff roster to include all departments (include title, shift, and good days), inmate roster by housing unit and alpha listing, list of staff who perform risk assessments, list of medical/mental health staff, list of contractors and volunteers (include times available during audit), list of inmates with a PREA classification, list of LGBTI inmates, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of inmates that reported sexual abuse, list of disabled and limited English proficient inmates, list of the first responders from the reported allegations, and list of how the allegations were reported (i.e. verbal to staff, grievance...). The facility provided the requested information the night prior to the on-site audit beginning including an alpha and housing listing of all inmates housed at the facility, lists of staff by duty position and shifts, lists of inmates for specific categories to be interviewed, list of staff who perform risk assessments, and a list of volunteers on site during the audit. This information was utilized to establish interviews schedules for the random selection of inmates and staff to be interviewed (random and specific category).

Before the start of the audit, the auditor met with the Sheriff, Chief Deputy, and Captain/Jail Administrator, PREA Coordinator/Compliance Manager, and Sergeant. A detailed schedule for the audit was discussed including the facility tour, interview schedules, and review of audit documentation. It was established that the auditor would meet with the Captain, PREA Coordinator/Compliance Manager, and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. The facility was informed no correspondence was received from an inmate or staff member prior to the audit. Key facility staff during the audit included the Captain/Jail Administrator, PREA Coordinator/Compliance Manager, and Sergeant.

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

A facility tour was completed on the first day of the audit. The housing units, program areas, service areas, food service, control center, medical, and booking/intake areas were toured by the auditor. During the tour, the auditor made visual observations of the service and program

areas and housing units including bathrooms, officers post sight lines, and camera locations. The auditor spoke to random staff and inmates regarding PREA education, reporting methods, response to an allegation, and facility practices. Review of the housing unit log books was conducted to verify unannounced rounds by supervisors and cross gender announcements.

During the tour, the auditor identified sight line concerns in the multipurpose rooms in the jail B side, multipurpose room F, and the back alcoves corners in Huber 100 and 200 dayrooms. There was also identified cross gender viewing on cameras within the control center in the intake/booking area cells and disciplinary cells. The cameras had views of toilets. Three cells in the intake/booking area also allowed cross gender viewing of toilets through the cell windows. After the auditor completed the on-site audit, the agency resolved the cross-gender viewing in the control center by placing sections of tape on the cameras blocking the view of the toilets. This was a temporary solution until the new camera system is installed which allows the editing and pixeling of camera views. The cell windows in the intake/booking area were frosted to eliminate the possibility of cross gender viewing. After the on-site audit, the agency installed mirrors that resolved the sight line concerns in the multipurpose rooms and the back alcoves in the dayrooms. Photos of the mirrors, the frosted intake/booking cell windows, and camera monitors were provided to the auditor for documentation of compliance.

All required facility staff and inmate interviews were conducted on-site during the three (3) day audit. The inmate interviews were held in rooms that afforded privacy for the interviews. They were held in an office within each housing unit. Staff interviews were held in the administrative conference room which afforded privacy for the staff interviews. The auditor utilized the PREA Auditor Handbook table for inmate interviews for determination of interviews to be held at each location. Inmate interviews were based on the inmate population size of 101-250 inmates; a requirement of 20 inmate interviews with at least 10 from the target groups and 10 random interviews. Thirty-one (31) formal inmate interviews were conducted and twenty-one (21) inmates were informally interviewed during the facility tours, (29.9% of the 171 inmate population). The random interviewees were selected by the auditor from the housing rosters and designated lists of inmates provided by the facility. Random inmate interviews from different housing units (20), Disabled and Limited English Proficient (3), LGBTI (1), Inmate Who Reported Sexual Abuse (1), and Who Disclosed Sexual Victimization (6) were interviewed. Interviews were not conducted for youthful inmates and inmates placed in segregation housing for risk. At the time of the audit, the facility did not have any youthful inmates housed. There were no inmates placed or housed in segregation housing for risk during the audit period. The inmates interviewed acknowledged they had been screened during the intake process, education was provided which began at intake, and they knew the methods to report. Inmates also indicated they felt safe at the facility, acknowledged the zero tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting.

A total of forty-three (43) formal staff interviews was conducted and an additional twelve (12) informal staff interviews were also conducted during the facility tours (71% of 77 staff). Staff was randomly selected from each of the three (3) shift rosters and different departments within the facility (11). Additionally, specialized staff were interviewed including the Agency Head Designee (1), Captain/Jail Administrator (1), PREA Coordinator/Compliance Manager (1), PREA Compliance Manager (1), Intermediate-Higher Level Staff (4), Staff Cross Gender Searches (1), Medical and Mental Health (3), Human Resources (1), SAFE/SANE (1), Volunteers/Contractors

(4), Investigators (2), Program Staff for Youthful Inmates (1), Line Staff Who Supervise Youthful Inmates (1) Staff Who Perform Risk Screening (2), Staff Who Supervise Segregated Housing (1), Incident Review Team (2), Staff Who Monitor for Retaliation (1), First Responders (2), and Intake staff (2). An interview with a contract monitor was not held, the facility does not contract to house inmates with another agency. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations.

Interviews were also conducted with two community agencies. A representative of the Hope House was interviewed which provides emotional support and a hotline to the inmates. An MOU is in place for the services. The other interview was conducted with a representative of the Meriter Hospital regarding the SANE services provided at the hospital.

There were five (5) allegations of sexual abuse and sexual harassment reported during the audit period (August 2017- August 2018). There were three (3) staff on inmate allegations and two (2) inmate on inmate allegations. The staff on inmate allegations were three (3) staff on inmate sexual misconduct allegations. The administrative findings of the staff on inmate allegations of sexual abuse were all unfounded. The two (2) inmate on inmate allegations were abusive sexual contact (1) and inappropriate touching (1). The administrative finding of the abusive sexual contact allegation was substantiated, and the inappropriate touching was unsubstantiated. The substantiated case was referred for prosecution. The prosecutor declined the case. A review of all investigations was conducted.

An exit meeting was conducted by the auditor at the completion of the on-site audit. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of their findings and request for further documentation needed to demonstrate compliance on three (3) standards. Standards 115.14, 115.15, and 115.17 could not be cleared at the end of the on-site audit process. Standard 115.14 required correction for the separation of youthful inmates from adults by sight and sound. Standard 115.15 required correction for the elimination of cross gender viewing. Standard 115.17 required documentation that all staff who have contact with inmates about previous misconduct in written self-evaluations conducted as part of the reviews of current employees and background checks for promotions. It was also recommended the agency continues to expand their policies to include detailed procedures to provide staff more procedural direction.

The auditor shared with the Captain/Jail Administrator, PREA Coordinator/Compliance Manager and other facility staff feedback from the inmate population; the inmates stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The auditor also shared the that staff was professional and well trained in their PREA knowledge and responsibilities. The auditor thanked the Captain/Jail Administrator, PREA Coordinator/Compliance Manager, and the staff of the Sauk County Sheriff's Office for their hard work and commitment to the Prison Rape Elimination Act.

Documentation of compliance for standards 115.15 and 115.17 were provided to the auditor through email by the PREA Coordinator/Compliance Manager, as well as, documentation of other recommendations made during the audit. Photos were provided as documentation for compliance of cross gender viewing. The agency resolved the cross-gender viewing in the

control center by placing sections of tape on the cameras blocking the view of the toilets. This was a temporary solution until the new camera system is installed which allows the editing and pixeling of camera views. The cell windows in the intake/booking area were frosted to eliminate the possibility of cross gender viewing. Photos of the mirrors installed was provided. The agency installed mirrors that resolved the sight line concerns in the multipurpose rooms and the back alcoves in the dayrooms. Photos of the mirrors, the frosted intake/booking cell windows, and camera monitors were provided to the auditor for documentation of compliance for standard 115.15. For standard 115.17 the agency provided an updates policy that stated, The Office shall ask all employees who may have contact with inmates, directly about previous misconduct described above in written applications or interviews for promotion or specialized assignments and in any interviews or written self-evaluations conducted as part of the reviews of current employees." The agency created a form that staff will complete annually that asks staff about previous misconduct as described in standard during their annual performance evaluation. Three examples were provided.

Standard 115.14 required correction for the separation of youthful inmates from adults by sight. Standard 115.14 remained open and was entered into a corrective action plan period until April 23, 2019 with compliance documentation needed to the auditor including photos of the dayroom windows frosted, television installed, and any policy and procedures changes. In December 2018, the facility provided documentation through photos and policy 531 Youthful Offenders demonstrating compliance with the standard. Photos documented the completion of the frosted windows in sub-dayroom B132. The frosting of the windows provided sight separation between the sub-dayroom B132 and the main dayroom of the housing unit. Photos of the television installed in the sub-dayroom was also provided.

The auditor also contacted the agency's PREA Coordinator/Compliance Manager during the writing of the report to clarify certain information for the report.

The auditor based the decision of standard compliance on: data gathering; review of documentation; observations during the tour of the facility; sampling techniques for interviews with staff, inmates, and files; interviews; and the facility's policy and practices.

Facility Characteristics

The Sauk County Jail is comprised of a single facility and is operated by the Sauk County Sheriff's Office. The facility houses minimum to maximum inmates who are classified as pre-trial and sentenced inmates. It houses female and male inmates 17 years of age or older. The Sauk County Jail's design capacity is 463. The inmate population was 171 on the first day of the audit. The average daily population for the audit period was 162.

The Sauk County Sheriff's Department marked the opening of the new Law Enforcement Center on May 12, 2003 at 1300 Lange Court in Baraboo, Wisconsin. The 145,000 square foot Law Enforcement Center combines the Department's administrative offices with the 463-bed Jail and Huber Center. The current housing capacity of the jail side is 271 and 192 in the Huber side. The Huber side houses inmates that are granted release privileges for work. The agency has a

contract to house thirty-five (35) state sentenced inmates. The facility also electronically monitors up to twenty-four (24) inmates off-site.

The jail portion of the project was constructed by stacking precast concrete cells together into six (6) 24-cell housing pods. Additionally, two (2) 48-bed inmate dormitory style units were added to the existing 96-bed Huber Center. Except for those cells designated as maximum security and several handicapped accessible units, each cell is equipped to accommodate two (2) inmates, (94 beds). Two (2) pods in the A side of the jail are not open or staffed. These remain empty awaiting the anticipated inmate population growth. The facility is a single level with two-tier design in the secure housing units B Pod and F Pod.

The jail facility is comprised of a master control at the entrance to the building, intake and booking area, kitchen, health services, administrative offices, laundry, six (6) housing pods (B-side), two (2) housing pods (A-side), and Huber side two housing pods. The building also holds the administrative offices for the Sheriff's Department.

The B side pods are B120, B126, B140, B150, B160, and B170. B120 houses male maximum security in eight (8) cells for a total of fourteen (14) inmates. Four (4) double occupancy cells are on the top tier four (40) on the floor level consisting of two (2) single occupancy cells and two (2) double occupancy. B126 houses male administrative segregation and pre-classification inmates within sixteen (16) cells; eight (8) on each tier. The top tier are double occupancy cells and the bottom tier is made up of four (4) single cells and two (2) sections each having two (2) single cells. The two (2) sections each have their own sub-dayroom. One (1) of these sections of two (2) cells will be utilized for housing youthful inmates. B140 houses female general population in seventeen (17) cells consisting of four (4) sections of four (4) double occupancy cells and one (1) single cell. B150 houses male general population in seven (7) double occupancy and one (1) single cell. B160 houses male general population in twenty-four (24) cells; twenty-three (3) double occupancy and one (1) single cell. B170 houses male general population in twenty-three (23) double occupancy and one (1) single cell. The twelve cells on the first floor are broken into two sections of four (4) and eight (8) cells with each section having their own sub-dayroom. The housing pods are two tiered. In each pod on the lower tier are the showers, telephones, dayroom, televisions, visitation video monitors, and informational bulletin boards. Each cell has a toilet that provides privacy from cross gender viewing. Each cell also has an intercom to the control center. The six pods circle the B Control Center which has visibility into each section. The Control Center is manned by at least two (2) staff; one officer for the control center functions and the other officer to make rounds within the housing units. The B-side has two (2) multipurpose rooms. The multi-purpose rooms had blind spots that the facility resolved with the installation of mirrors. The A-side of the jail consists of two (2) forty-eight direct supervision housing units that are not operational.

The Huber Side of the facility houses inmates that are granted release privileges for work. The area consists of two (2) housing sections E Pod and F Pod. E Pod houses male and female inmates. The housing unit has two (2) wings; wing 100 (male overflow) and wing 200 (female). Each wing consists of ten (10) rooms with four (4) bunks each. The F Pod consists of two (2) dorms of forty-eight (48). These are broken into six (6) sections of eight (8) beds with a sub-dayroom. There is a control desk outside the wings that monitor movement and make

observation rounds in the housing wings. Rounds are recorded within the logbook and, also by an electronic system. The officer activates the watch tour system within the housing areas by utilizing an electronic mechanism. This records individualized rounds. There is booking area within the Huber section for the daily intake and release of work release inmates and new intakes. There are two (2) locker rooms; one male and one female. Each locker room also has a laundry area for the inmates to wash their own laundry. Only one inmate is allowed in the area at once. The laundry areas are also monitored through cameras.

The intake/booking area has eleven (11) single cells utilized for special observation, medical isolation, and holding until an inmate is screened and classified. There was identified cross gender viewing on cameras within the control center in the intake/booking area cells and disciplinary cells. The cameras had views of toilets. Three cells in the intake/booking area also allowed cross gender viewing of toilets through the cell windows. After the auditor completed the on-site audit, the agency resolved the cross-gender viewing in the control center by placing sections of tape on the cameras blocking the view of the toilets. This was a temporary solution until the new camera system is installed which allows the editing and pixeling of camera views. The cell windows in the intake/booking area were frosted to eliminate the possibility of cross gender viewing.

The Department has seventy-four (74) staff assigned to the jail operations which includes a Captain, six (6) first-line supervisors, fifty-six (56) division deputies, two (2) administrative assistants, and nine (9) clerks that operate the security facility. The facility operates three (3) shifts: 10:30 pm – 7:00 am (3rd), 7:00 am – 2:30 pm (2nd), and 2:30 pm – 11:00 pm (1st). Staff make random security rounds in all the housing units and document the rounds in the shift log. Supervisors are required to make unannounced rounds on each shift to all housing areas which are documented on the shift logs. The logs were reviewed during the tour. Unannounced rounds are completed on each shift. All essential services within the jail are provided by Sauk County Jail staff with the exception of medical and food services which are provided through contracts. Medical care is contracted to Advanced Correctional Healthcare (ACH) an inmate healthcare company. Food Service is contracted with Consolidated Food Services (CFS).

The facility has an electronic security system combined with a closed-circuit television provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and out of the building. The facility is monitored by exterior and interior cameras. There are 96 cameras (92 interior/ 4 exterior). The cameras are monitored through the control center. All cameras are analog and have recording ability of 365 days. The state statute requires recording capacity of 120 days. Cameras are located throughout the facility including all the housing areas. An expansion of the video monitoring system is planned for next year. The project will upgrade cameras to digital and add additional cameras.

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The facility is managed by a Captain/Jail Administrator.

Summary of Audit Findings

The PREA Audit of the Sauk County Jail found forty-five (45) standards in compliance with six (6) of those standards exceeding the requirement of the standard. These standards are: 115.31 Staff Education, 115.32 Volunteer and Contractor Training, 115.33 Inmate Education, 115.41 Screening for Risk of Victimization, 115.51 Inmate Reporting, and 115.53 Inmate Access to Outside Confidential Support Services. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in this report.

Number of Standards Exceeded: 6

115.31, 115.32, 115.33, 115.41, 115.51, 115.53

Number of Standards Met: 39

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.34, 115.35, 115.42, 115.43, 115.52, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Documentation of compliance for standards 115.15 and 115.17 were provided to the auditor through email by the PREA Coordinator/Compliance Manager, as well as, documentation of other recommendations made during the audit.

Standard 115.15 required correction for the elimination of cross gender viewing. Photos were provided to document compliance. The agency resolved the cross-gender viewing in the control

center by placing sections of tape on the cameras blocking the view of the toilets. This was a temporary solution until the new camera system is installed which allows the editing and pixeling of camera views. The cell windows in the intake/booking area were frosted to eliminate the possibility of cross gender viewing. Photos of the mirrors installed was provided. The agency installed mirrors that resolved the sight line concerns in the multipurpose rooms and the back alcoves in the dayrooms. Photos of the mirrors, the frosted intake/booking cell windows, and camera monitors were provided to the auditor for documentation of compliance with standard 115.15.

Standard 115.17 required documentation that all staff who have contact with inmates are asked about previous misconduct in written self-evaluations conducted as part of the reviews of current employees and background checks for promotions. For standard 115.17 the agency provided an updates policy that stated, The Office shall ask all employees who may have contact with inmates, directly about previous misconduct described above in written applications or interviews for promotion or specialized assignments and in any interviews or written self-evaluations conducted as part of the reviews of current employees." The agency created a form that staff will complete annually that asks staff about previous misconduct as described in standard during their annual performance evaluation. Three examples were provided.

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PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator/Compliance Manager

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator/Compliance Manager? ☒ Yes ☐ No

- Is the PREA Coordinator/Compliance Manager position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- Does the PREA Coordinator/Compliance Manager have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA

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

Auditor Overall Compliance Determination

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

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

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

The Sauk County Sheriff's Office has written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment; Policy 901 Prison Rape Elimination Act Sauk County Sheriff's Office Policy Manual and Policy 606 Prison Rape Elimination Act Sauk County Sheriff's Office Custody Manual. Both policies address zero tolerance towards all forms of sexual abuse and sexual harassment. The Custody Manual Policy 606 has thirteen (13) sections that outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Section 606.2 addresses the zero tolerance and states the office has has zero tolerance with regard to sexual abuse and sexual harassment in this facility. The office will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment. The definitions of prohibited behaviors regarding sexual abuse and sexual harassment are in Section 606.1.1. Section 606.8 includes sanctions for staff, volunteers, and contractors found to have participated in prohibited behaviors including disciplinary sanctions, up to and including termination. Policy 108 Rules of Conduct covers inmates disciplinary process and the inmate Information Handbook also outlines rules and administrative discipline sanctions. Through observation of bulletin boards, posters, handouts and materials, review of inmate and staff handbooks, and interviews with staff and inmates it was apparent that the Sauk County Sheriff's Department and Jail is committed to zero tolerance of sexual abuse and sexual harassment.

The agency's PREA Coordinator/Compliance Manager (Sergeant) reports directly to the Captain, reflected by the agency's table or organization. The Sergeant has the authority to manage the facility's PREA Program. Policy 606 outlines the position is responsible for developing and maintaining procedures to comply with PREA rule; ensuring any contract for confinement includes the requirement to adopt and comply with PREA; developing a staffing plan; developing methods for staff to report privately sexual abuse and sexual abuse of inmates; developing a written plan for coordinated response; protocols for investigating allegations; ensuring inmates with limited English proficiency and disabilities have an equal opportunity to understand and benefit to prevent, detect, and respond to sexual abuse and sexual harassment; publish on the website information on how to report and a protocol describing investigations; establishing a process for collection of uniformed data; ensure audits are conducted; and ensuring contractors or others who work in the jail are informed of the agency's zero-tolerance policy. The PREA Coordinator/Compliance Manager stated in the interview that she has enough time to oversee PREA compliance and the prevention of sexual abuse and sexual harassment. The PREA Coordinator/Compliance Manager noted in the interview that two (2) other sergeants assist with project needs, audits, policy and procedure development, and data collection. The PREA Coordinator/Compliance Manager stated the interaction with the staff assisting is through conversations, emails, and brainstorming meetings. The PREA Coordinator/Compliance Manager and of the assisting Sergeant were present and responsive during the audit. They were knowledgeable of the PREA standards and the agency's compliance measures. The staff attend the PREA meetings, makes rounds within the facility, ensure that effective practices and procedures are in place at the facility to ensure compliant with standards.

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

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

The Sauk County Sheriff's Office does not contract for the confinement of its inmates with private agencies or other entities including other government agencies. Policy 606 states the PREA Coordinator/Compliance Manager will ensure that any contract for the confinement of inmates will include the requirement to adopt and comply with the PREA standards including obtaining incident based and aggregated data.

Standard 115.13: Supervision and monitoring

115.13 (a)

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

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator/Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator/Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator/Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

The Sauk County Jail has developed a detailed staffing plan that is based on the eleven criteria of this standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including “blind spots” or areas where staff or inmates may be isolated); the composition of inmate population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The agency also has an agreement between the Sheriff’s Office and the Sauk County Board of Supervisors to address and hire adequate staffing for the double celling of inmates in Unit B of the Sauk County Jail. Policy 221 Staffing outlines the requirement of 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. An annual staffing analysis is required annually.

The deputy posts that are required to be staffed at all times include central control, booking, B Pod, E Pod, and F Pod. Minimum staffing needs of the facility have been established as 11 deputies on 1st shift, 10 deputies on 2nd, and 9 deputies on 3rd shift. If there are extra activities on any shifts that would require additional coverage, these positions would be filled by overtime. For scheduling shortfalls due to vacations and open shifts, the positions will be filled by overtime to ensure coverage. Deputies assigned to the housing units provide direct visual monitoring of inmates and supplements through video monitoring and audio monitoring technology. The facility has established a watch tour system that requires deputies to enter the housing units at least twice per clock hour for physical monitoring of all areas of the housing units. Round requirements are outlined in the specific post orders for each housing area.

Based on the review of the staffing plan and interviews with the PREA Coordinator/Compliance Manager, Jail Captain (Warden and Agency Head Designee), the staffing plan was developed

by the leadership of the Sheriff's Office including the PREA Coordinator/Compliance Manager. The Captain indicated the staffing plan is assessed and reviewed yearly by the facility's administration and the PREA Coordinator/Compliance Manager which also includes the calculation of a shift relief factor. The facility makes its best efforts to comply with the plan. When deviations occur, the position deviated and the reasons for the deviation are documented on the shift logs. There have been no deviations during the audit period.

Prior to PREA, the County had two staffing analyses completed that established the appropriate staffing levels for the facility. The staffing level has been maintained based on the initial determinations and the results of the staffing analyses. The facility completed the first PREA Staffing Plan on August 24, 2018. The current staffing plan and Pre-Audit Questionnaire (PAQ) indicates the facility has 77 security staffing positions and the current staffing is within general accepted guidelines and practices. The relief factor is 1 for a five-day post and 1.7 for a seven-day post.

Intermediate and higher-level staff conduct unannounced rounds. They are conducted daily by the sergeants on each shift. The Jail Captain conducts security rounds during business hours. Through reviews of housing area logs, it documented that rounds were completed on each shift. Interviews with staff and inmates, it was confirmed that unannounced rounds are done randomly throughout the facility. The intermediate and higher-level security staff stated during interviews that they conduct random watch tours (rounds) by changing the pattern and times of their rounds and may use the back hallways to enter the housing unit to change pattern and normal entrance method. The supervisor watch tours are documented electronically. The unannounced rounds for supervisors are noted in the shift logs. The Unannounced Round Protocol prohibits staff from alerting other staff members that supervisory staff rounds are occurring. The supervisory staff indicated in their interviews that staff are trained and provided policy reminders that alerting is prohibited. If a staff member was found to be alerting, the staff member would be educated on the importance of unannounced rounds and progressive discipline could be started.

Standard 115.14: Youthful offenders

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

The facility houses youthful offenders. The age of majority in the state of Wisconsin is 17. The facility will house inmates that are 17 years of age per the state law. The Policy 521 Youthful Offenders outlines the housing of a youthful offender. In the past year, the facility had 21 youthful offenders enter the facility: 17 for arrest, 3 arrest warrant, and 1 parole violation. The 20 for arrest were released within 24 hours and were housed in the booking/intake area in a cell that allowed visual and sight separation plus under direct staff supervision. The one youthful offender that was housed in general population was for about 6 months on the parole violation until he turned 18.

A youthful offender would be housed in the booking area under direct supervision until seen by classification and mental health. If the youthful offender is expected to be released after court, the youthful offender would be housed in booking until seen by the judge and bond is ordered. If the time frame is longer than 72 hours, the youthful offender is moved to B126.

The housing unit where a youthful offender would be housed is designed to hold 24 inmates. The inmates are transitional or disciplinary inmates. It has a large dayroom with two tiers of cells. The lower tier consists of three separate sections that all have sub-dayrooms and separate shower stall that affords privacy. Those sections consist of: section 1 is two (2) cells for

disciplinary, section 2 is two (2) cells used for youthful offenders if received, and section 3 is four (4) cells. All are single celled. The upper tier consists of eight (8) cells that are all double celled. As for the youthful offenders, they would be held in section 2 that has two cells and a sub-dayroom. The dayroom has a table and chairs and a shower stall off the dayroom allowing privacy. They would eat in this dayroom. (All inmates eat in the dayrooms, there is no dining room). The adult inmates have limited time out of the cell in the large dayroom of the housing unit. And any time the youthful inmate is out of their housing section, they would be under direct supervision of staff.

The classification officer develops a classification/housing plan for the youthful offender that allows the youthful offender accessibility to visitation, television, and space to complete a daily exercise regimen without physical contact with adult inmates. The staff interviewed indicated that youthful offenders would be provided programs including education and religious services on a one-to-one basis in the multi-purpose room. There would be no adult inmates in the area. Staff also indicated that all youthful offenders are escorted under direct supervision of a deputy and a supervisor for any movement within the facility.

The facility did not meet the standard at the conclusion of the on-site audit. Adult inmates would have visual observation of a youthful offender by the direct visual view from the main dayroom into the sub-dayroom of the youthful offender. The facility had created a corrective action plan to frost the windows of the sub-dayroom to eliminate the visual contact. The facility is also installing a television into the sub-dayroom for the youthful offender. The corrective action plan period for the 180 days was to be completed by April 23, 2019 with compliance documentation provided to the auditor including photos of the dayroom windows frosted, television installed, and any policy and procedures changes.

In December 2018, the facility provided documentation through photos and policy 531 Youthful Offenders demonstrating compliance with the standard. The policy states if a 17 offender is unable to be released after court or bonded out, they would be moved to housing B126. Housing B126 has a housing section of two cells with an attached sub-dayroom and shower that would be utilized for youthful offenders. The facility has frosted the windows of the subdayroom which provides sight separation from adult inmates that may be in the main dayroom. The youthful offender can utilize the subdayroom and shower with sight separation from adult inmates. Any time the youthful offender is outside the designated housing and subdayroom, they will be under direct supervision of a Deputy. Policy also states anytime the youthful offender is outside the area of subdayroom B132 or using the shower attached to the subdayroom, all other inmates in B126 housing will remain locked down, except for movement by a staff member. Photos documented the completion of the frosted windows in sub-dayroom B132. The frosting of the windows provided sight separation between the sub-dayroom B132 and the main dayroom of the housing unit. Photos of the television installed in the sub-dayroom was also provided.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ Yes ☐ No ☐ NA

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

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

115.15 (d)

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

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Policy 512 Searches and the National Institute of Correction (NIC) lesson plan Guidance in Cross-Gender and Transgender Pat Searches addresses the inmate searches and cross gender searches. The policy and the training lesson plan confirm the standard is addressed and provided through training. The policy states staff may not conduct cross-gender pat-down or strip searches except in emergencies. Only qualified health care practitioners can conduct visual body cavity searches. All body cavity searches are completed only by medically trained professionals. Interviews with staff and inmates indicated the facility does not conduct cross gender pat-down or strip searches. The policy does allow cross gender pat-down or strip searches only in exigent situations. Any cross-gender pat search (male of female) conducted must be documented on an incident report. The staff indicated an exigent situation may be a life or death situation and during a critical incident as directed by a security supervisor. A cross gender search must have prior written authorization from a supervisor. If a cross gender pat-down or strip search is required, a witnessing staff member would be present during the search. The staff member conducting the cross-gender search must document the facts leading to the search; the reasons less intrusive methods were not used or were insufficient; the supervisor's approval; time, date, and location of the search; and names, sex, and roles of any staff present. The documentation is placed in the inmate's records. There was no cross-gender strip-searches, cross-gender pat down searches, or body cavity searches conducted during the audit period. There is always female staff on duty who can be utilized for female pat down searches as indicated by staffing rosters and interviews with staff.

The facility's policy 503 Inmate Safety Checks states inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical personnel of the opposite gender viewing their breast, buttocks, or genitalia except during exigent circumstances or when such viewing is incidental to routine cell checks. During the tour, the auditor identified cross gender viewing on cameras within the control center in the intake/booking area cells and disciplinary cells. The cameras had views of toilets. Three (3) cells in the intake/booking area also allowed cross gender viewing of toilets through the cell windows. After the auditor completed the on-site audit, the agency resolved the cross-gender viewing in the control center by placing

sections of tape on the cameras blocking the view of the toilets. This was a temporary solution until the new camera system is installed which allows the editing and pixeling of camera views. The cell windows in the intake/booking area were frosted to eliminate the possibility of cross gender viewing. Photos of the frosted intake/booking cell windows and camera monitors were provided to the auditor for documentation of compliance.

The policy 503 Inmate Safety Checks states deputies will make one cross gender announcement when entering a housing unit for inmates of the opposite gender during their first walkthrough of the shift. An announcement is made at the beginning of each shift by the control center through the intercom and documented. If an opposite gender deputy or other staff member from outside that work area enters a housing area, they must make a cross gender announcement. The announcements are made verbal when a staff member or visitor enters the housing unit of the opposite gender by the deputy or the staff member entering. This was observed during the audit tour. The deputy logs the announcement in the housing unit log book each time made. Staff are also provided training on rounds to help assure compliance with the standard that limits cross gender viewing. Staff and inmates indicated that announcements are made when the opposite gender staff and visitors enter the housing units.

Policy 512 Searches – Section 512.5 Transgender Searches staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status. Staff interviewed acknowledged the policy and their understanding. Policy also states if genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or if necessary, by obtaining that information as part of a broader medical examination in private by a qualified health care professional. There were no transgender inmates housed at the facility to interview.

Staff receive training in conducting pat down searches, cross-gender pat down searches, searches of transgender and intersex inmates in a professional and respectful manner as documented in Guidance in Cross-Gender and Transgender Pat Searches. The review of the training lesson plan showed the policy and procedures are covered in the annual training. The policy 512 stated that inmates who identify may state a preference for which gender performs a pat down search. The request will be honored when possible. Other than annual training, this training is also part of the initial pre-service field training. The cross gender and transgender search training was conducted in April 2018. Staff must sign the PREA Training Acknowledgment Form to document the training. The staff interviewed were able to explain the process of pat searching a transgender of cross-gender indicating that the blade of the hand is utilized. Documentation was provided that showed that security staff have signed showing they have received and understood the cross-gender pat down searches and searches of transgender inmates. The PAQ indicated three (3) staff had not completed the training. At the time of the on-site audit, two (2) of the staff had completed and the third staff member was in field training and would complete within the week as part of the field training.

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

15.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

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

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

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

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

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

The agency's policies 606.16 PREA-Inmate PREA Education and 602.3 Inmates with Disabilities has established procedures to provide disabled inmates equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff are trained on how to interact with inmates with disabilities and limited English through the Lesson Plan: Inmates with Disabilities (or Limited English Proficient) and PREA Educational Programming What You Need to Know. Training was documented with training records. The agency has a contract for interpreting services with Video Interpretations that was entered into in March 8, 2011. The interpreter service provides services for different languages including sign language through telephone or computer. Facility staff have the accessibility on their laptops which provide the translation services anywhere in the facility. The facility noted in interviews that interpreter services were not needed and utilized during the audit period. They indicated during interviews that the services have been utilized and when utilized the interpreters explain the PREA materials to the inmate over the telephone. The facility has staff that speak Spanish that can provide translation for the inmate.

The facility also provides Inmate Information Handbooks, PREA pamphlet, and PREA informational posters in English, Spanish, and Hmong. The posters are posted throughout the facilities. The PREA Education Video, is available in English and Spanish with close captioning. A video guide, PREA Educational Video Assistance Guide, that is a written document of the video, is available in both English and Spanish. If an inmate arrives that speaks another language than English or Spanish, the facility has the PREA pamphlet and other written PREA materials translated into the inmate's language through Google translator.

Inmates that are deaf or hard of hearing are provided education through the closed caption video, PREA written materials, and sign language translation. For those inmates who are unable to read, facility staff reads the material to the inmates and ensures they understand it. Inmates that are blind or have low vision will be provided education through hearing the video and staff reading the materials. Inmates that have limited English Proficient are provided written educational materials in a language they understand or through translation services.

During the audit, two (2) interviews were conducted with hearing impaired inmates and with one (1) inmate with mental illness. These inmates indicated they had received education through signs, PREA pamphlet, and watching a video. The hearing-impaired inmates indicated they received the education through the handbook and video. They stated a deputy is available if needed for assistance. The mentally ill inmate indicated the education was provided through the video and the classification officer explained the information. The inmate stated that mental health staff is available if assistance is needed. The inmates indicated that they could report by telling an officer, hotline, and request slip. There were no identified limited English proficient inmates during the on-site audit.

The agency's policy section 606.6 PREA states staff shall not rely on inmates, detainees, or prisoners as interpreters, readers, or for any other type of translation assistance, excepting in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of staff first responder duties, or the investigation of sexual abuse or sexual harassment allegations. Staff interviewed indicated that staff interpreters and the translation line is utilized for translation services with inmates that have limited English Proficient. Staff interviewed indicated they would use the translation line or staff interpreters. That another inmate would only be used in an emergency when imminent danger may occur. And they were not aware of any time an inmate interpreter was utilized.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

Through the review of agency policies 107.1.1 Specialized Assignments and Promotions and 304.3.1 Selection Process-Criminal Record Check it was determined that the agency has established a system of conducting criminal background checks for new employees, promotional employees, volunteers, and contractors who have contact with inmates to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated

by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. The background check process is conducted by two (2) Sergeants in the agency. The Human Resource staff interviewed stated all new hires and contractors have background checks completed prior to hiring. The background investigation is called the Pre-Employment Background Investigation. The auditor reviewed five (5) staff, one (1) volunteer, and one (1) contractor employment files that demonstrated that the background checks were completed prior to hiring or approved to provide services. The agency policy sections 304.4 states material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.

The applicants are asked the administrative adjudication questions during the background process and interview: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. These questions are asked of new hires and promotions. Once a review of the application is completed and interview, all screened applications are forwarded to a formal background investigation. Background checks are completed on all staff, contractors, and volunteers prior to entrance to the facility.

The agency conducts background checks on all employees, volunteers, and contractors every five years per policy 304 and verified with the Human Resources interview. The agency also completes a criminal history check annually on all staff. The last staff background checks were conducted in April 2018. These were verified in the employees' personnel files. Background checks were completed on all eighteen (18) staff hired and three (3) contractors during the last twelve months verified through record review.

The agency asks all applicants and employees about previous misconduct through the application process, promotional questionnaire, and during the annual evaluation process. These questions are also part of the interview process. The agency also has a continuing affirmative duty to report any criminal misconduct. Policy 107.1 states the agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. During the Human Resource interview, it was shared that all staff must report any police contact immediately to the supervisor. The supervisor will forward the information to administration. The employee will be placed on administrative leave pending investigation. If the employee does not report and the facility is informed or finds it during the criminal background check, an investigation will be conducted. The employee can be disciplined, up to termination. The copies of the written acknowledgements are maintained in the employment files and a copy given to the employee.

The agency policy section 107.1 states unless prohibited by law, the Office shall 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. During the interview with the Human Resources it was stated, a signed release would also be needed from the employee before any information could be disclosed.

Through interviews with the Human Resource Manager, Investigator, and PREA Coordinator/Compliance Manager it was determined that the agency policy and PREA standards were being followed concerning hiring, promotional decisions, and background checks.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

The Sauk County Jail has not made any substantial expansions or modifications of the existing facilities. The complex has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology. The agency policy section 606.3 PREA-PREA Coordinator/Compliance Manager states the facility will ensure that when designing, acquiring, expanding, or modifying facilities or when installing or updating a video-monitoring system, electronic surveillance system or other monitoring technology, consideration is given to the office's ability to protect inmates from sexual abuse.

The facility has an electronic security system combined with a closed-circuit television provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and out of the building. The facility is monitored by exterior and interior cameras. There are 96 cameras (92 interior/ 4 exterior). There are 83 cameras that record whenever motion is present. The cameras are monitored through the control center. All cameras are analog and have recording ability of 365 days. The state statute requires recording capacity of 120 days. Cameras are located throughout the facility including all the housing areas, multi-use rooms, hallways, kitchen, and laundry. An expansion of the video monitoring system is planned for next year. The project will upgrade cameras to digital and add additional cameras.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

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

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

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

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

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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

The Sauk County Sheriff's Office is responsible for administrative and criminal investigations. Both administrative and criminal investigations start immediately following an allegation by the agency. The agency would refer serious complaints against staff to an outside agency for a secondary or formal investigation. This agency would be the Columbia County Sheriff's Office Detective Section. The policy and procedures, 606 PREA-Sexual Abuse and Sexual Harassment Investigations, 308.5 PREA-Specialized Investigation Training, and 606.10 PREA-Examination, Testing, and Treatment outline evidence protocols for administrative proceeding, investigations, criminal prosecutions, and requirements for forensic exams. The agency utilizes the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition, April 2013.

The investigator interviews were conducted with a facility investigator and an agency detective who oversees the investigation process and conducts inmate on inmate and staff on inmate administrative and criminal investigations. The interviews confirmed the practices for PREA investigations and the investigators were knowledgeable of the investigation process and the uniformed evidence protocol. The investigators stated that all allegations reported are investigated immediately. Once an allegation is reported and the supervisor is notified; an investigation would be started immediately. The investigation would be completed by a specialized trained investigator within the facility. If the incident was physical, a detective would be contacted to assist with the investigation or contacted to assist if needed. If a staff member is involved, another agency would investigate, which would be Columbia County. The policy states administrative investigations shall include an effort to determine whether the staff's actions or inactions contributed to the abuse. The facility, when practicable, utilizes an investigator of the same sex as the victim for the investigation. The Agency Head interview confirmed the practices.

Through interviews with the medical staff and PREA Coordinator/Compliance Manager, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the inmate. The forensic examinations by SANE/SAFE staff are provided at an outside facility with no cost to the inmate. The interview with the SANE nurse from the local hospital, Meriter Hospital in Madison, indicated a SANE/SAFE is available 24 hours, 7 days a week, there is one assigned for each shift. There are thirteen (13) specialty trained SANE/SAFE. If a SANE is not available at the time, due to multiple victims, another SANE would be called in. SANE staff are on a 24 hour / 7-day call in. She indicated that the sealed kit would be transferred to an agency staff member as directed by the Sheriff or representative. There were no forensic medical exams during the last twelve (12) months.

A victim advocate will be provided to the inmate upon request to provide emotional support through the forensic medical examination and investigation interviews. These services are provided through the Hope House. The agency has a Memorandum of Understanding with the Hope House to provide victim advocate services to inmates. The agreement outlines the services provided including: ensure coordinated, safe, and confidential emotional support; accompaniment at interviews and medical examinations; crisis intervention services; information; and referrals for victims of sexual abuse in confinement in the Sauk County Jail as required by the Prison Rape Elimination Act (PREA). The PREA Coordinator/Compliance Manager stated that if the Hope House was unable to accompany the inmate to the hospital, the facility or hospital would contact the rape Crisis Center of Madison for an advocate. The interview with a representative for Hope House indicated that they have not been utilized for services at the hospital, however, they have provided emotional support seven (7) times for inmates within the facility. They also provide programming within the facility for the female population for Domestic Violence, Safety Planning, Healthy Family/Relationships, Child Custody, and Sexual Assault. Inmates can contact Hope House by dialing the 800 number which is provided on posters and the PREA brochure. The number is unmonitored and unrecorded by the facility.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

The agency policy section 606.7 PREA-Sexual Abuse and Sexual Harassment Investigations outlines the investigation process including that all allegations of sexual abuse and sexual harassment be referred immediately for investigation. The Agency Head designee stated in his interview that all allegations are referred for investigation immediately. An investigator is assigned to each allegation which would start with the sergeants and if the allegation appears to be criminal, a detective is assigned. The specialized trained facility staff will conduct the administrative and criminal investigation, this was verified through the review of investigation files. An agency detective may be assigned to assist with the investigation, especially if the incident was physical. All investigation referrals are documented. The agency would refer serious complaints against staff to an outside agency for a secondary or formal investigation. This agency would be the Columbia County Sheriff's Office Detective Section. The outside agency would conduct a criminal investigation according to the National PREA standards. The facility shall cooperate fully in this investigation and monitor its progress. The agency's website contains the investigative policy, https://www.co.sauk.wi.us/sheriffsoffice/prison-rape-elimination-act-prea-information.

There were five (5) allegations of sexual abuse and sexual harassment reported during the audit period (August 2017- August 2018). There were three (3) staff on inmate allegations and two (2) inmate on inmate allegations. The staff on inmate allegations were three (3) staff on inmate sexual misconduct allegations. The administrative findings of the staff on inmate allegations of sexual abuse were all unfounded. The two (2) inmate on inmate allegations were abusive sexual contact (1) and inappropriate touching (1). The administrative finding of the abusive sexual contact allegation was substantiated, and the inappropriate touching was unsubstantiated. The

substantiated case was referred for prosecution. The prosecutor declined the case. A review of all investigations was conducted.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

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

The facility policy section 308.3 PREA Training-Member Training states all staff, volunteers and contractors who may have contact with inmates shall receive office approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The Training Officer ensures that staff receive training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the arrestees and inmates may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of a sexual assault or abuse. The facility lesson plans PREA: Staff Training; PREA: Policy Review; and Hope House and Sexual Assault in an Institutional Setting are utilized for staff staffing. The lesson plans cover the zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; prevention and intervention techniques to avoid sexual abuse and sexual harassment in the facility; procedures for the investigation of a report of sexual abuse and/or sexual harassment; individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; an individual's right to be free from sexual abuse and sexual harassment; the right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment; how to detect and respond to signs of

threatened and actual sexual abuse; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities; and how to avoid inappropriate relationships with inmates. The facility houses both male and female inmates and the training includes specific topics tailored to each gender and the security measures to ensure the separation of the male and female population. The facility also utilizes National Institute of Corrections training for staff. Staff are required to complete NIC training: Communicating Effectively and Professionally with LGBTI Inmates; Your Role Responding to Sexual Abuse; Guidance in Cross-Gender and Transgender Pat Searches. Certificates of the classes are maintained in the employee files.

All employees receive training during orientation field training and annual in-service. Further training is provided to staff through refresher training including daily training bulletins, shift briefings, policy updates, and periodic on-line quizzes and scenarios. The annual training is a 4-hour block of training. There is a first responder role play activity as part of the training. The PREA Coordinator/Compliance Manager also emails out quizzes, training scenarios, and match word worksheet as refreshers. The facility has established numerous ways to provide refresher training and provide updated information to the staff. There is also a first responder role play activity

Documentation of staff participating and understanding the training is achieved by staff signing the Jail Training Sign-In Roster Course: PREA form and the PREA Training Acknowledgement Form. The staff must acknowledge that they confirm by initialing, “I certify that I have received and understood the described PREA Training. If I did not understand the training, I had an opportunity to ask questions to ask questions of the instructor(s) or my supervisor(s) for further clarification.” All facility staff have been completed the required training. Six (6) employee training files were reviewed and documented compliance with training.

Interviews of random staff and general questions asked during the tour clearly indicate each staff member is very knowledgeable on how to perform their responsibilities in detention, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of PREA policies and procedures by staff confirm the continuous training that occurs through annual and refresher training. The agency exceeds the standard with employees receiving annual in-service training instead of every two years as required by the standard. Training was conducted in October 2017 and August 2018. Also, the constant updates and refreshers through the year. The facility also needs to be acknowledged for the creative ways the information refreshers are provided to staff to make it interesting and interactive.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

All contractors and volunteers who have contact with inmates at the Sauk County Jail receive PREA training prior to assuming their responsibilities. The agency's policy 308 PREA Training states that volunteers and contractors who may have contact with inmates shall receive approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. This training includes information on the zero-tolerance standard and the appropriate prevention, detection, and reporting requirements. The training consists of an educational video with a quiz. If any answer is wrong on the quiz, the PREA Coordinator/Compliance Manager or Classification Officer will review the information with the individual. The contractors must also complete the NIC Your Role Responding to Sexual Abuse. The volunteer and contractor must complete and sign the Volunteer/Contractor Application and Zero Tolerance Agreement which outlines zero tolerance, reporting requirements, reporting methods, definitions of sexual misconduct, and sanctions for misconduct up to termination and prosecution. The auditor reviewed volunteer and contractor training records. Other than the Volunteer/Contractor Application and Zero Tolerance Agreement, training is also documented on the Professional Visitors Training Record Log. This log documents date approved, training date, refresher date, and background check date. Contractors and volunteers receive orientation training prior to assignment and annually. All records reviewed are compliant.

Interviews with contractors (3) and a volunteer (1) stated they had received training prior to assignments. They were knowledgeable on PREA, their responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy. They indicated they would report to the shift sergeant or the Captain immediately. Training records reviewed demonstrated the contractors and volunteers received training and documented they understood the training through a signature. The contractual contractors acknowledged receiving training

annually. The Pre-Audit Questionnaire indicated that the facility has 109 volunteers and individual contractors who may have contact with inmates and all were trained. The facility exceeds the standard with annual training for volunteers and contractors.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

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

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No

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

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

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

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

The Sauk County Jail provides a comprehensive PREA education to the inmate population beginning at intake into the facility. The facility policy 606.16 PREA-Inmate PREA Education directs the training and education process for inmates. At intake into the facility, inmates are provided information through posters, a pamphlet, and the inmate Information Handbook that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. When receiving inmates at the facility, the intake/booking staff during the risk assessment process covers the PREA information with the inmate. The inmate then signs the PREA Education for Inmates Acknowledgement Form along with initialing the computerized Booking Form acknowledging being informed of the facility's zero tolerance, no toleration of retaliation, and reporting of incidents. There are posters throughout the intake area.

The inmates complete the educational programming before they are moved out of the booking area and placed in housing. The education includes watching the educational video, Speaking Up- Discussing Prison Sexual Assault, and the PREA pamphlet. The video is available in English or Spanish with closed captioning. The intake officer reads the form to the inmate and explains any information not clear to the inmate. The inmate then signs the booking form acknowledging being informed of the PREA information. This process is completed prior to the inmate being placed in housing. They are also provided a PREA pamphlet. There are informational PREA posters in the holding and booking area. The intake staff interviewed indicated that the educational information is provided to the inmates usually within 15-20 minutes

of arrival into the facility. The only time it would be longer to provide the inmate with the education is if the inmate is intoxicated or suicidal. In those cases, the education would be provided once the inmate is aware of their surroundings and able to participate in the education. The education is always provided within twelve (12) hours to any inmate. The facility admitted 3,108 inmates in the audit year. All inmates received the initial educational information at intake/booking. The Auditor reviewed twelve (12) intake documents verifying the process and, also reviewed four (4) other inmate files in detail that also demonstrated the education provided during the intake process. The auditor observed the intake/booking process of an inmate.

The facility policy 606.16 PREA-Inmate PREA Education for Inmates, Detainees, and Prisoners indicates that all inmates shall receive comprehensive education within thirty (30) days from arrival. This comprehensive education includes viewing the PREA video and review of the PREA information. Once the training is completed, the inmate then signs the PREA Education for Inmates Acknowledgement Form. The orientation comprehensive education is generally conducted by the Classification Officer within the same day of intake or within 24 hours. All inmates have received the comprehensive training since it occurs in the intake area before placed in population.

The random inmates interviewed acknowledged receiving education upon intake/booking into the facility and noted it occurred on the same day of intake/booking into the facility. Intake/booking staff interviewed acknowledged that PREA information is provided to the inmate at intake/booking on the same day as arrival. The staff explained the process and that they review the PREA information with the inmate.

The facility has established procedures to provide disabled inmates equal opportunity to participate in PREA education and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment; policies 606.16 PREA-Inmate PREA Education and 602.3 Inmates with Disabilities. Staff are trained on how to interact with inmates with disabilities and limited English through the lesson plans Inmates with Disabilities (or Limited English Proficient) and PREA Educational Programming What You Need to Know. The agency has a contract for interpreting services with Video Interpretations that was entered into in March 8, 2011. The interpreter service provides services for different languages including sign language through telephone or computer. Facility staff have the accessibility on their laptops which provide the translation services anywhere in the facility. The facility noted in interviews that interpreter services were not needed and utilized during the audit period. They indicated during interviews that the services have been utilized and when utilized the interpreters explain the PREA materials to the inmate over the telephone. The facility has staff that speak Spanish that can provide translation for the inmate. The facility also provides Inmate Information Handbooks, PREA pamphlet, and PREA informational posters in English and Spanish. The posters are posted throughout the facilities. The PREA Education Video, is available in English and Spanish with close captioning. A video guide, PREA Educational Video Assistance Guide, that is a written document of the video, is available in both English and Spanish. If an inmate arrives that speaks another language than English or Spanish, the facility has the PREA pamphlet and other written PREA materials translated into the inmate's language through Google translator. Inmates that are deaf or hard of hearing are provided education through the

closed caption video, PREA written materials, and sign language translation. For those inmates who are unable to read, facility staff read through the information and ensures the inmate understands it. Inmates that are blind or have low vision will be provided education through hearing the video and staff reading the materials. Inmates that have limited English Proficient are provided written educational materials in a language they understand or through translation services. During the audit, two (2) interviews were conducted one (1) with hearing impaired inmate and one (1) with a mentally ill inmate. These inmates indicated they had received education through signs, PREA pamphlet, and watching a video. The hearing-impaired inmate indicated the education was received through the handbook and video. The mentally ill inmate indicated the education was provided through the video and the classification officer explained the information. They indicated they received the information through an educational video, posters, and PREA pamphlet. The inmates indicated that they could report by telling a deputy, hotline, and request slip. There were no identified limited English proficient inmates during the on-site audit.

All inmates have received training. The training is documented in the electronic inmate file and the signed Acknowledgment Forms. Random inmates interviewed and during discussion on the facility tour, acknowledged they have received PREA information upon arrival at the facility and reinforced daily through staff interaction and information posted in the housing areas. They were able to explain how to report an incident and were aware of the zero-tolerance policy. The PREA posters are posted in English, Spanish, and Hmong. The facility exceeds the standard with the numerous methods education is provided to the inmates and the immediate comprehensive training of inmates in the intake area prior to housing.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

The facility's policy section 308.5 PREA Training-Specialized Investigative Training states that 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. The specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

The agency currently has sixteen (16) trained investigators. All the jail supervisors and detective staff have completed the mandatory training for investigations through the NIC on-line trainings: PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Investigating Sexual Abuse in a Confinement Setting Advanced Investigations. Training certificates for the sixteen (16) investigators were provided for documentation. The investigators interviewed acknowledged receiving the training. The specialty training was verified through the investigators interviews and review of the training records.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

The nine (9) health care staff are contractors of Advanced Corrections Healthcare. The one (1) mental health staff member is a facility staff member. The agency requires that all full and part-time medical and mental health care practitioners complete specialized training. The facility's policy section 308.4 PREA Training – Specialized Medical Training outlines the requirements of specialized training for healthcare staff. Staff complete the NIC training PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. The training records for the medical staff reviewed during the audit showed that general PREA and specialized training was completed by medical and mental health staff with the exception of one part-time nurse. The PREA training is documented through the Volunteer/Contractor Application and Zero Tolerance Agreement, Professional Visitors Training Log, and NIC certificates. During the audit one part-time nurse had not completed the training, the nurse had just started at the facility. The auditor recommended that the facility ensures that all staff assigned to the facility through Advanced Corrections Healthcare, full-time or part-time, completes the training. The facility provided training certificates for all healthcare staff that were trained after the on-site audit.

Interviews were conducted with two (2) medical and one (1) mental health staff. The healthcare staff interviewed indicated they received orientation training through the Sauk County Jail prior to work assignment. They also receive training annually. Interviews with the healthcare staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment.

The facility's healthcare practitioners do not conduct forensic medical exams. Through the healthcare interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the hospital emergency department for completion of the exam and emergency medical care with no cost to the inmate. The forensic examinations by SANE/SAFE staff are provided at an outside facility with no cost to the inmate. The interview with the SANE nurse from the local hospital, Meriter Hospital in Madison, indicated a SANE/SAFE is available 24 hours, 7 days a week, there is one assigned for each shift. There were no forensic exams conducted during the audit period.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

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

115.41 (e)

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

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

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policy 507 Inmate Classification outlines the assessment and classification process. An initial assessment is conducted of all inmates during the intake/booking process. This risk assessment assists with determining an inmate's vulnerability for risk of sexual abuse or tendencies of acting out with sexually aggressive behavior towards other inmates. Inmates identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified, classified appropriately, and monitored. The inmates are screened through three screening instruments during the intake process: Booking Form and the Initial Classification Form by intake staff; the Medical and Mental Health Screening by medical staff; and the PREA Risk Screening and Housing Plan completed by the Classification Officer. This initial risk assessment is completed during intake on the Booking Form and the Initial Classification Form.

The auditor observed the intake/booking and screening process. The auditor had the intake/booking staff explain the risk screening assessment process from the receiving of the inmate at the facility to the completion of the screening process. At the inmate's arrival to the facility, the intake/booking staff completes the Booking Form and the Initial Classification Form. The interview with the inmate was conducted in a manner that provided privacy for the inmate.

This process conforms to the PREA standards. The screening forms include questions regarding mental, physical, and developmental disabilities; age of the inmate; physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions against an adult or child; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. The forms are usually completed on the day of intake. The intake staff indicated the risk screening usually occurs within 15-10 minutes of the arrival of the inmate to the facility. The policy requires the screening should take place within 72 hours of arrival to the facility.

Booking Form and the Initial Classification Form is a computerized form that is completed by the intake staff. The form is a no and yes format. There are two sections to the form: Possible Victim Factors and Possible Predatory Factors. The Possible Victim Factors of the risk screening form includes questions regarding mental, physical, and developmental disabilities; age of the inmate; physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions against an adult or child; whether the inmate wishes to identify their sexual orientation or gender identity; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. If the inmate has three (3) or more yes responses or answered yes to the specific question #53 on the medical intake form, the inmate may be at high risk of sexual victimization. The inmate is then classified through the Victim Risk Designation form section as high risk for victimization or not identified as high risk. The Possible Predatory Factors of the risk screening form asks questions for the risk of sexual abusiveness. These questions include has the inmate have any history of sexually aggressive behavior toward other inmates or staff while housed in a correctional facility; is the current charge, or any pending charge, for a sexual offense; have any history of sexual abuse toward others; have any convictions for a violent offense; history of domestic violence; and any gang affiliation. If the inmate answers yes to question #55 on the medical intake form or answers yes to three (3) or more questions, the inmate may be at high risk of being sexually abusive. The inmate is then classified through the Victim Risk Designation form section high risk for predatory behavior or not identified as high risk. The inmate and staff member conducting the assessment both sign and date the form. The intake officer will make a housing recommendation based on the interview. The initial classification form is maintained in the inmate's file and provided to the classification officer. The screening process conforms to the PREA standard. The auditor reviewed nineteen (19) inmate records for initial risk screening. All the risk screenings were completed by the intake staff and within the appropriate time frame.

The Classification Officer will reassess the inmate's risks of victimization and abusiveness within seventy-two (72) hours of intake, per policy section 507.5 Classification Upon Housing. However, staff interviewed indicated this is usually completed within 24 hours as part of the orientation. The reassessment is completed utilizing the form, the PREA Risk Screening and Housing Plan. The PREA Coordinator/Compliance Manager and Classification Officer shall be notified whenever new information about an inmate risk for victimization or abusiveness is discovered during the reassessment. Only the Classification Deputy has the authority to override an initial PREA classification. The security, housing, or health of the inmate may also be

reexamined. A classification management plan may also be developed. Of the inmate files reviewed, one had an override made by the Classification Deputy to Predator Risk (PR). The agency's policy, 507.6.1 Periodic Classification Reviews, addresses the reassessment of inmate's risk level when warranted by a referral, request, incident of sexual abuse, receipt of additional information that bears on the inmate's risk of sexual victimization, and for inmates incarcerated in the facility for more than thirty (30) days. The auditor reviewed five (5) inmate files for the 30-day reassessments; all files were compliant. If an inmate is 17 or under, the Classification Deputy completes weekly classification checks. There were no youthful offenders housed during the on-site audit. The facility provided a historical youthful offender record that demonstrated the initial risk screening, classification, reassessment, and the weekly classification meetings. The auditor observed a classification reassessment with a female inmate that had disclosed prior victimization. The inmate was offered mental health services in which she refused. She was also provided the contact information to the Hope House.

Through policy 507.3.1 Inmate Classification-Inmate Response to Screening and confirmed through staff interviews, inmates will not be disciplined for refusing to answer or disclosing information during the risk assessment process. The staff member will note if the inmate was uncooperative or refused to complete form. If the inmate refuses to cooperate, the Classification Deputy stated it may affect the classification of the inmate. The inmate can be designated as a potential victim and potential predator until further information is obtained to complete the risk screening.

The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other inmates. The agency policy section 507.3 Initial Classification-Classification Plan states supervisors and classification staff only shall have access to the screening instrument. The interviews with Staff Who Perform Screening for Risk of Victimization and Abusiveness and PREA Coordinator/Compliance Manager confirmed the staff that have authority to review the inmate's risk assessment are the classification staff, sergeants, and the Captain. The paper versions of the risk screening forms are kept in a locked drawer in the Classification office. Computer access is granted only to supervisors and classification staff who have Compass Classification Program log-in authority. The Captain approves staff access to risk screenings in the Compass Classification Program.

The auditor reviewed nineteen (19) inmates records for the initial risk screening and the reassessment. Assessments were completed on all inmates within the appropriate time frames. The initial risk assessments were completed on the day of arrival. The majority of the reassessments were completed within 24 hours of intake. The facility exceeds the standard with the three (3): Booking Form and the Initial Classification Form by intake staff; the Medical and Mental Health Screening by medical staff; and the PREA Risk Screening and Housing Plan completed by the Classification Officer and the cooperation between the three areas. The facility also completes the risk screening within the first 24 hours, and usually with 15-10 minutes of the inmate arriving at the facility. And the classification assessment is completed prior to the inmate being placed in housing.

Standard 115.42: Use of screening information

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policies 507.10 Inmate Classification-PREA Considerations and 507.5.1 Inmate Classification-Primary Interview outlines the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of being sexually victimized from those at high risk of predator behavior. If an inmate screens for high risk for sexual victimization or high risk for predator behavior, an immediate referral is made to the Classification Deputy. The inmate's classification is based on the risk screening forms and the use of the computerized classification tree within the Compass Classification Program. The classification staff determine housing assignment. If the inmate is classified at high risk of being sexually victimized and/or high risk of predator behavior, Classification is notified during business hours to make housing assignments accordingly. After business hours, the supervisor is notified and makes the appropriate housing assignment that will be reviewed the next business day by classification staff. Tags are placed on the inmate status cards to denote if they are at risk of victimization (RV) of risk of predatory behavior (RP). The inmates designated as RVs will not be housed in the same cell as those with a RP designation.

The staff interviewed indicated that based on screening, the inmate would be referred to the Classification Deputy for housing, work, education, and program placement. The inmate would

also be referred to medical and mental health for assessment if disclosed sexual victimization or other medical and/or mental health concerns. The inmate is asked during the screening and reassessment process if they express concern regarding vulnerability in the facility. This information is taken into consideration for housing, work, education, and program assignments. The PREA Coordinator/Compliance Manager and the classification staff indicated that housing and program assignments are based on the risk assessment. If the inmate is at risk, the inmate may be kept in an intake cell until a full risk assessment is completed and housing assignment made. The inmate may be offered protective custody if staff determine it is warranted. The housing and program assignments are made on a case by case basis based on information obtained during the screening interview for the safety and security of the inmate. The housing and program assignments may be changed after the inmate is further evaluated through the classification and the reassessment process by the classification staff.

Through interviews with inmate and staff, it was determined that the facility addresses the needs of the inmate consistent with the security and safety of the individual inmate. The auditor also reviewed inmates' files to follow the classification process paperwork and decisions from intake through the classification and housing decisions.

The agency's policy section 507.10 Inmate Classification-PREA Considerations provide direction on the assignment of housing and programming assignments of transgender and intersex inmates. 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. If an inmate identifies at intake, the Classification Deputy completes the Transgender Housing Worksheet which includes their rights under PREA, housing considerations, how they identify, what name they would like to go by, medical concerns, and gender preference for pat downs.

The facility considers on a case by case basis whether the housing placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. An immediate referral is made to Classification to determine housing assignment. The initial housing assignment for a transgender or intersex inmate shall be reviewed again by the classification staff during the reassessment process. Policy 507.6.1 Inmate Classification-Periodic Classification Reviews 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. There were no transgender or intersex inmates at the time of the on-site audit. The facility provided a historical record of a transgender inmate that documented the compliance of the risk screening, classification, housing placement decision, and the reassessments.

The facility has a process in place that allows the transgender or intersex inmate the opportunity to shower separately from other inmates. Policy 806.9 Inmate Hygiene-Inmate Showers states transgender and intersex inmates shall be given the opportunity to shower separately from other inmates upon their request. The housing units have single shower stalls with privacy shower curtains that provides privacy to the inmate. The PREA Coordinator/Compliance Manager stated if the inmate is uncomfortable showering in the housing unit, the transgender inmate would be escorted to the booking area to shower in the changing room.

The facility policy 507.10 Inmate Classification–PREA Considerations states lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement or legal judgment for the purpose of protecting such inmates. The Classification Deputy stated that transgender inmates are housed in the general population, although their specific housing location will be influenced by their vulnerability. There were no transgender inmates housed during the on-site audit. The auditor did interview a bi-sexual inmate that confirmed he was housed in general population and not in a specialized unit or housing area.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policy 606.11 PREA-Protective Custody states 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. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed. If an involuntary protective custody assignment is made because of a high risk for victimization, the Jail Captain shall clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged. The Jail Captain during the interview indicated that inmates would only be placed involuntary segregated housing after all other alternatives are reviewed. The inmate would be housed in an intake cell while a housing placement is reviewed. The Jail Captain with the classification staff would determine if involuntary housing was necessary for safety.

Inmates that are placed in protective custody on this basis shall have access to programs privileges, education, and work opportunities to the extent possible, per policy. Through the interview, staff indicated programs, privileges, education, and work opportunities would be accessible to the inmate and only limited due to safety. The inmate would still have access to phone, television, dayrooms areas, and canteen. The education would be provided one on one instead of in a group setting. If restrictions occur, the staff document the restrictions, duration of the limitation, and reasons for the limitation on an incident report. The facility has not placed an inmate in protective custody involuntarily. From the interviews with staff and policy review, the auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the inmate.

If an inmate was placed in protective custody, the inmate would have an initial risk assessment interview to determine need of placement. The policy states the facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days. The Jail Captain stated weekly reviews would be conducted that includes the sergeant, mental health, and classification staff. If the involuntary housing assignment is extended, the basic for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged will be clearly documented.

There were no inmates placed in involuntary protective custody during this audit period.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No ☐ N/A

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

The Sauk County Jail has established procedures allowing for multiple internal and external ways for inmates to report sexual abuse, sexual harassment, and retaliation. These procedures are outlined in the agency's policy 606.4 PREA-Reporting Sexual Abuse, Harassment, and Retaliation. The PREA reporting methods are shared with inmates at intake, during orientation, in the inmate Informational Handbook, pamphlet, and on posters throughout the facility. Inmates can report by telling a staff member, writing a staff member, grievance, telling a third party, calling Hope House, and/or calling one of the hotline numbers. Inmates may also report allegations through third party reporting or send an anonymous note. There is a hotline to the Sauk County Sheriff's Office by dialing #9. This hotline is checked each shift and all allegations are documented. The inmates can also dial #8 which is a hotline to the Department of Human Services, an outside agency. This hotline is checked at least twice daily, and any allegation information is forwarded to a jail supervisor or the PREA Coordinator/Compliance Manager. A sign is posted in each housing unit by the telephone providing the hotline numbers to call. The hotline numbers were checked by the auditor during the facility tour. These reporting systems were demonstrated through review of policies and procedures, inmate handbook, posters throughout the facility, and interviews with inmates and staff.

The outside agencies, Hope House and Department of Human Services will forward any reporting incidents to the agency. The Hope House will only report if the inmate gives permission. This was documented during the audit through interviews with the facility staff and the two outside reporting agencies. Reports may be made confidentially and remain anonymous upon request. If the inmate requested to stay anonymous then the allegation with basic information is forwarded without the inmate's name or number.

During the random interview process, inmates indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They know the options available to them for reporting. They indicated they could report through the hotline, tell a staff member, write a letter to staff, grievance process, write the address on poster, slip in medical box, and tell family or friends. Also, during the informal interviews with inmates while touring the facility, they indicated they knew the reporting methods: telling a staff member, writing a grievance, writing letter to the address on poster or staff, and/or contacting their family or friend. The inmates interviewed stated they felt comfortable reporting to the housing unit officer or a security supervisor. Of the allegations reported, two (2) were reported verbally to staff, two (2) through the hotline, and one (1) by grievance.

Staff indicated through interviews they were aware of the methods available to inmates to report sexual abuse and sexual harassment. The facility's policy 606.4 PREA-Reporting Sexual Abuse, Harassment, and Retaliation provides reporting and documentation requirements for staff. Staff were also knowledgeable on the methods that inmates could report including telling a staff member, writing a note, telling a third party, and calling the hotline and their responsibility in the process. They indicated in the interviews they would report immediately to a supervisor. After verbal reporting, a written report would be completed and forwarded to a supervisor. The report must be completed by end of shift. Staff know that private reporting may be completed by calling the Department of Human Services hotline. Staff also indicated they would report to a supervisor within the Sheriff's Department outside the jail command. The facility utilizes the form 3rd Party PREA Report Form to document a call reporting an allegation. The form directs the staff that the caller may remain anonymous. The reporting methods are provided to staff through training and on posters.

The Sauk County Jail does not detain inmates solely for civil immigration purposes. The facility exceeds the standard by the numerous methods provided to inmates to report including three hotlines with two of them outside the agency.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

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

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policy 609 Inmate Grievances address the administrative procedure for inmate grievances regarding sexual abuse and the procedures for filing emergency grievances when an inmate is subject to a substantial risk of imminent sexual abuse. The information is shared with the inmate through the PREA education and the inmate Informational Handbook.

The policy 609.5 Inmate Grievances-Additional Provisions for Grievances Related to Sexual Abuse states inmates may submit a grievance regarding an allegation of sexual abuse at any time. There is no time limit on when an inmate or detainee can submit a grievance alleging sexual abuse or sexual harassment as confirmed by the PREA Coordinator/Compliance Manager. The inmate Informational Handbook informs the inmates there are no time restrictions for filing such grievances. The policy also states grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint.

Grievances alleging sexual abuse are handled as emergency grievances. Policy outlines, upon filing of an inmate grievance alleging sexual abuse, the supervisor shall ensure that the inmate is notified of receipt and/or resolution of the grievance within five (5) days. The grievance shall be investigated, and a decision provided to the inmate within fourteen (14) days of original receipt of the grievance. 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. At any level of the process, including the appeal, if the inmate does not receive a response within the allotted time, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. The process does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse or requires an inmate to use an informal grievance process or otherwise to attempt to resolve with staff. There was one grievance filed during the audit period. The grievance was handled within the appropriate time frames. The grievance was investigated and determined it was not PREA related.

All grievance forms alleging imminent sexual abuse or sexual harassment shall be accepted and forwarded to a supervisor for immediate action. Per policy 609.5.1 Inmate Grievances-Emergency Grievances Related to Sexual Abuse states the supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours. The supervisor shall refer the grievance to the Supervisor, who will investigate and issue a final decision within five (5) 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. There were no grievances filed claiming substantial risk of imminent sexual abuse.

A third party shall be permitted to assist an inmate in filing a grievance relating to allegation of sexual abuse. Policy 609.5 Inmate Grievances-Additional Provisions for Grievances Related to Sexual Abuse states third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing such grievances and to file such grievances on behalf of inmates if the inmate agrees to have the grievance filed on his/her behalf. Staff members who receive a grievance filed by a third party on behalf of an inmate shall inquire whether the inmate wishes to have the grievance processed and shall document the inmate's decision. There were no third-party grievances filed. The facility provided an example of a third-party report that occurred in 2016 for documentation of the process.

Policy 609.5 Inmate Grievances-Additional Provisions for Grievances Related to Sexual Abuse states an inmate may be disciplined for filing a grievance related to sexual abuse only when the investigation determines the inmate filed the grievance in bad faith. The facility had no disciplinary actions against an inmate for having filed a grievance in bad faith.

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

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

The agency provides access to victim advocates for emotional support services through a hotline and mailing addresses for inmates. This information is provided to the inmate population through the inmate Informational Handbook, pamphlet, and victim support services posters throughout the facility. The postings were observed during the facility tour. The information provided includes the hotline number and address for Hope House. The pamphlet provides the Hope House information along with the address for Just Detention International for confidential support.

A victim advocate will be provided to the inmate upon request to provide emotional support through the forensic medical examination and investigation interviews. These services are provided through the Hope House. The agency has a Memorandum of Understanding with the Hope House to provide victim advocate services to inmates. The agreement outlines the services provided including: ensure coordinated, safe, and confidential emotional support; accompaniment at interviews and medical examinations; crisis intervention services; information; and referrals for victims of sexual abuse in confinement in the Sauk County Jail as required by the Prison Rape Elimination Act (PREA). The PREA Coordinator/Compliance Manager stated that if the Hope House was unable to accompany the inmate to the hospital, the facility or hospital would contact the rape Crisis Center of Madison for an advocate. The interview with a representative for Hope House indicated that they have not been utilized for services at the hospital, however, they have provided emotional support seven (7) times for inmates within the facility. They also provide programming within the facility for the female population for Domestic Violence, Safety Planning, Healthy Family/Relationships, Child Custody, and Sexual Assault. Inmates can contact Hope House by dialing the 800 toll free number which is provided on posters and the PREA brochure. The number is unmonitored and unrecorded by the facility. Inmates are also able to write as a privileged correspondence.

Inmates are informed to the extent communications will be monitored through the posters near the telephone and a note on the PREA poster that refers the inmate to the handbook for more information on anonymous reporting and limits to confidentiality for emotional support services. The handbook states “there are limits to confidentiality when talking to medical, mental health, or any other staff members/contractors/volunteers. Staff are required to report if you state a desire or intention to harm yourself or cause harm to others; or report you have been sexually assaulted or have perpetrated sexual assault in this or any other correctional facility. This is

required to comply with federal regulations, and to help the Sheriff's Department keep you, other inmates, and staff members safe."

The facility exceeds the standard with the numerous ways emotional support is provided to the inmate. The instant accessibility through the hotline. And the cooperative relationship the facility has with Hope House for emotional support services and programming within the facility. The auditor tested the hotline during the facility tour.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

The PREA webpage on the agency's website provides the PREA hotline and phone numbers as methods for third party reporting of sexual abuse and sexual harassment. The website encourages family members and the general public to report allegations of sexual assault. It also states "reports can be made verbally or in writing. You remain anonymous, however, the more detailed information you provide, including your names, the name of others involved and the specific locations of the incent, the better we can investigate the actions. A PREA Hotline phone number has been established for you to directly report such incidents of sexual misconduct." Third party reporting information for the public is shared through the agency website, posters, inmate Informational Handbook. Inmates may also report allegations through third party reporting. The inmates may also use the hotlines for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policies 606.4 PREA-Reporting Sexual Abuse, Harassment and Retaliation and 606.7 PREA-Sexual Assault and Sexual Harassment Investigations requires 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. It also states sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law. Staff indicated they would share information only with the supervisor and any staff that has a legitimate reason to know like medical and the investigator. This is covered in the orientation and annual in-service training.

The specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report sexual abuse and sexual harassment of inmates. Staff indicated in the interviews they were aware of the methods available to report sexual abuse and sexual harassment. Staff were also knowledgeable on the methods inmates could report to staff and their responsibility in the process. They indicated in the interviews they would report immediately to a supervisor or Jail Captain immediately. After verbal reporting, a written report would be completed and forwarded to the supervisor. Staff interviewed knew that private reporting may be completed by calling the hotline or contacting an agency supervisor outside the jail command.

Medical and mental health practitioners are trained during orientation and annual training about mandatory PREA reporting procedures. Policies 708 Health Appraisals and 712 Mental Health Services outlines the staff reporting duties for sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentially at the initiation of services. The health care staff acknowledged they 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. The staff indicated they have a separate consent form for youthful inmates. This provision of informed consent shall be explicitly documented in a progress note. Staff indicated they are required to report as soon as possible to a supervisor or Jail Captain.

In the Jail Captain's interview, it was indicated that if an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered vulnerable, it would be referred to the Department of Human Services. The PREA Coordinator/Compliance Manager indicated that it would be mandatory reported to a social worker at the Department of Human Services. Policy 606.7 PREA-Sexual Assault and Sexual Harassment Investigations

state 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.

The facility policy 606.4 PREA-Reporting Sexual Abuse, Harassment, and Retaliation direct that 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. The Jail Captain indicated in the interview that all allegations are referred for investigations and assigned to a sergeant to begin the investigation. An agency detective would be notified if assistance is needed or if the incident is criminal in nature. Two (2) of the allegations were reported to staff and with the review of the investigations, staff reported promptly and documented the verbal report in a written format.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policy 606.2 states staff will take immediate action to protect detainees who are reasonably believed to be subject to a substantial risk of imminent sexual abuse. The Jail Captain stated in his interview that the inmate would be removed from the area to a safe location and an investigation would be started. An inmate at risk or a potential predator may be reclassed to another housing unit or if no other options are available, a potential victim may be temporarily placed in protective custody until other steps can be taken. If the inmate must be placed in protective custody for safety, it will be considered after all available alternatives are reviewed and determination has been made that there is no available alternative means of separation from likely abusers. All staff interviewed knew the steps to take to protect an inmate at risk for sexual abuse with immediately action taken to protect inmates who are in substantial risk of sexual abuse by removing the inmate from the area to a safe location. This is covered in annual training. The first responders interviewed outlined the process taken to ensure the safety of the inmate. In the past twelve months, no inmate reported feeling at imminent risk of sexual abuse or any staff reported that an inmate was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

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

The agency's policy 606.4.1 Reporting to Other Facilities 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. The facility head that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The Jail Captain confirmed he would make the notification to the other facility and document the notification. The facility has created a spreadsheet that will document such notifications.

In the past twelve months, there was one allegation received that an inmate was abused while confined at another facility. The Jail Captain provided notification to the other facility through email within 72 hours. The inmate was booked on the afternoon of December 4th and the notification was made on December 7th. The facility provided the email sent as notification to the other agency as documentation. The other facility responded back the next day that they were aware of the complaint and the incident was investigated. There were no allegations of sexual abuse that occurred at Sauk County Jail reported at another facility. The Jail Captain stated if

there was a report an investigation would be started on the allegation and information of the investigation would be shared with the other facility. The allegation would be handled like any other allegation. The facility provided a historical record of an allegation reported to the facility in 2016 to document the process. The facility once notified started an investigation. The investigation was determined unsubstantiated; the investigation concluded that evidence was insufficient to determine whether or not the event occurred.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

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

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

The agency's policy 606.6 PREA-First Responder requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse. The policies clearly specify the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The first security staff member to respond to the report is required to separate the alleged victim and abuser; request medical assistance as appropriate, preserve and protect the crime scene; request the alleged victim and alleged abuser to take no action to destroy evidence; consider whether a change in classification or housing assignment for the victim is needed; and determine whether the alleged perpetrator should be administratively segregated or transferred. The policy also 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. This is shared with staff during annual training and refreshers.

Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps as a first responder. The first responders interviewed outlined the process taken to ensure the safety of the inmate including separate the inmates; secure the area; request the inmates not to destroy evidence and keep them in a secure area preferably with no sink or toilet; ask them not to change clothes, brush teeth, use bathroom; take the victim to medical; and contact a supervisor. Then document all details of the incident on an incident report. The supervisor will notify the Jail Captain and other notifications as needed.

Two (2) of the allegations were reported to Deputies and with the review of the investigation files, staff reported promptly and documented the verbal report in a written format. None of the allegations required the collection of physical evidence.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

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

The Sauk County Jail has a written institutional plan, Coordinated Sexual Abuse Response Plan. The plan coordinates the actions taken in response to an incident of sexual abuse among first responders, jail sergeant or captain, PREA liaison, medical staff, mental health staff, and detective or other law enforcement investigator. The plan outlines all activities and staff responsibility from the reporting of the allegation through follow-up and long-term duties. During staff interviews, each area detailed their responsibilities in their coordinated efforts during an incident. Interviews with the Jail Captain, sergeants, investigators, and healthcare staff indicated a commitment of the facility staff for handling a coordinated response. During the Jail Captain's interview, it was stated that the Coordinated Response Plan is part of the incident review process. He also stated the facility staff work together well and have a good working relationship.

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

The Sheriff's Office has a collective bargaining agreement between Sauk County and Wisconsin Professional Police Association (January 1, 2016 through December 31, 2017). A new contract agreement is in progress. The collective bargaining agreement covers the jail deputies. The supervisors and clerical are not covered by collective bargaining. Facility's correspondence with the Sauk County Corporation Counsel stated that inserting the language of the standard doesn't make a policy or contract legally sufficient for PREA compliance. That compliance with the standard is through internal investigation process and disciplinary policies.

The Jail Captain stated the collective bargaining agreement allows removing alleged staff sexual abusers from contact with inmates pending the outcome of the investigations or if a

determination of whether and to what extent discipline is warranted. That the agency has a right to reassign a staff member, move staff, and discipline staff. A termination or removal of staff would go through a formal discipline process. The staff member would be placed on administrative leave during the investigation process and may be extended through the formal disciplinary process.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

The facility's policy 606.5 PREA-Retaliation establish practices to protect inmates and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or inmates. All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation. Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and

support services for inmates or staff who fear retaliation shall be utilized. The Jail Captain 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 Sergeant interviewed indicated that the supervisor who investigated the allegation would be responsible to complete the monitoring for that incident. 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 Sergeant indicated that monitoring will be conducted every thirty (30) days up to ninety (90) days. The supervisor monitoring will complete the Monitoring Form which documents the 30-day review, 60-day review, 90-day review, and if monitoring is needed beyond 90-days. If needed beyond 90-days, the monitoring would continue until determined it was no longer needed. The Jail Captain takes reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

The sergeant indicated that inmate monitoring for retaliation will include behavioral changes, incident reports, mental health contacts, reclassifications, and requests submitted. The staff monitoring will include sick call use, post changes, changes in behavior, and discipline. The Jail Captain stated that monitoring would start once the investigation is completed. A sergeant would be assigned to monitor the individuals involved in the incident every 30 days up to 90 days. Monitoring of staff is the same process. Staff can file a complaint with a supervisor, which would be assigned an investigation. Training regarding retaliation for staff is provided through Human Resources and annual PREA training.

If a staff member or inmate who reported sexual abuse or cooperated with an investigation expresses a fear of retaliation, the facility and agency will take appropriate measures to protect that individual against retaliation. Staff shared that appropriate measures may include: changing housing assignments and initiating transfers for an alleged victim and/or perpetrator; preventing contact between an alleged victim and perpetrator; providing employee assistance services or other resources for employees who may need psychological or emotional support; reassigning alleged staff sexual abusers from contact with any victim pending the outcome of the investigation or of a determination of whether and to what extent discipline is warranted; reassigning any other employee to another location; and providing support services to victims who may need psychological or emotional support.

Staff interviewed indicated that monitoring starts immediately. The monitoring shall include periodic in-person status checks every thirty (30) days. There is a ninety (90) day monitoring time-period for retaliation review, however the time frame can be extended if warranted. If an inmate is retaliating, the inmate would be sanctioned through the discipline process. If a staff member is retaliating, progressive discipline would be initiated.

A form is maintained for each inmate or staff member that is being monitored. The monitoring staff were knowledgeable of the monitoring responsibilities and process. The facility has not received any complaints of retaliation during this audit period. The auditor suggested to the

facility that the supervisor that completed the investigation should not monitor for retaliation on the incident. Another supervisor that is not involved should be assigned the monitoring to ensure no conflict of interest and the individuals feel that an unbiased individual is providing the monitoring.

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policy 606.11 PREA-Protective Custody states any use of segregated housing to protect the inmate who is alleged to have suffered sexual abuse shall not be placed in protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in protective custody for less than 24 hours while an assessment is completed. If an involuntary protective custody assignment is made, 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. The Jail Captain during the interview indicated that inmates would only be placed in involuntary segregated housing only after all other alternatives are reviewed. The inmate would be housed in an intake cell while a housing placement is reviewed. The Jail Captain with the classification staff would determine if protective custody was necessary for safety.

Inmates that are placed in protective custody on this basis shall have access to programs privileges, education, and work opportunities to the extent possible, per policy. Through the interview, staff indicated programs, privileges, education, and work opportunities would be accessible to the inmate and only limited due to safety. The inmate would still have access to phone, television, dayrooms areas, and canteen. The education would be provided one on one instead of in a group setting. If restrictions occur, the staff document the restrictions, duration of the limitation, and reasons for the limitation on an incident report. The facility has not placed an inmate in protective custody involuntarily. From the interviews with staff and policy review, the auditor felt that the facility was addressing individual housing and program needs consistent with the security and safety of the inmate.

If an inmate was placed in protective custody, the inmate would have an initial risk assessment interview to determine need of placement. The policy states the facility shall assign these inmates to protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days. The Jail Captain stated weekly reviews would be conducted that includes the sergeant, mental health, and classification staff. If the involuntary housing assignment is extended, the basic for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged will be clearly documented.

There were no inmates placed in post-allegation protective custody during this audit period.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

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

The Sauk County Sheriff's Office is responsible for administrative and criminal investigations. Both administrative and criminal investigations start immediately following an allegation by the agency. The agency policy 901.5 PREA-Investigations 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 special training shall conduct sexual abuse investigations. The Jail Captain stated in his interview that all allegations are referred for investigation immediately. The investigator interviews were conducted with a facility investigator and an agency detective who oversees the investigation process and conducts inmate on inmate and staff on inmate administrative and criminal investigations. The interviews confirmed the practices for PREA investigations and the investigators were knowledgeable of the investigation process and the uniformed evidence protocol. The investigators stated that all allegations reported are investigated and the investigation is started immediately. Once the allegation is reported, the supervisor is notified which initiates the investigation process immediately. The investigation would be completed by a specialized trained investigator within the facility. If the incident was physical, a detective would be contacted to assist with the investigation or contacted to assist if needed. The policy states administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. The facility, when practicable, utilizes an investigator of the same sex as the victim for the investigation. The Jail Captain's interview confirmed the practices.

The facility's policy section 308.5 PREA Training-Specialized Investigative Training states that 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. The specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence;

techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution. The agency currently has sixteen (16) trained investigators. All the jail supervisors and detective staff have completed the mandatory training for investigations through the NIC on-line training; PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Investigating Sexual Abuse in a Confinement Setting Advanced Investigations. Training certificates for the sixteen (16) investigators were provided for documentation. The investigators interviewed acknowledged receiving the training. The specialty training was verified through the investigators interviews and review of the training records. All investigations reviewed were conducted by specialized trained investigators.

The policy and procedures, 606 PREA-Sexual Abuse and Sexual Harassment Investigations, 308.5 PREA-Specialized Investigation Training, 901.5.2 PREA-Investigator Responsibilities, and 606.10 PREA-Examination, Testing, and Treatment outline evidence protocols for administrative proceeding, investigations, criminal prosecutions, and requirements for forensic exams. The agency utilizes the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition, April 2013. The interviews with the investigators confirmed the practices for PREA investigations and the investigators were knowledgeable of the investigation process and the uniformed evidence protocol. The policies outline evidence protocols for administrative proceeding and criminal prosecutions; and requirements for forensic exams. The policy states the investigator will gather and preserve direct and circumstantial evidence, including any available physical and biological evidence and any available electronic monitoring data; interview alleged victims, suspects and witnesses; review any prior complaints and reports of sexual abuse involving the suspect; conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution; assess the credibility of the alleged victim, suspect or witness on an individual basis and not by the person's status as a detainee or a member of the Sauk County Sheriff's Office; document in written reports a description of physical, testimonial, documentary and other evidence, the reasoning behind any credibility assessments, and investigative facts and findings; refer allegations of conduct that may be criminal to the District Attorney for possible prosecution; and cooperate with outside investigators and remain informed about the progress of any outside investigation.

The agency would refer serious complaints against staff to an outside agency for a secondary or formal investigation. The investigators and the Jail Captain indicated the investigation would be conducted by Columbia County. They stated the outside agency is PREA trained and understand the requirements of a PREA investigation. The investigators explained the roles and responsibilities of each agency and they were clearly defined and understood. The facility will cooperate fully in this investigation and monitor its progress through the investigators, PREA Coordinator/Compliance Manager, or Jail Captain.

The investigators complete a written report with investigation findings per policy 606.7.1 PREA-Investigation Findings, 607.7 PREA-Sexual Abuse and Sexual Harassment Investigations, and 901.5.2 PREA-Investigator Responsibilities. The report format contains the persons involved; a thorough summary of the incident including the physical, testimonial, and documentary evidence; notifications made, what action or inaction was taken; attachments from the

investigation; inmates' photographs after allegation if warranted, administrative review and summary; and the investigation outcome. A review of five (5) administrative investigations from within the audit year was conducted. All contained the required information. The auditor also reviewed historical investigation files of a 3rd party report, an investigation sent for prosecution, and an investigation completed by an outside agency. The facility provided these historical investigations to document the practices.

Policy 606.7 PREA-Sexual Abuse and Sexual Harassment Investigations states all substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The facility referred one case to for prosecution. The prosecutor declined the case due to the menial level of the sexual contact alleged, the differing witness statements, and that the allegation only arose after there was an apparent fight between the victim and suspect. The investigator stated substantiated cases and any cases physical cases would be referred for prosecution. The investigators would refer the case to the prosecutor's office to review and determine if further information is needed to proceed.

The investigators stated all administrative and criminal investigations will be completed on all allegations even if the alleged abuser or victim transfers or departs employment with the agency. Policy 606.7 PREA- Sexual Abuse and Sexual Harassment Investigations states the departure of the alleged abuser or victim from the employment or control of the facility or office shall not provide a basis for terminating an investigation.

Policy states the credibility of an alleged victim, suspect, or witness shall be determined individually during the initial investigation and shall not be determined by the person's status as inmate, detainee, prisoner, or employee. The investigators stated credibility is on a case by case basis and all evidence based. An inmate is not required to submit to a polygraph exam or other truth telling devices as a condition for proceeding with an investigation. The inmate interviewed that reported sexual abuse indicated he was not required to submit to a polygraph examination.

Policies 604.14 PREA-Records and 901.8 PREA-Records state all case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with confidentiality laws. The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years. All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise. The auditor reviewed a historical investigation from 2013 that documented the retention period.

There were five (5) allegations of sexual abuse and sexual harassment reported during the audit period (August 2017- August 2018). There were three (3) staff on inmate allegations and two (2) inmate on inmate allegations. The staff on inmate allegations were three (3) staff on inmate sexual misconduct allegations. The administrative findings of the staff on inmate allegations of sexual abuse were all unfounded. The two (2) inmate on inmate allegations were abusive sexual contact (1) and inappropriate touching (1). The administrative finding of the abusive sexual

contact allegation was substantiated, and the inappropriate touching was unsubstantiated. The substantiated case was referred for prosecution. The prosecutor declined the case. A review of all investigations was conducted.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

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

The agency imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. This is documented through facility policies 606.7.1 PREA-Investigative Findings and 901.5.5 PREA-Conclusions and Findings. The investigators indicated that a preponderance of evidence is required to substantiate allegations. The interviews with the investigators and staff confirm compliance with the policy and standard.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

The agency's procedures require that all inmates who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated, unsubstantiated, or unfounded. The procedures for reporting investigation outcomes to inmates are documented in the facility's policy 606.7.2 PREA-Reporting to Inmates. 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 investigators stated the notifications are made by the Jail Captain or the sergeant that completed the investigation. Staff would meet with the inmate and verbally explain the investigation outcome and document the notification in the incident review report. The Jail Captain confirmed the process during his interview. The inmate that reported sexual abuse interviewed stated he received the notification verbally by staff. Three (3) notifications were made during the audit period. Two (2) inmates were release prior to the investigation completion.

The auditor recommended that the inmate sign for the notification to provide the notice was received by the inmate. The facility created the Incident Review Outcome Form for documentation of the notice and provided any example notification after the on-site audit. The Incident Review Outcome Form is completed providing the investigation outcome in writing to the inmate. The inmate and staff sign the form acknowledging the notifications was made and the date of the notification.

If the allegation was sexual abuse by a staff member, the policy requires the inmate be informed of the status of the staff member in person to include whether the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency's learns that the staff member has been indicated on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another inmate, the facility informs the inmate whether the alleged abuser has been indicated on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. The is outlines in policy 606.7.2 PREA-Reporting to Inmates. The inmate will be notified through the supervisor completing the investigation or the Jail Captain.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

The facility's policy 606.7.1 PREA-Investigations states the staff shall be subject to disciplinary sanctions, up to and including termination, for violating policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of sexual abuse or sexual harassment

policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies. Policy 108 Rule of Conduct also states unwelcome solicitation of a personal or sexual relationship while on duty of through the use of official capacity; engaging in sexual abuse; conviction or civil administrative adjudication for engaging or attempting to engage in sexual activity that was facilitated by force, overt or implied threats of force, coercion, of if the victim did not consent or was unable to consent or refuse; engaging in on-duty sexual relations including, but no limited to, sexual intercourse, excessive displays of public affection, or other sexual contact; and engaging in personal associations with inmates are causes for disciplinary action.

Staff stated that any incident involving allegations of staff-on-inmate sexual abuse or sexual harassment will be referred to the Jail Captain or Lieutenant for investigation. The agency would refer serious complaints against staff to an outside agency for a secondary or formal investigation. The Jail Captain stated the employee under investigation would be placed on administrative leave during the investigation process and may be extended through the formal disciplinary process. The employee may also be reassigned to a post with no inmate contact pending the outcome of the investigation or of a determination of whether and to what extent discipline is warranted. A termination or removal of staff would go through a formal discipline process. The staff member would be placed on administrative leave

There were no employees that violated the agency sexual abuse or sexual harassment policies during the audit period.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policy, 606.8.1 PREA – Sexual Abuse by Contractor or Volunteer 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 licensing bodies. 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. The Jail Captain stated the volunteer or contractor would be banned or suspended from the facility during the investigation. If the case is substantiated, the individual's clearance would be removed from entering the facility. Interviews with contractors and volunteers confirmed they were aware of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of inmates.

In the past twelve months, there were no contractors or volunteers suspended or reported to law enforcement for engaging in sexual abuse of inmates. The facility provided one historical example of an investigation and removal of a contractor to document the process. The contractor was removed for established an inappropriate relationship with an inmate with no physical contact, which was determined not to be a PREA incident, The review team did review the investigation and incident; the review determined although they did not have physical contact, an inappropriate relationship developed between the contractor and the inmate while the inmate was housed at the Sauk County Jail. The PREA Coordinator/Compliance Manager noted that the contractor completed the PREA training and was cleared by the department background check.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policy sections 600.10 Inmate Discipline-Guidelines for Disciplinary Sanctions and 600.7.4 Inmate Discipline-Disciplinary Decisions outline disciplinary sanctions for inmates for sexual abuse and sexual harassment. The policy states inmates who are subject to discipline as a result of rule violations shall be afforded the procedural due process established in the policies, procedures and practices relating to inmate discipline. All inmates will be made aware of the rules of conduct related to maintaining facility safety, security and order, as well as clearly defined penalties for rule violations. All disciplinary actions will follow clearly established procedures. All disciplinary sanctions will be fairly and consistently applied. The rules of conduct and disciplinary sanctions are provided in the inmate Informational Handbook for the inmate's reference. The inmates are subject to disciplinary sanctions following an administrative findings that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse, sanctions are 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 per policy.

The Jail Captain stated disciplinary sanctions would start with a disciplinary report being filed and then a due process hearing. If the inmate is found guilty, discipline would be sanctioned. Sanctions would begin with a range of 0-10 days per violation up to a total of sixty (60) days per incident aggregate. The Jail Captain stated all disciplinary sanctions are reviewed and approved by his office. If the inmate has mental health concerns, the mental health staff is involved in the disciplinary process.

Policy section 600.10 states the sanctions imposed for rule violations can range from counseling, loss of privileges, extra work, loss of good and/or work time and restitution for damaging jail property, to implementation of the Disciplinary Segregation Policy. To the extent that there is available therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an inmate being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits. The healthcare staff interviewed stated mental health would provide mental health counseling and acute intervention. The inmate would be referred to outside resources for treatment services. During the interviews with medical and mental health staff, they indicated that an inmate's participation is not required as a condition of access to programming or other benefits; the inmate can refuse services at any time. This supports the answer provided by the facility on the Pre-Audit Questionnaire.

The facility's policy 600.9 Inmate Discipline-Limitations on Disciplinary Actions 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. The policy also indicates an inmate may be disciplined for sexual conduct with staff only upon finding that the staff did not consent to such contact. This information is provided to the inmates in the inmate Informational Handbook and pamphlet. In the past twelve months, there was one substantiated case of inmate on inmate sexual abusive sexual contact. The substantiated case was referred for prosecution. The prosecutor declined the case. The inmate was sanctioned through the disciplinary process.

The policy states no inmates may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred. The facility had no inmates disciplined for falsely reporting in the audit year. The facility provided a historical example from 2015 that demonstrated an inmate disciplined for falsely reporting. The inmate made a claim of sexual misconduct against staff and through the course of the investigation, it was determined to be an intentional false claim. This resulted in discipline for the inmate.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policies 708.3.1 Heath Appraisals-PREA Screening Follow-up and 713.4 Mental Health Screening and Evaluation-Mental Health Appraisal requires medical and mental health follow-up within fourteen (14) days for those inmates who disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community. Staff interviewed indicated that at intake screening, if the inmate has disclosed prior sexual victimization and/or previously perpetrated sexual abuse, the PREA Prior Sexual Victimization or Perpetrated Sexual Abuse Mental Health Request is completed and forwarded to mental health along with an email notification. This process started in July 2018 and within that time period thirty-three (33) inmates were referred to mental health. Although this process began late in the audit year, the auditor found the facility in compliance since the process was established and referrals and assessments documented. If deemed as an emergency or a serious nature, the inmate is seen immediately by medical and mental health. All other follow-ups from referrals will be seen by medical and mental health within fourteen (14) days per policy. The mental health staff interviewed indicated the inmate is usually seen the same day of the referral or within the next working day.

Interviews with medical and mental health staff outlined the screening process and confirmed that follow-ups are conducted within the proper time frames. Staff indicated that inmates deemed emergency would be seen immediately during working hours and always within 24 hours and non-crisis situations are seen within 24 hours but have up to 14 days to be seen. Interviews with inmates who indicated prior sexual victimization confirmed they received a referral and follow-up with mental health in most cases within 24 hours of disclosure and one within three (3) days. One inmate indicated a referral was made, but he refused the service. All inmates interviewed made positive remarks about the services provided through the mental health and the willingness of the staff to assist.

Policy 606.10 PREA-Examination, Testing, and Treatment 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. Staff interviewed indicated information is securely maintained in the healthcare area and information is only

shared with staff that have a legitimate reason for the information for security and management decisions.

Medical and mental health practitioners are trained during orientation and annual training about mandatory PREA reporting procedures. Policies 606.10 PREA-Examination, Testing, and Treatment; 708 Health Appraisals; and 712 Mental Health Services outlines the staff reporting duties for sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentially at the initiation of services. The health care staff acknowledged they 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. The staff indicated they have a separate consent form for youthful inmates. This provision of informed consent shall be explicitly documented in a progress note. Staff indicated they are required to report as soon as possible to a supervisor or Jail Captain.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

Upon an allegation of sexual abuse, the supervisor or Jail Captain begins the notifications which include medical and mental health services. The interviews with medical staff confirmed that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Emergency medical attention is provided through the facility's medical department during working hours. Medical is on-site 6:00am to 10:00pm Monday through Friday and twelve (12) hours on Saturday and Sunday. Any emergency after hours, the inmate is transported to the hospital emergency room. If after normal business hours, the healthcare staff on call will be notified. If further services are needed or a forensic exam, the inmate is transported to the Meriter Hospital in Madison. The interview with the SANE nurse from Meriter Hospital, indicated a SANE/SAFE is available 24 hours, 7 days a week, there is one assigned for each shift. There are thirteen (13) specialty trained SANE/SAFE. If a SANE is not available at the time, due to multiple victims, another SANE would be called in. SANE staff are on a 24 hour / 7-day call in. The forensic examinations and emergency treatment are provided with no cost to the inmate. Policy 606.9 PREA-Sexual Victims states inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services. Depending on the severity of the injuries, transportation may occur by a staff member or by ambulance, in either case with appropriate security to protect the staff, the inmate and the public, and to prevent escape.

Policy 606.10 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. This shall be done in a timely manner. The medical staff stated the inmate is informed about emergency contraception and sexually transmitted infection prophylaxis immediately in medical during assessment and then again at the local hospital. Follow-up treatment is provided by the hospital or doctor's orders. The inmate will be provided repeat tests and any treatment/medication needed. The inmate interviewed that reported sexual abuse did not require medical treatment, emergency contraception prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases. He indicated he was seen by medical immediately for an assessment.

Through the medical staff and SANE interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the hospital emergency department for completion of the forensic exam and emergency medical healthcare with no cost to the inmate. There were no forensic medical exams during the last twelve months.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

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

The facility policy 606.10 PREA-Examination, Testing, and Treatment states medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Victims shall be provided with follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. The inmate interviewed that reported sexual abuse indicated he was seen by medical, and indicated the services were provided without any financial costs. Healthcare staff interviewed stated inmates would be provided a medical assessment, physical exam to access any urgent care needs, treatment if needed, and then transferred to the hospital for a forensic exam. A mental health assessment and crisis counseling would be provided upon return to the facility. The medical and mental health staff interviewed indicated they felt the services are consistent with the level of care if not better since inmates are seen immediately for care. The auditor reviewed three (3) inmate medical records which documented timely referral to medical and assessments completed by medical and mental health.

Policy 606.10 states victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services. This shall be done in a timely manner. Healthcare staff stated the pregnancy test would be conducted immediately at the facility and at the hospital. Information about all lawful pregnancy-related medical services would first be provided at the hospital. The facility would follow-up with information if a pregnancy was confirmed. The inmate would also be referred to mental health.

Policy 606.10 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. This shall be done in a timely manner. The medical staff stated the inmate is informed about emergency contraception and sexually transmitted infection prophylaxis immediately in medical during assessment and then again at the local hospital. Follow-up treatment is provided by the hospital or doctor's orders. The inmate will be provided repeat tests and any treatment/medication needed. The inmate interviewed that reported sexual abuse did not require medical treatment, emergency contraception prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases. He indicated he was seen by medical immediately for an assessment.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

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

The facility policy 606.12 PREA-Sexual Abuse Incident Reviews states an incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The review should occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials and seek input from line supervisors, investigators and qualified health care and or mental health professionals, as appropriate. The Review Team includes upper-management officials. The Jail Captain indicated the members of the team include the Jail Administrator, PREA Coordinator/Compliance Manager, PREA Sergeant, Detective, and if needed the Medical staff and Mental Health staff. Input from other staff will be provided as needed. The Chair of the Committee is the PREA Coordinator/Compliance Manager.

The Review Team meets as needed to review incidents once the investigation is completed. The Review Team reviews all completed unsubstantiated and substantiated PREA related incidents and all cases where staff are involved regardless of the investigation outcome. The Review Team reviews the circumstances of the incident; the name(s) of the person(s) involved; whether a PREA incident has been substantiated, unsubstantiated, or considered unfounded by PREA investigators; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident alleged occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; and an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff. The interviews with staff on the Review Team indicated they review the investigation and all supporting documentation and videos. The case is discussed, and they go through the PREA questions.

A narrative report is prepared by the PREA Coordinator/Compliance Manager. The report will include the Review Team's findings, including but not limited to the determinations made of each element of the standard, and any recommendations or improvement and submits the report to the Sheriff. The Jail Captain and PREA Coordinator/Compliance Manager reviews the recommendations for improvements made by the Review Team and will implement them, as feasible, or shall document the reasons for not doing so, per policy 606.12. In this audit period, there were no recommendations from the incident reviews. The facility provided a historical example from 2013 where the Review Team discussed and recommended continued upgrades

to the camera system. The facility has upgraded the number of cameras that record in the facility from this recommendation.

The Incident Review Team members interviewed indicated they review the incident in detail. Under motivation they review the race, sexual orientation, gang affiliation, were inmates properly screened, and any potential identified group. In reviewing the location of the incident, they consider if the area has other issues, blind spots, structural issues, unsupervised area, physical layout, and trends of incidents. When assessing staffing, they review proper staffing of the day, assigned staff to the area, time of rounds, was staff ignoring issue, where staff was located during the incident, was policy followed, additional staff coverage needed, supervisor coverage, and is there a need for policy change. Under monitoring technology, the team reviews camera location, camera view, video needs, and are mirrors needed. The Review Team has not identified any trends. The Review Team completed four reviews; two (2) inmate on inmate incidents and two (2) staff on inmate cases. The auditor reviewed the Incident Review Reports.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policy 606.13 PREA-Data Collection and Review outlines the data collection process utilized by the agency. The facility's PREA Coordinator/Compliance Manager and Sergeant are responsible for entering data into a log established to collect all necessary data. The log is a chronological listing of each sexual abuse, threat, or compliant that occurs in a month including incident type, date of incident, date reported, date investigation started, how reported, who took the initial report, names of those involved, investigation outcome, type of incident, and the investigator assigned. The facility collects the uniform data needed to complete the Survey of Sexual Victimization, Local Jail Jurisdictions. The facility submitted the Survey of Sexual Victimization, Local Jail Jurisdictions per request of the U.S. Department of Justice Bureau of Statistics in August 2016. The PREA Coordinator/Compliance Manager stated that all data is stored securely in a locked cabinet within a locked office. Any electronic information is stored on a secure network that is only accessible by the Sheriff's Department Administration.

The PREA Coordinator/Compliance Manager creates the PREA annual report; which is approved by the Jail Captain. The PREA annual information is included in the Sauk County Sheriff's Office Annual Report. The 2013 and 2017 reports are available on the agency's website; https://www.co.sauk.wi.us/sheriffsoffice/prison-rape-elimination-act-prea-information. The reports were reviewed as part of the audit process. The auditor suggested the report be expanded to include narrative details of the comparison of the current year's data to previous years, corrective actions taken, and assessment of the agency's progress in addressing sexual abuse. The current report is statistical without narrative explanation.

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

Standard 115.88: Data review for corrective action

115.88 (a)

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

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

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policy 606.13 PREA-Data Collection states the office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and

response policies, practices and training by: identifying problem areas; identifying corrective actions taken; recommending corrective actions; comparing current annual data and corrective actions with those from prior years; assessing the office's progress in addressing sexual abuse; preparing an annual report of its findings and corrective actions for the facility, as well as the agency as a whole. 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. The PREA Coordinator/Compliance Manager indicated that names would be redacted.

The PREA Coordinator/Compliance Manager creates the PREA annual report; which is approved by the Jail Captain. The PREA annual information is included in the Sauk County Sheriff's Office Annual Report. The 2013 and 2017 reports are available on the agency's website; https://www.co.sauk.wi.us/sheriffsoffice/prison-rape-elimination-act-prea-information. The reports were reviewed as part of the audit process. The auditor suggested the report be expanded to include narrative details of the comparison of the current year's data to previous years, corrective actions taken, and assessment of the agency's progress in addressing sexual abuse. The current report is statistical without narrative explanation. The Jail Captain stated he reviews the annual report information and forwards the report to the Sheriff for approval. Once approved by the Sheriff, the report is submitted for upload to the website. The auditor recommended that the Sheriff sign the report to document the review by the administration.

Through interviews with the PREA Coordinator/Compliance Manager and Jail Captain and review of the agency's annual reports; it documents the data collection process.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

The facility's policy 606.13 PREA-Data Collection and Review states all aggregated sexual abuse data from Sauk County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. The PREA Coordinator/Compliance Manager stated that all data is stored securely in a locked cabinet within a locked office. Any electronic information is stored on a secure network that is only accessible by the Sheriff's Department Administration. The PREA Coordinator/Compliance Manager indicated that names would be redacted from the report.

The PREA Coordinator/Compliance Manager creates the PREA annual report; which is approved by the Jail Captain. The PREA annual information is included in the Sauk County Sheriff's Office Annual Report. The 2013 and 2017 reports are available on the agency's website; https://www.co.sauk.wi.us/sheriffsoffice/prison-rape-elimination-act-prea-information. The reports were reviewed as part of the audit process. The auditor suggested the report be expanded to include narrative details of the comparison of the current year's data to previous years, corrective actions taken, and assessment of the agency's progress in addressing sexual abuse. The current report is statistical without narrative explanation. The Jail Captain stated he reviews the annual report information and forwards the report to the Sheriff for approval. Once approved by the Sheriff, the report is submitted for upload to the website. The auditor recommended that the Sheriff sign the report to document the review by the administration.

Policy 606.14 PREA-Records states all other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

This was the first PREA audit of the Sauk County Jail. The agency did not complete the first audit within the first three-year cycle. The agency became compliant by completing their first audit, although out of the first three-year cycle.

During the audit, the facility and agency provided the auditor full access to all areas of the facility and the auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the auditor requested documents. Private interview space was provided to the auditor for conducting staff and inmate interviews. Staff interviews were held in an administrative conference room in the administration section of the building and inmate interviews in program rooms within each housing unit.

Posted signs advised inmates could send confidential information or correspondence to the auditor. The auditor did not receive any correspondence from inmates.

Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

This is the first PREA audit for the Sauk County Sheriff's Department, Sauk County Jail.

AUDITOR CERTIFICATION

I certify that:

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

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

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

Barbara King December 17, 2018

Auditor Signature **Date**