

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report May 5, 2023

Auditor Information

Name: Barbara King	Email: Barbannkam@aol.com
Company Name: B.A.K. Correctional Consulting LLC	
Mailing Address: 1145 Eastland Avenue	City, State, Zip: Akron, Ohio 44305
Telephone: 330-618-7456	Date of Facility Visit: May 9-11, 2022

Agency Information

Name of Agency: Oneida County Sheriff's Office		Governing Authority or Parent Agency (If Applicable):	
Physical Address: 2000 E. Winnebago Street		City, State, Zip: Rhinelander, Wisconsin 54501	
Mailing Address: 2000 E. Winnebago Street		City, State, Zip: Rhinelander, Wisconsin 54501	
Telephone: 715-361-5185		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The mission of the Oneida County Sheriff's Office is to protect the lives and property of those who live, work, and play in Oneida County.			
Agency Website with PREA Information: https://oneidasheriff.org			

Agency Chief Executive Officer

Name: Grady Hartman	Title: Sheriff
Email: ghartman@co.oneida.wi.us	Telephone: 715-661-5105

Agency-Wide PREA Coordinator/Compliance Manager

Name: Mark Neuman	Title: Captain – Jail Administrator
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Email: mneuman@co.oneida.wi.us	Telephone: 715-361-5185		
PREA Coordinator/Compliance Manager Reports to: Sheriff	Number of Compliance Managers who report to the PREA Coordinator/Compliance Manager The PREA Resource Team that consists of a Compliance Sergeant and four correctional officers that report PREA issues to the PREA Coordinator.		
Facility Information			
Name of Facility: Oneida County Jail			
Physical Address: 2000 E. Winnebago Street Rhinelander, Wisconsin 54501			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 715-361-5185			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail		<input type="checkbox"/> Prison
Facility Mission: In accordance with Wisconsin State Statutes, the Department of Corrections Administrative Code, the Federal PREA Law, the mission of the Oneida County Jail is to safely and securely confine individuals in the least restrictive environment consistent with behavior, adjustment, special needs and severity of charges. The Oneida County Sheriff's Office has a zero-tolerance policy toward all forms of sexual abuse, misconduct, and harassment. All incidents of this nature shall be investigated ensuring the rights of all individuals are protected.			
Facility Website with PREA Information: https://oneidasheriff.org			
Warden/Superintendent			
Name: Mark Neuman		Title: Jail Administrator - Captain	
Email: mneuman@co.oneida.wi.us		Telephone: 715-361-5185	
Facility PREA Compliance Manager			
Name: Mark Neuman		Title: Jail Administrator - Captain	
Email: mneuman@co.oneida.wi.us		Telephone: 715-361-5185	
Facility Health Service Administrator			
Name: n/a		Title: Click or tap here to enter text.	
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	
Facility Characteristics			

Designated Facility Capacity: 203		Current Population of Facility: 76 (first day of audit)	
Number of inmates admitted to facility during the past 12 months			1,372
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			273
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			947
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: 18-76	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			8
Average length of stay or time under supervision:			27 days
Facility security level/inmate custody levels:			Low/ Medium/high medium/low max/max
Number of staff currently employed by the facility who may have contact with inmates:			21
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			9
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			1
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 10	
Number of Multiple Occupancy Cell Housing Units:		1	
Number of Open Bay/Dorm Housing Units:		9	
Number of Segregation Cells (Administrative and Disciplinary):		9	
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 that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and out of the building. The cameras are strategic placed inside the secure perimeter in corridors, visiting area, sallyport, intake, and housing areas. The cameras are viewed by the control centers and administration. The Agency has added four monitors, two hallway cameras, and two cameras in the intake area.			
Medical			
Type of Medical Facility:		Facility medical staff are contracted through Advanced Correctional Healthcare. On-site 40 hours a week.	
Forensic sexual assault medical exams are conducted at:		Local hospital: Aspires Rhinelander Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			3

Number of investigators the agency currently employs to investigate allegations of sexual abuse:	5
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Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Oneida County Jail (OCJ) in Rhinelander, Wisconsin, a facility under the operation of the Oneida County Sheriff's Office (OCSO) was conducted on May 9-11, 2022, by Barbara King, a Department of Justice (DOJ) certified PREA Auditor. The audit on-site visit was conducted during the COVID pandemic and under the facility's COVID operating protocols. This is the second PREA audit for the facility. The Agency houses adult male and female inmates and youthful offenders (age 17) for Oneida County, Wisconsin State Department of Corrections, and local cities. The inmates housed are sentenced, unsentenced, probation violators, and for extended sanctions.

The audit process began with communication between the agency's PREA Coordinator/Jail Administrator and the Auditor in January 2021. The Auditor explained the audit process detailing that audit compliance is assessed through written policies and procedures, observed practices, and interviews with inmates and staff. The Agency and Auditor discussed proposed audit dates, a date was determined when the audit could be accomplished safely for the staff, inmates, and Auditor within the Agency's COVID protocols. The Auditor continued communication through emails and conference calls with the PREA Coordinator/Jail Administrator and the Compliance Sergeant until the on-site audit. Within this period, the PREA Coordinator/Jail Administrator had a medical leave of absence, and the Compliance Sergeant became the point of contact. The audit date was set for May 2022. Prior to the on-site visit, the Auditor and the PREA Coordinator and Compliance Sergeant discussed the on-site visit, the audit schedule, and the COVID pandemic measures in place, and the safety requirements to enter the facility.

The Auditor provided the Audit Notices to the facility on March 24, 2022. The facility provided notification to the Auditor that the Audit Notices were posted by April 4, 2022, throughout the facility including in all housing units, hallways, and booking area. The PREA Coordinator emailed photos of the postings for verification to the Auditor on April 4, 2022. The Auditor observed the postings throughout the facility during the tour of the facility.

The Auditor received notice that the Pre-Audit Questionnaire (PAQ) was submitted by Vernon County Detention Center and ready for review on April 16, 2022. The PREA Pre-Audit Questionnaire and documentation included relevant policies and procedures and supporting documentation to demonstrate compliance for each standard. After the review of the Pre-Audit Questionnaire and documentation, the Auditor emailed the Agency a PREA Issue Log requesting further documentation for clarification and review on various standards on April 30, 2022. Information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

The Auditor reviewed the PREA information on the Oneida County Sheriff's Office website as part of the pre-audit documentation review; <https://oneidasheriff.org>. On the home page of the Agency is a link for the Agency's Prison Rape Elimination Act Disclosure. The tab opens to the Agency's PREA information. The website includes general PREA information, how to report an incident, and zero tolerance policy. The public can report any incident by calling the Oneida County Tip line or the Tri-County Crisis Center. It informs the public that callers can remain anonymous, and all reports will be investigated. The Corrections Division webpage contains PREA Annual Reports for 2019, 2020, and 2021 and the Final

PREA Report 2018. Also on this webpage is a link to the Agency's Prison Rape Elimination Act Disclosure webpage. The Auditor contacted Just Detention International for any information regarding the facility; none was noted.

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

- OFF-17-50 Prison Rape Elimination Act (PREA)
- OFF-18-50 PREA Investigation Protocol
- OFF-04-17 Property/Evidence Control
- COR-06-11 Inmate Grievances
- COR-07-4 Classification of Inmates
- COR-14-38 Inmate Discipline
- OFF-10-20 Fraternization
- COR-18-43 Nonconforming Intake and Housing – Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) and Gender Nonconforming
- COR-91-7 Inmate Health Screening at Admission

On April 21, 2022, the Auditor requested the following information be provided: the daily population report, staff roster to include all departments (include title, shift, and good days), inmate roster by housing unit and alpha listing, list of staff who perform risk assessments, list of medical/mental health staff, list of contractors and volunteers (include times available during audit), list of inmates with a PREA classification, list of lesbian, gay, bisexual, transgender, and intersex (LGBTI) inmates, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of inmates that reported sexual abuse, list of disabled and limited English proficient (LEP) inmates, list of the first responders from the reported allegations, and a list of how the allegations were reported (i.e. verbal to staff, grievance, hotline). The facility provided the requested facility information the evening before the audit. This information was utilized to establish interviews schedules for the random selection of inmates and staff to be interviewed (random and specific interviews protocols).

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

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

The facility tour was the first day of the on-site audit. Follow-up observations, interviews, and documentation review occurred on the last two days of the audit. The housing units, program areas, service areas, food service, control center, medical, visitation, and intake areas were toured by the Auditor. During the tour, the Auditor made visual observations of cameras, mirrors, PREA notices, and posted PREA information throughout the facility including all service, program, and housing areas. The Auditor examined sight lines for potential blind-spots, cross-gender viewing, the officers post sight lines, and camera locations and viewing areas. No blind spots were identified or potential cross-gender viewing issues. All potential cross-gendering viewing through cameras was blocked out by black boxes over toilets. In the previous PREA audit, cross-gender viewing was identified for cells that have a barred front wall with a sliding barred door that allowed a direct view of the toilet in the cell. The Auditor verified the completion of the metal mesh plates installed on all the cell fronts that eliminated the toilet view. The Auditor tested the reporting and the emotional support services numbers posted in the housing unit. The phones required an inmate pin to be used for any phone calls, which would identify an inmate and not allow anonymous calls. The Agency developed a process for inmates to report without identifying the inmate. The inmate when utilizing the phone is prompted if the call is a PREA call. If a PREA call, the inmate enters the phone number to the Oneida County Tip Line and/or the TRI-County Crisis Center without requiring an inmate account to be entered.

During the facility tour, the Auditor spoke to random staff and inmates regarding PREA education, reporting methods, response to an allegation, and facility practices. The Auditor observed cross-gender announcements made when entering housing units. The housing units have PREA information posted strategically in the housing units providing inmates readily accessible PREA educational information, zero tolerance policy, emotional support services available, how to report an incident, methods for reporting incidents, and reporting numbers and addresses. PREA information was also available to inmates through the Inmate Handbook, the Oneida County Jail Sexual Assault and Custodial Sexual Misconduct PREA pamphlet, on the KIOSK, and tablets. The information informs the inmates they can remain anonymous when reporting an incident. All information is provided in English and Spanish. Detailed information regarding these services will be outlined within the corresponding PREA standards noted throughout the report. The Auditor also reviewed the housing unit logbooks and the jail management electronic system (New World) to verify supervision and unannounced rounds by staff. The logbooks and electronic system documented unannounced rounds were conducted by immediate line supervisors and supervision rounds by officers.

All required facility staff and inmate interviews were conducted during the on-site three-day audit. The inmate interviews were held in an office that afforded privacy for the interviews. Staff interviews were held in the administrative office 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 the facility. Inmate interviews were based on the inmate population size of 51-100 inmates; a requirement of 16 inmate interviews with at least 8 from the target groups and 8 random interviews. Twenty-three (23) formal inmate interviews were conducted, and four (4) inmates were informally interviewed during the facility tours, (42% of the 76 inmate population). The random interviews 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 (19), LGBTI (1) and Who Disclosed Sexual Victimization (4) were interviewed. Interviews were not conducted for Disabled and Limited English Proficient, Youthful Offenders, Transgender/Intersex, and Inmates Placed in Segregation Housing for Risk. There were no inmates placed or housed in segregation housing for risk of sexual victimization during the audit period. The facility does house youthful offenders; there were none housed during the audit. No inmates were identified that has limited English proficiency or disabled. No transgender or intersex inmates were housed during the on-site audit. The inmates interviewed acknowledged they had been screened during the intake process, PREA 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 thirty-two (32) formal staff interviews (12 staff) were conducted and an additional five (5) informal staff interviews were also conducted during the facility tours. A number of staff were interviewed for multiple formal interviews which reflects why more interviews were held than staff who have contact with inmates. Staff were randomly selected from each of the three shifts (6). Additionally, specialized staff were interviewed including the Agency Head, Jail Administrator, PREA Coordinator, Intermediate-Higher Level Staff (3), Cross Gender Searches (2), Medical and Mental Health (2), Human Resources, Volunteers/Contractors (3), Investigator, Program Staff for Youthful Inmates (1), Line Staff Who Supervise Youthful Inmates (1), Staff Who Perform Risk Screening (1), Incident Review Team (3), Staff Who Monitor for Retaliation (1), First Responder (1), and Intake staff (2). The PREA Coordinator completed the interview questions through an email document and was available for follow-up questions while on medical leave. The Facility Administrator/Warden interview protocols was conducted with the Lieutenant who was acting Jail Administrator during the on-site audit. An interview with a contract monitor was not held, the facility does not contract to house inmates with another agency. There were no volunteers to interview, the facility was not utilizing volunteers at part of the COVID protocols. 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. An interview after the on-site audit was held with a representative from Aspires Rhinelander Hospital regarding the SANE services and the Coordinator from Tri-County Council on Domestic Violence and Sexual Abuse.

There were eight (8) allegations reported of sexual abuse and sexual harassment during the audit period which was provided to the Auditor. Four of the allegations were determined not to be PREA incidents. The Auditor reviewed all the allegations and was in agreement that four allegations were not PREA related. Of the four (4) PREA allegations that allegedly occurred and reported at the facility: one was staff on inmate sexual harassment determined unfounded and three (3) inmate on inmate sexual harassment allegations. Of the three inmate on inmate sexual harassment allegations, one was determined unfounded, one unsubstantiated, and one substantiated. None of the cases were criminal in nature or referred to outside investigative agencies. A review of all eight allegations and the four investigative cases was conducted by the Auditor.

Interviews were also conducted with outside agencies. An interview was conducted with the Director of Nursing within the emergency room of the Marshfield Medical Clinic regarding the SANE services provided at the hospital and with the Coordinator at the Tri-County Counsel on Domestic Violence and Sexual Assault regarding emotional support services. The interview with the representative from Marshfield Medical Clinic Weston, the local hospital, regarding SANE services provided was conducted after the on-site audit. It was stated during the interview that emergency medical treatment and SANE services are available at the hospital. The representative interviewed stated the facility contacts the

hospital to notify them that a SANE exam is needed. The hospital has SANEs on staff within the emergency room. It was indicated that a SANE/SAFE is available 24 hours, 7 days a week, there are three SANE scheduled per day on different shifts. If a SANE is not available at the time, a call back system would be utilized for a SANE to report. A SANE usually reports within ten minutes. The coordinator interviewed from Tri-County Counsel on Domestic Violence and Sexual Assault stated emotional support services are available 24 hours a day/ 7 days a week. When an inmate calls the hotline, they are not asked to identify themselves. It is the choice of the inmate if they want to share their name. She indicated an advocate is available during the forensic exam and the inmate is provided a packet of resources available to them. The advocate is also available for the investigation interviews and court proceedings. The advocate would follow-up with the inmate either on the phone or a one-on-one contact in the facility. Services are confidential unless the inmate approves the disclosure of information.

The Auditor reviewed nine inmate files for education and risk screening, four investigative files, nine staff, and three contractors' personnel files for training records, hiring selection, and backgrounds.

An exit meeting was conducted by the Auditor at the completion of the on-site visit with the Lieutenant/Acting Jail Administrator, PREA Compliance Manager/Compliance Sergeant, and the PREA Team Member/Corrections Officer. While the Auditor could not give the facility a final finding, the Auditor did provide a preliminary status of their findings and requested further documentation needed to demonstrate compliance with eleven standards. Standards 115.15, 115.16, 115.17, 115.35, 115.41, 115.42, 115.51, 115.53, 115.63, 115.67, and 115.88 could not be cleared at the end of the on-site audit process. Standard issues and recommendations will be addressed under the appropriate standard in the narrative section. It was also recommended the agency continues to expand their policies to include detailed procedures to provide staff with more procedural direction and consider conducting mock sexual abuse drills. The Auditor shared the inmate population stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor also shared that staff were professional and well trained in their PREA knowledge and responsibilities. The Auditor thanked the Lieutenant/Acting Jail Administrator, the PREA team, the facility administration, and the staff of the Oneida County Jail for their work and commitment to the Prison Rape Elimination Act. The Auditor thanked the facility for the hospitality received and the professionalism provided by all staff during the visit.

The facility provided all the requested information to demonstrate compliance. Documentation of compliance for the outstanding standards was provided to the Auditor through email. The final documentation received to complete the corrective action period was received by the Auditor in October 2022. The documentation included updates to the policies and procedures, training records, and the other required documentation that demonstrated standard compliance. The facility achieved compliance. No further action was necessary.

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

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

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

Facility Characteristics

The Oneida County Jail is comprised of a single facility building and is operated by the Oneida County Sheriff's Office. The Oneida County Sheriff's Office marked the opening of the Sheriff's Office building in July 1999. The facility houses the administrative offices of the Oneida County Sheriff's Office, the jail, and correction and law enforcement operational departments. The facility houses minimum and medium male and female inmates who are classified as pre-trial and sentenced inmates. The inmates housed are pretrial and sentenced county and city inmates and state sentenced inmates housed under contract with the Wisconsin Department of Corrections. As part of the county inmates, the facility houses inmates that are granted work release privileges within the Huber Program. At the time of the on-site visit, the Huber Program was not operating due to COVID protocols. Female and male inmates 17 years of age or older are housed at the facility. The age of majority in the state of Wisconsin is 17. The facility's design capacity is 203: jail side 107 and Huber side 96. There are two jail sections; one housing area that consists of housing blocks with cells and the other section is a housing area consisting of dorms. The inmate population was 76 on the first day of the audit. The average daily population for the audit period was 133. The Wisconsin Statue directs the facility is to maintain an operating capacity of 85% or approximately 175 inmates, however operation is conducted on a day to day basis where on certain days before COVID the facility may be above 85% due to a large volume of inmates booked into the facility at intake or until such time they are discharged by court proceeding. The average length of stay is 27 days.

The facility is comprised of an intake and booking area, kitchen, health services, administrative offices, records room, locker room, laundry, nine dorms and ten celled housing blocks. The two housing areas (dorms and celled) each have a control center that is encircled by the housing units. The control center monitors movement and observation into the housing units. The control center is staffed with at least one officer on all shifts. There are also two officers assigned on each shift to make rounds in the dorm and celled housing areas. Staff rotate functions every four hours. Rounds are recorded within the electronic housing log in the jail management system and also electronically with the Guard One system. The officer activates the watch tour system within the housing areas by utilizing an electronic mechanism. This records individualized rounds. Unannounced rounds are also conducted by the Jail Administrator, Lieutenant, and sergeants documented in the electronic jail management system.

The celled housing section consists of ten housing units of a variety of sizes. They are centered around a master control center that has visual observation into each housing unit. Each housing unit is an individual housing unit that operates independently, allowing officers to interact directly and with smaller groups of inmates. Each housing unit is supervised through indirect supervision through the control center and direct supervision during rounds completed by officers. The units are two tiered with an open dayroom area with seating, televisions, informational bulletin boards, kiosks, and phones. Each cell contains a distress call button to contact the control center. Shower(s) which provide privacy are located off the dayroom and the control center viewing allows visible supervision of the dayroom area. Toilets are provided in each cell. The housing units cell type breakdown and capacity is as follows:

Block Pod A: female - 5 double occupancy cells and one single cell; capacity of 11

Block Pod B: female - 6 double occupancy cells; capacity of 12

Block Pod C: male - 5 double occupancy cells and one single cell; capacity of 11
Block Pod D: female -10 double occupancy cells; capacity of 20
Block Pod E: female -9 double occupancy cells; capacity of 18
Block Pod F: male - 6 double occupancy cells; capacity of 12
Block Pod G: male -3 double occupancy cells and 3 single cells; capacity of 9
Block Pod H: male -5 double occupancy cells and one single cell; capacity of 11
Block Pod I: female -1 single cell; capacity of 1
Block Pod J: male - 2 single cells; capacity of 2

The dorm section consists of 9 housing dorms of a variety of sizes. They are centered around a control center that has visual observation into each housing dorm. Each housing dorm is an individual unit that operates independently, allowing officers to interact directly and with smaller groups of inmates. Each housing dorm is supervised through indirect supervision through the control center and direct supervision during rounds completed by officers. The dorms have televisions, informational bulletin boards, kiosks, and phones. A restroom area consists of toilets and shower(s). The policy and procedures direct that one inmate is allowed in the shower area at a time. Each dorm contains a distress call button to contact the control center. The dorms have one-way glass windows allowing the officers view into the dorms however, the inmates cannot view outside the dorm. The housing dorm breakdown by capacity and utilization is as follows:

Dorm A: male; capacity of 8
Dorm B: female; capacity of 8
Dorm C: male; capacity of 16
Dorm D: male; capacity of 16
Dorm E: female; capacity of 8
Dorm F: male; capacity of 8
Dorm G: male; capacity of 8
Dorm H: male; capacity of 16
Dorm I: male; capacity of 8

The facility has a locker room utilized for storage of the Huber inmates' street clothing. The Huber inmates must change out upon leaving for work and returning to the facility. The facility has designated a designated area within the locker room for change outs, there are lines on the floor where the officer and inmate are to stand. A camera monitors the area where the officer stands and records the officer's actions during the clothing change. The inmate is not on camera.

The intake/booking area has eight single cells utilized for special observation, medical isolation, and holding until an inmate is screened and classified. The staff place a sign on the cell door indicating a female or male is being held. Each cell has a camera. The Auditor observed the camera views of the holding cells. The area of the toilet was pixeled and did not allow cross-gender viewing. The facility frosted a portion of the cell windows to eliminate the possibility of cross gender viewing. Since the previous PREA audit, the Agency added two cameras to the intake area and a partition in the bullpen holding cell by the toilet to allow additional privacy.

The record room is only accessible to nurses and correctional officers. The laundry area has an intercom to the control center and the area is supervised by cameras and roving staff. There are two dome mirrors that allow full observation of the area by staff roving the area. Two female staff work in the laundry room and are strip searched by female staff before returning to their housing unit. The kitchen utilizes three inmate workers, male inmates work on three days a week and female inmates on other days. Inmates are supervised by roving security staff and the food service contractors. The kitchen storage room is

always locked, accessibility by staff only. The medical room is accessible by security staff and medical staff only. The correctional officers provide inmates with their medication when medical staff are not on grounds. There are eight non-contact visiting booths, four on each side of the facility. The visiting areas are covered by cameras.

The facility has twenty-eight (28) staff assigned to the jail operations which includes a Jail Administrator/Captain, Lieutenant, four sergeants, and twenty-two correctional officers. The facility previously operated two shifts. Due to COVID, the facility currently operates three shifts: 6:30 am to 2:30 pm (day), 2:30 pm to 10:30 pm (afternoon), and 10:30 pm to 6:30 am (night) to ensure staff coverage. The minimum coverage requirement per policy is five officers on day and afternoon shifts and four officers on night shift. Day shift has six officer positions: 2 control, 1 booking, and 3 rovers. This shift is divided into two time frames 6:30 am to 10:30 am and 10:30 am to 2:30 pm. The first segment has 2 rovers, and the second segment has 3 rovers when more facility operations are occurring. The afternoon shift has five officers: 2 control, 1 booking, and 2 rovers. The night shift has four officers: 2 control, 1 booking, and 1 rover. On this shift the booking officer also assists with rover supervision. Officers on each shift rotate positions every four hours. There is at least one female officer per shift. Each shift is assigned a corrections sergeant, and, in their absence, an acting sergeant (officer-in-charge) fills that role and is assigned by seniority. The sergeants are responsible for the day to day facility operations.

Staff make random security rounds in all the housing units at a minimum of once per hour. These rounds are documented on the shift log, within the Jail Management System, and recorded electronically through the Guard One system. Supervisors are required to make unannounced rounds on each shift to all housing areas which are documented on the shift logs and within the electronic jail management system. The logs were reviewed during the tour that demonstrated unannounced rounds are completed on each shift.

All essential services within the jail are provided by Oneida County Jail staff with the exception of medical, mental health, and food service. Medical and mental health services are provided through a contract with Advanced Correctional Healthcare. The medical staff, a Registered Nurse, is on-site 40 hours a week and the mental health counselor is also on-site 40 hours a week. A medical provider is on call. Food service is provided through Consolidated Correctional Foodservice.

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and out of the building. The cameras are strategic placed inside the secure perimeter in corridors, visiting area, sallyport, intake, and housing areas. The cameras are viewed by the control centers and administration. The Agency has added four monitors, two hallway cameras, and two cameras in the intake area during the audit cycle.

The mission of the Oneida County Sheriff's Office is "to protect the lives and property of those who live, work, and play in Oneida County." The facility's mission is: "In Accordance with Wisconsin State Statutes, the Department of Corrections Administrative Code, the Federal PREA Law, the mission of the Oneida County Jail is to safely and securely confine individuals in the least restrictive environment consistent with behavior, adjustment, special needs, and severity of charges. The Oneida County Sheriff's Office has a zero-tolerance policy towards all forms of sexual abuse, misconduct, and harassment. All incidents of this nature shall be investigated ensuring the rights of all individuals are protected."

The facility is managed by a Jail Administrator with the rank of Captain.

Summary of Audit Findings

The PREA Audit of the Oneida County Jail found forty-five (45) standards in compliance with four of those standards exceeding the requirement of the standard. These standards are: 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator, 115.32 Volunteer and Contractor Training, 115.33 Inmate Education, 115.73 Reporting Inmates, and 115.81 Medical and Mental Health Assessments, History of Sexual Abuse. 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 Exceeds Standards: 5

115.11 Zero Tolerance of Sexual Abuse; PREA Coordinator
115.32 Volunteer and Contractor Training
115.33 Inmate Education
115.73 Reporting to Inmates
115.81 Medical and Mental Health Assessments, History of Sexual Abuse

Number of Standards Met: 40

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

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

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

A corrective action period was initiated allowing time for the facility to correct the identified deficiencies during the pre-audit and the on-site audit. The Jail Administrator/PREA Coordinator, the PREA Compliance Manager/Compliance Sergeant, and Auditor discussed compliance methods for compliance. The Jail Administrator/PREA Coordinator and the PREA Compliance Manager/Compliance Sergeant, provided continuous updates to the Auditor with progress of the compliance issues. Documentation of compliance for each outstanding standard was provided to the Auditor through email as each standard compliance was reached from the Jail Administrator. With the last documentation submitted in October 2022. A summary of compliance is provided in this section; further detail is provided under each standard narrative.

115.15(f) Limits to Cross Gender Viewing and Searches

- The Agency's policy did not address the standard language that the Agency does not restrict female inmates access to regularly available programming or other out-of-cell opportunities.
 - The Agency provided an updated policy language that states "the agency does not restrict female inmates access to regularly available programming or other out-of-cell opportunities." Documentation submitted also included the training lesson plan, and documented staff training to demonstrate staff received training on the procedural directive that the agency does not restrict female inmates access to regularly available programming or other out-of-cell opportunities. The Agency has meet substantial compliance. No further action was necessary.

115.15(f) Limits to Cross Gender Viewing and Searches

- Staff lacked knowledge of the proper procedures for transgender pat-down searches. Staff interviewed were not clear on how to complete the search or would conduct a search with a male and female staff member with each pat-searching half of the inmate based on gender anatomy.
 - The Agency provided the training lesson plan and documented staff training to demonstrate staff received training on the appropriate method to conduct transgender pat-down searches. The Agency has meet substantial compliance. No further action was necessary.

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

- The facility's policy and procedures does not address how disabled (blind, sight impaired, hearing impaired, deaf, low cognitive skills, intellectual and psychiatric disabilities) are provided opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
 - The Agency expanded the PREA policy to provide procedural direction on how to provide inmates PREA information in a manner that an inmate that is blind, sight impaired, hearing impaired, deaf, low cognitive skills, and/or has intellectual and/or psychiatric disabilities. The Agency has meet substantial compliance. No further action was necessary.

115.17(a) Hiring and Promotion Decisions

- The application form or the hiring packet does not ask applicants or contractors the three administrative adjudication questions listed in the standard.
 - The Agency developed a process to ask applicants the three administrative adjudication questions by adding a section to the Personal History Statement form in which applicants and contractors complete as part of the background check process. The Agency provided one example of a new applicant and another example of a contractor to demonstrate the process. The Agency has meet substantial compliance. No further action was necessary.

115.35 (a)(c) Specialized Training: Medical and Mental Health Care

- Medical and mental health staff have not completed specialized healthcare training.
 - The Agency provided training certificates demonstrating the medical and mental health staff completed the required specialized health care training through the NIC course PREA: Medical Health Care for Sexual Abuse Victims in a Confinement Setting. The Agency has meet substantial compliance. No further action was necessary.

115.41 (d) Screening for risk of victimization and abusiveness

- The risk screening assessment only collects verification for ten years. There should be no time period attached to the risk screening questions.
 - The Agency updated the risk screening assessment to remove the ten year time frames within the questions. The Agency provided the updated risk screening assessment with thirteen examples of the new risk assessment in practice to demonstrate compliance. and documentation of staff training to demonstrate standard compliance. The Agency has meet substantial compliance. No further action was necessary.

115.41 (g) Screening for risk of victimization and abusiveness

- The facility was not conducting reassessments of inmates within 30 days from intake. The facility is not completing reassessments of the inmate's risk of victimization or abusiveness when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Some of the 30 day reassessments were completed over the phone instead of face-to-face. This process changed during initial COVID protocols. Determined by staff interviews and inmate file review.
 - The Agency reestablished the reassessment process by completing the reassessments face to face within 30 days from intake. The facility provided documentation of reassessments of thirteen inmates within the required timeframe to demonstrate compliance. The Agency had no inmates that warranted a reassessment due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual

victimization or abusiveness during the corrective action period. The Agency has meet substantial compliance. No further action was necessary.

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

- The facility is not utilizing information from the risk screening instrument to make individualized determination about housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive including transgender inmates. The current housing determinations are based on security classifications through the Northpoint Tree.
 - The Agency conducted training on policy COR-07-4 Classification of Inmates with staff on the process to include the inmate's risk assessment in making individualized determination about housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Documentation of the staff training and thirteen examples of the inmate PREA risk assessment and the individual housing placement based on the risk assessment were provided to demonstrate standard compliance. The Agency has meet substantial compliance. No further action was necessary.

115.42 (d) Use of Screening Information

- Staff were not aware of the standard and policy requirements for completing reassessments on transgender inmates at least twice a year.
 - The Agency conducted training on policy COR-07-4 Classification of Inmates with staff on the procedure for completing reassessments on transgender inmates at least twice a year. Documentation of the staff training was provided to demonstrate standard compliance. The Agency has meet substantial compliance. No further action was necessary.

115.51 (b) Inmate Reporting

- The inmate cannot remain anonymous when reporting to the PREA Hotline or Tri-County. The phone system requires the inmate to enter an identifying PIN.
 - The Agency developed a method for inmates to report without being identified by their PIN. The numbers for the PREA TIP Hotline and Tri-County are now direct calls without the requirement for the inmate to use a PIN. A phone prompt will ask if the call is a PREA call and with an informative response, the inmate can dial the number directly. The Agency has meet substantial compliance. No further action was necessary.

115.51 (d) Inmate Reporting

- Staff were unaware how they could report privately report sexual abuse and sexual harassment of inmates. The current method of documenting and submitting information through the electronic system allows other staff to view the reports.
 - The Agency conducted training with staff on the reporting methods available for staff to privately report a PREA allegation outside the facility by contacting the Tri-County hotline, to a supervisor within the Sheriff's Office outside the jail command, and through the Oneida County Tip Line and the report can be anonymous. Documentation of the staff training and lesson plan was provided to demonstrate standard compliance. The Agency has meet substantial compliance. No further action was necessary.

115.53 (b) Inmate Access to Outside Confidential Support Services

- The Agency's policy does not address informing inmates prior to giving them access to outside support services, the extent to which such communication will be monitored. The Agency's

policy does not address informing inmates prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The inmates are not informed prior to giving them access to outside support services.

- The Agency's policy was updated to address informing inmates prior to giving them access to outside support services, the extent to which such communication will be monitored and to address informing inmates prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The Agency developed a method to inform inmates prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law through the KIOSK. On the KIOSK's welcome page which remains on the open screen notifies the inmate . The Agency also updated the PREA information posted in the housing units to include the language notifying the inmates. The Agency provided the updated policy, photos of the KIOSK screen, and photo of the new PREA information posting to demonstrate compliance. The Agency has meet substantial compliance. No further action was necessary.

116.63 (d) Reporting to Other Confinement Facilities

- The Agency's policy does not address the actions taken by the Agency when the facility is notified of a sexual allegation that occurred at Marquette County Jail by another facility.
 - The facility updated the PREA policy to address the actions to be taken by the Agency when the facility is notified of a sexual allegation reported at another facility which occurred at Oneida County Jail. The policy language outlines the practice as noted through staff interviews. The Agency submitted the updated policy to demonstrate compliance. The Agency has meet substantial compliance. No further action was necessary.

115.67 (a) Agency Protection Against Retaliation

- The Agency acknowledged retaliation monitoring has not occurred or if occurred no documentation was provided of the retaliation monitoring for standard compliance review.
 - The Agency created a Retaliation Monitoring Form to be utilized for retaliation monitoring. The Agency conducted training with staff on the policies and procedure for completing retaliation monitoring on staff and inmates who report sexual abuse or sexual harassment and/or cooperate with a sexual abuse or sexual harassment investigation. Documentation of the Retaliation Monitoring Form, the lesson plan, and staff training were provided to demonstrate standard compliance. The Agency did not have an incident that required retaliation monitoring during the corrective action period. The Agency has meet substantial compliance. No further action was necessary.

115.88(d) Data Review for Corrective Action

- The Agency's policy does not address the standard language when the Agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and indicates the nature of material redacted.
 - The Agency updated the PREA policy to include when the Agency redacts material from the annual report for publication. The updated policy was provided to demonstrate standard

compliance. The Agency has meet substantial compliance. No further action was necessary.

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 Oneida County Sheriff's Office (OCSO) has written policies OFF-17-50 Prison Rape Elimination Act; OFF-10-20 Fraternalization, and OFF-16-46 Rules and Regulations that mandate zero tolerance towards

all forms of sexual abuse and sexual harassment. The facility takes 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 OFF-17-50 outlines the prevention, detection, and responding requirement of an allegation. It also defines prohibited behaviors regarding sexual abuse and sexual harassment. The sanctions for prohibited behaviors are provided in the OFF-16-46 policy and in the Inmate Handbook. Policies OFF-17-50 and OFF-10-20 outline the prohibited activities and sanctions for staff including disciplinary sanctions, up to and including termination. 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 Oneida County Sheriff's Department and Oneida County Jail is committed to zero tolerance of sexual abuse and sexual harassment.

The Agency's policy OFF-17-50 PREA states, "The Oneida County Sheriff's Office has developed a P.R.E.A. Resource Team consisting of four members of the corrections staff, to assist others, including inmates, with questions regarding the agency policy. Additionally, a four-person review team has been established to review all incidents that have been reported in an effort to identify what action is needed to improve upon the facilities, and the ability to identify and protect at-risk individuals or those who have been victims of these types of incidents with the facility. The team will be made up of: nurse, Patrol Captain, detective and a PREA Resource Officer. As required by this standard, the implementation and overseeing of the P.R.E.A. requirements shall be the responsibility of the Corrections Captain and Corrections Lieutenant. Included in this are monitoring, reporting for investigation all allegations involving sexual harassment, sexual abuse, and sexual misconduct, ensuring that a complete investigation is conducted, and that all P.R.E.A. standards are being following by this agency." The agency's PREA Coordinator, which is also the Jail Administrator/Captain reports directly to the Sheriff reflected by the agency's table or organization. The PREA Coordinator has the authority to manage the facility's PREA Program. The PREA Coordinator acknowledged he had enough time to manage all of the PREA related responsibilities which includes consistent communication with staff, conducting orientation with inmates, developing and maintaining policy and procedures to comply with the PREA rule; assisting with the development of the staffing plan; developing a written plan for coordinated response; and establishing a process for collection of uniformed data. He meets daily with the facility staff to review cases as needed. The PREA Coordinator acknowledged the facility has a PREA Resource Team which assists the facility with continued compliance to ensure that all the requirements of PREA are followed during the day to day operations of the facility. The team consists of a sergeant (Compliance Sergeant/PREA Compliance Manager and designated correctional officers. The Team assists with project needs, audits, policy and procedure development and updates, providing education, data collection, and other PREA functions. The PREA Coordinator stated the interaction with the PREA Resource staff is through daily conversations, emails, and meetings. He expanded to share if there was an issue identified, the team would develop options to achieve compliance, make recommendations to administration, and determine how it will be implemented and completed. The PREA Coordinator is responsible for follow-up to ensure compliance has been met. The PREA Coordinator and Compliance Sergeant/PREA Compliance Manager were responsive pre-audit, during the onsite audit, and post audit. The PREA Resource correctional officers were present and responsive during the on-site audit. They were knowledgeable of the PREA standards and the agency's compliance measures. The Team attends PREA meetings, makes rounds within the facility, ensures that effective practices and procedures are in place at the facility and ensures compliance with standards.

The facility exceeds the standard with the facility structure of the PREA Coordinator, PREA Compliance Manager/PREA Compliance Manager, and PREA Resource Team correctional officers to ensure the facility complies with the standards and maintains an active role in the facility's prevention, detection, reporting, and response to sexual abuse and harassment within the facility. It was apparent during the

audit the work that is completed by the PREA Resource Team. Staff and inmates were aware of the PREA Coordinator, PREA Compliance Manager, and the PREA Resource Team Correctional officers.

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 Oneida County Sheriff's Office does not contract for the confinement housing of its inmates with private agencies or other entities including other government agencies. The Agency's policy OFF-17-50 PREA states, "It is the policy of this agency when engaged in contractual agreements with other agencies to either house or request for housing of inmates, that all agencies involved are working toward compliance or are compliant with P.R.E.A. standards, and it is understood that the agency has an obligation to adopt and comply with those standards. Upon entering into a contract for confinement, the contracting parties shall provide independent policies documenting their efforts for P.R.E.A. compliance. Monitoring shall be accomplished by: Agency policy review, jail inspection report, PREA. audit review, website, and incident review (if requested by agency)."

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 Agency's policy OFF-17-50 PREA states, "It shall be the responsibility of agency command staff to provide adequate levels of staffing and where applicable, video monitoring to protect inmates and staff against sexual abuse. The Oneida County Sheriff's Office has developed a staffing plan that has addressed elements one through eleven in this standard and has been reviewed by administration and subject to yearly review in accordance to this policy and PREA standard. The purpose of review shall be to assess, determine, and document whether adjustments are needed by number and type of PREA incidents; current and additional deployment of video monitoring technologies; and relevant information and resources that may or may not justify change in the staffing plan. It shall be the responsibility of the P.R.E.A. Coordinator to document review information in a written report, along with any circumstances the staffing plan has been deviated from and justify why it occurred." The Oneida 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 per the PREA Coordinator. The written staffing plan is maintained by the Jail Administrator, Chief Deputy, and the Sheriff.

The PREA Coordinator/Jail Administrator developed a detailed staffing plan that addressed all the components of the standard. The annual Oneida County Jail Staffing Plan was created and approved March 31, 2022. The Staffing Plan was reviewed and approved by the Sheriff. The Staffing Plan was based on the designed facility capacity of 203. The facility's design capacity is determined by the secure celled housing area that consists of housing blocks with cells (capacity 107) and the other jail section is a housing area consisting of dorms, the Huber side, (capacity of 96). The inmate population was 76 on the first day of the on-site audit. The average daily population for the audit period was 133. The Wisconsin Statue directs the facility to maintain an operating capacity of 85% or approximately 175 inmates. The average length of stay is 27 days. The Agency houses adult male and female inmates and youthful offenders (age 17) for Oneida County, Wisconsin State Department of Corrections, and local cities. The inmates housed are sentenced, unsentenced, probation violators, and for extended sanctions. The Staffing Plan notes all jail staff are trained to properly supervise the inmate population. Based on the review of the staffing plan and the interview with the Jail Administrator/PREA Coordinator, the staffing plan was developed by the leadership of the Sheriff's Office including the Sheriff, Chief Deputy, and the Jail Administrator/PREA Coordinator. The Staffing Plan noted there have been no judicial findings of inadequacy for the Agency's staffing or supervision by any courts, Federal investigative agency, and/or internal or external oversight bodies. It was also determined that the use of video surveillance and available resources are adequate for the operation of the facility. The Agency's first PREA staffing Plan was created on April 25, 2018, with annual staffing plans conducted each year. The PREA Coordinator stated the staffing plan is reviewed throughout the year by reviewing staffing levels and positions and any recommendations or changes are considered. The PREA Coordinator also stated there have been no needed adjustments to the staffing plan. The Auditor reviewed the staffing plan, shift rosters, and policy OFF-17-50 to determine compliance.

The Wisconsin statutes require staffing levels in jails with inmate double bunking (two inmates assigned to the same cell) that are established by the county board and the Sheriff of the County. Wisconsin State Statutes also requires each facility shall be staffed with at least one person of the same sex on duty (302.41) and there must be one custodian present at the facility while there is a prisoner therein (302.42). The facility has twenty-eight (28) staff assigned to the jail operations which includes a Jail Administrator/Captain, Lieutenant, four sergeants, and twenty-two correctional officers. The facility previously operated two shifts. Due to COVID, the facility currently operates three shifts: 6:30 am to 2:30 pm (day), 2:30 pm to 10:30 pm (afternoon), and 10:30 pm to 6:30 am (night) to ensure staff coverage. The minimum coverage requirement per policy is five officers on day and afternoon shifts and four officers on night shift. Day shift has six officer positions: 2 control, 1 booking, and 3 rovers. This shift is divided into two time frames 6:30 am to 10:30 am and 10:30 am to 2:30 pm. The first segment has 2 rovers, and the second segment has 3 rovers when more facility operations are occurring. The afternoon shift has five officers: 2 control, 1 booking, and 2 rovers, The night shift has four officers: 2 control, 1 booking, and 1 rover. On this shift the booking officer also assists with rover supervision. Officers on each shift rotate positions every four hours. There is at least one female officer per shift. Each shift is assigned a corrections sergeant, and, in their absence, an acting sergeant (officer-in-charge) fills that role and is assigned by seniority. The sergeants are responsible for the day to day facility operations.

Each housing block and dorm is supervised through indirect supervision through the control center and direct supervision during rounds completed by correctional officers. Supervision is also supplemented through video monitoring and audio monitoring technology. Staff make random security rounds in all the housing units. These rounds are documented on the shift log, within the Jail Management System, and recorded electronically through the Guard One system. Correction officers must complete rounds in the housing areas a minimum of four times on day shift and nine times on night shift; this is an addition to all other scheduled activities as counts and pod/cell checks. Rounds must be completed hourly from 10:00 pm until 6:30 am per policy. There is a sergeant shift supervisor on each shift. Supervisors are required to make unannounced rounds on each shift to all housing areas which are documented in the electronic housing log in the Jail Management System and electronically through the Guard One system. The logs were reviewed during the tour. Unannounced rounds are completed on each shift. The acting Jail Administrator stated consideration is given to video monitoring as part of the plan and the facility added additional cameras to enhance supervision within the facility.

The acting Jail Administrator/Lieutenant stated the facility has not deviated from the staffing plan; we do not allow our facility to run under the minimum staffing requirements. To cover a vacancy, overtime is utilized. The acting Jail Administrator stated if at any time there is a vacancy that needs to be filled the on duty Sergeant will fill out a Call In Sheet that is emailed to the administration and if there is a problem filling the vacancy, the Sergeant will contact the on call administrator to get the vacancy filled. The PREA Coordinator stated part of reviewing the staff coverage includes reviewing the shift schedules for coverage and whether there was a female staff on shift. Minimum coverage is maintained through overtime and coverage by the Jail Administrator, Lieutenant, and Sergeants.

The Agency's policy OFF-17-50 states, "Walk-throughs shall also be completed by sergeants or facility administrators on a regular basis, both announced and unannounced. All walk-throughs shall be documented with either Guard One software or the Jail Management System (JMS)." Through reviews of housing log entries, it documented that rounds were completed on each shift. Through interviews with staff and inmates, it was confirmed that supervisory unannounced rounds are done randomly throughout

the facility. The intermediate and higher-level security staff interviewed stated they conduct random rounds by varying the pattern and times of their rounds. These rounds are documented through the Guard One system and logged into the jail management system by the housing correctional officer. The intermediate and higher-level security staff stated when conducting rounds, they do not announce rounds are being conducted and limit radio contact to ensure the round is not announced.

The Agency's policy OFF-17-50 states, "This policy prohibits staff from alerting other staff members that supervisory rounds are occurring." The supervisory staff indicated in their interviews that staff are trained and provided policy reminders that alerting is prohibited. The Intermediate or Higher-Level Staff interviews stated staff members are informed by policy, roll call discussions, and training of the importance of rounds. The Supervisors indicated if a staff member was found to be alerting, the staff member would be educated on the importance of unannounced rounds, policy, 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 state statute. During the audit period, the facility had 15 youthful offenders aged 17 processed through the facility. If the youthful offender is under 17, they are processed at the Juvenile Booking Station located in the patrol division area of the facility; they are not brought within the jail. If a youthful offender is 17, they would be processed within the intake area and would be held 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 held in the intake area until seen by the judge and bond is ordered. Two of the 15 youthful offenders were housed at the facility for one day, one youthful offender housed for 7 days, and all other youthful offenders were released or transferred to a secure juvenile detention facility after the intake processing.

The Agency's policy OFF-17-50 PREA states, "Under no circumstances shall any juvenile under the age of sixteen be processed or held within the confines of the Oneida County Jail. Any juvenile inmate who needs to be housed shall be transferred to a state approved juvenile facility. The Oneida County Jail shall not house juvenile offenders, except for those who have been adjudicated and waived into adult court, or meet the criteria set forth by Wisconsin State Statutes. All juvenile offenders who do not meet the above listed criteria shall not be brought into the Oneida County Jail for processing. Every effort shall be made to house those persons who are of the same criteria and age group. The Oneida County Jail shall make every effort to avoid placing juvenile offenders in isolation, and when possible, shall house said offenders within a housing unit outside of sight and sound of adult inmates. Additionally, juvenile offenders will be housed in a unit that is most visible to the pod operator for maximum observation." The facility houses youthful offenders in Block I the single cell or Block J the two-cell area when housing is warranted. When a youthful offender is housed, a privacy curtain is placed on the window from the hall to deter adult inmates looking into the area. Adult inmates are escorted in the opposite direction to eliminate walking in front of these housing blocks when a youthful offender is housed. The acting Jail Administrator/Lieutenant was interviewed for the youthful offender protocols. He stated that when a youthful offender is processing in the intake area, no adult inmates are in the area. And if a youthful offender has to be housed at the facility, the youthful offender is housed in the one-man cell housing block I and a privacy curtain is placed on the window to maintain sight separation from adult inmates. He also noted there were no circumstances in the audit period where sight and sound separation from adults was not maintained. If a youthful offender is moved within the facility, there is no other movement on the floor and the youthful offender is always under direct supervision. There were no youthful offenders housed at the facility during the on-site audit to interview.

The Agency's policy OFF-17-50 states, "Educational programming for inmates under the age of eighteen will be consistent with the requirements of the Department of Public Instruction. When inmates are required to have educational programming, the corrections captain or designee will contact the school administrator of their school district and accommodations will be made to have study material brought to the facility and allow visitation with educational staff members." The youthful offender is escorted to the

multipurpose room for participation in any programming including education and recreation. No adult inmates would be present in the multi-purpose room when utilized by a youthful offender. Any time a youthful inmate is out of their housing section, they would be under direct supervision of staff.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 states, "No corrections staff shall conduct cross-gender strip searches or cross-gender visual body cavity searched except in exigent circumstances or when performed by medical practitioners. This policy prohibits cross-gender searching absent exigent circumstances. The facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates. The following are requirements for searching: sergeant notification; strip search form; written report detailing circumstances; copy of report forwarded to corrections captain and corrections lieutenant for review; and copy of report scanned into inmate file." Interviews with staff indicated that cross-gender searches do not occur, the facility is always staffed with male and female staff. The staff acknowledged staff would not conduct a cross-gender strip search or visual body cavity search, those searches would only be conducted by trained medical staff when required or at the hospital. There were no cross-gender searches conducted during the audit period, however, the Auditor interviewed two correctional staff on the process. The staff indicated there would be no situation where a cross-gender strip search or visual body cavity search conducted, the inmate would be sent to the hospital for any visual body searches and there is always a male and female staff present to conduct strip searches. A strip search would be conducted only as directed by a supervisor or the Jail Administrator. The facility had no cross-gender strip searches or cross-gender visual body cavity searches conducted within the audit period. The policy OFF-17-50 and the training lesson plan Prison Rape Elimination Act (PREA) reviewed confirmed the staff are provided training on search procedures.

The PREA Coordinator stated a female staff is scheduled on each shift which is also supported through the Staffing Plan and policy. There is always female staff on duty who can be utilized for female pat-down

and strip searches as indicated by staffing rosters and interviews with staff. Interviews with staff and inmates indicated the facility does not conduct cross-gender pat-down or strip searches. During the audit period there was one cross-gender pat-search conducted during the intake booking process. A pat-down search was conducted by a male correctional officer upon an inmate arriving at the facility. The male correctional officer conducted a pat-down search on an inmate that appeared male after explaining the pat-down process to the inmate. Once completed the male officer returned to the booking counter and was told by the booking counter officer the inmate's name on the driver's license was female. The transporting officer said the inmate went by Max and he was unsure of the gender. The male officer in privacy asked the inmate if the driver's license name was correct, and the inmate stated I prefer to be called Max. The male officer then asked if the inmate identified as male or female, and the inmate stated identifying as male. The male officer completed an incident report to document the cross-gender pat-down search. Female inmates interviewed stated there were no instances where they were unable to participate in activities outside of their cell or housing area. They also noted there were female staff on each shift to conduct pat-down searches.

Did Not Meet (b): The Agency's policy did not address the standard language that the Agency does not restrict female inmates access to regularly available programming or other out-of-cell opportunities.

Corrective Action Taken (b): The Agency provided an updated policy language that states "the agency does not restrict female inmates access to regularly available programming or other out-of-cell opportunities." Documentation submitted also included the training lesson plan, and documented staff training to demonstrate staff received training on the procedural directive that the agency does not restrict female inmates access to regularly available programming or other out-of-cell opportunities. The Agency has met substantial compliance. No further action was necessary.

The Agency's policy OFF-17-50 states, "It is the policy of this agency that all corrections staff take necessary steps to avoid contact with inmates during times when inmates would shower, perform bodily functions, and/or clothing change except in exigent circumstances or incidental to routine cell checks. It is the policy of the Oneida County Sheriff's Office that all staff of the opposite gender announce their presence when entering an inmate housing unit. Gender notification shall be placed on each housing unit. All staff must announce prior to entry in a loud and clear voice. Inmates changing clothes shall use assigned cells or shower area. Enforcement of jail rules relating to dress while in day areas. Inmate use of privacy curtain." The housing areas all provide a barrier or curtain designated for inmate privacy during clothing changes, showering, or performing bodily functions. The cells all have metal mesh plates welded to the cell bars to eliminate cross-gender viewing of the cell toilets. The dorms have a notice posted that directs "only one inmate allowed in the bathroom/shower when changing clothes." The Auditor examined sight lines for potential blind-spots, cross-gender viewing, the officers post sight lines, and camera locations. There is a notice at each housing unit that directs "female/males must announce their presence prior to entry." Inmates shared staff of the opposite gender announce when entering the housing area by stating female/male on the floor. The announcement allows inmates time to complete using or cover up while performing bodily functions. The inmates acknowledged the announcement is also made through the intercom system. The announcements by staff and through the intercom were observed during the audit tour. Staff are provided with training in making cross-gender announcements through annual in-service and roll call reminders. The Auditor's review of the cameras in the master control and housing control rooms showed no potential cross-gender viewing. Inmates and staff interviewed stated inmates receive privacy for changing clothes, performing bodily functions, and showering. The inmates also shared they have not been naked in front of a staff member of the opposite gender.

The Agency's policy OFF-17-50 states, "No corrections officer shall search or physically examine a transgender or intersex inmate for the purpose of determining that inmate's genital status. If unknown, this can be determined by conversation with inmate, reviewing medical records, conducting a broader medical examination by medical staff, and completion of transgender housing worksheet." Staff interviewed acknowledged their understanding of the policy and noted only medical is authorized to conduct such a search. The facility's PAQ noted no transgender or intersex searches occurred for the sole purpose of determining genital status. The review of the policy language and the training lesson plans demonstrated the reinforcement of these policies during the annual training. The facility had no transgender or intersex inmates housed at the time of the on-site audit for interviews.

Random staff interviewed acknowledged receiving cross-gender and transgender pat-search training annually during in-service. Staff were knowledgeable about conducting cross-gender pat-down searches and the search would have to be documented. Staff lacked knowledge of the proper procedures for transgender pat-down searches. Staff interviewed were not clear on how to complete the search or would conduct a search with a male and female staff member with each pat-searching half of the inmate based on gender anatomy. It's required that if a cross-gender pat-search is conducted, the search must be documented through an incident report within the electronic Jail Management System. The report is forwarded to the Captain and Lieutenant and a copy scanned into the inmate's file. Only qualified health care practitioners can conduct visual body cavity searches. Documentation was provided that demonstrated that corrections staff have received search training and signed acknowledging they have understood the cross-gender pat-down searches and searches of transgender inmates. The PAQ and the PREA Coordinator indicated all staff had completed the training.

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

Corrective Action Taken (f): The Agency provided the training lesson plan and documented staff training to demonstrate staff received training on the appropriate method to conduct transgender pat-down searches. The Agency has met substantial compliance. No further action was necessary.

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

15.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "The Oneida County Jail recognizes the need to provide accommodations to those persons who have disabilities or limited reading skills, visual impairments, hearing and /or speech disabilities. Required during the booking process, officers shall complete the medical screening form and coupled with officer observation, address any apparent disability. This agency shall make every effort to provide inmates with disabilities an equal opportunity to benefit from all aspects of this agency's efforts to prevent, detect, and respond to any exposure to sexual misconduct within this facility. Those individual rights are protected under the Americans with Disabilities Act (ADA) and related regulations, that the nature, length, and complexity in which the communication takes place are factors for consideration in determining which auxiliary aids and services are necessary for effective communication and those shall be provided. Additionally, the Oneida County Sheriff's Office has entered into a contract to provide access to interpreters who can interpret effectively and accurately, using any specialized means available." During the booking process the correctional officers make observations and complete a medical screening form with the inmate to identify and capture disabilities including limited reading skills, visual impairments, hearing, and/or speech disabilities. The facility recognizes the need to provide individuals with disabilities accommodations within the facility.

The Sheriff stated the facility does not receive many inmates with disabilities and Ming is the most common second inmate population received at the facility. The facility 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 through a language line and staff assistance. The facility has contracted with Language Line Solutions since May 14, 2018, with a renewal contract signed January 19, 2022. Staff interviewed stated communication with deaf and hard of hearing inmates are through written materials (PREA pamphlet, KIOSK), captioned PREA video, and sign language; blind or low vision inmates can listen to the video and staff would read the PREA information to them; communication with limited English proficiency inmates would be through the Languages Line and staff interpreters; and inmates with low cognitive skills would be communicated with on a level they could understand with reaffirming they understand the information. There were no inmates that had identified disabilities or limited English proficiency at the facility during the on-site audit to interview. The PREA Coordinator stated the facility staff would communicate in a manner the inmate understands through the use of the language line, written materials, the PREA video, and/or the staff reading the materials to the inmate.

Did Not Meet (a): The facility's policy and procedures does not address how disabled (blind, sight impaired, hearing impaired, deaf, low cognitive skills, intellectual and psychiatric disabilities) are provided opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Corrective Action Taken (a): The Agency expanded the PREA policy to provide procedural direction on how to provide inmates PREA information in a manner that an inmate that is blind, sight impaired, hearing impaired, deaf, low cognitive skills, and/or has intellectual and/or psychiatric disabilities. The Agency has meet substantial compliance. No further action was necessary.

The use of interpreter services is documented on the Interpreter Contact form. The form contains the inmate's name, date/time, language spoken, reason for contact, purpose for the interpreter service, and any other comments. The Auditor reviewed a form documenting the use of the Language Line during the intake process for a Spanish speaking inmate. The facility also provides the Sexual Assault and Custodial Sexual Misconduct pamphlet, and PREA informational posters in English, Mandarin, and Spanish. The posters are posted throughout the facility.

The Agency's policy OFF-17-50 states, "Oneida County shall at no time rely on any assistance from an inmate interpreter or inmate of assistance in communicating as a first responder or in conveyance of an investigation except when such delay would compromise the inmates' safety." The Compliance Sergeant stated the facility would use interpretation services or staff interpreters and would not use inmate interpreters. Random staff interviewed stated they would communicate with LEP inmates through a staff interpreter or the language line. None of the staff interviewed knew of an instance when an inmate was used as an interpreter. Although the PAQ noted there was one instance of an inmate interpreter used, the inmate interpreter was not used for the intake process or any incident involving PREA. There were no instances where an inmate interpreter was utilized during this audit timeframe during the intake risk screening, reassessments, or for a PREA incident.

There were no inmates identified with a disability or limited English proficient to interview during the on-site audit.

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*)

The Agency's policy OFF-17-50 PREA states, "It is the policy of the Oneida County Sheriff's Office not to hire or promote anyone who may have contact with inmates nor shall any employee of any contractor or volunteer be allowed to provide facility services in or around inmates who has engaged in sexual abuse in a prison, jail, or lockup community confinement, juvenile facility, or any institution; has been convicted of engaging or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion without consent, or inability to consent; and has been civilly or administratively adjudicated to have engaged in any form of sexual harassment or misconduct. Any person who has engaged in sexual abuse or harassment or was convicted of engaging in sexual activity or behavior contrary to Wisconsin State Statutes or statutes of any state is prohibited from employment." The Jail Administrator is responsible for the hiring of new employees. The acting Jail Administrator/Lieutenant interviewed stated the three administrative questions are not asked of the applicant or contractor and the information would be recovered during the background check. To document the administrative adjudication questions are asked of employees and contractors as part of the hiring process, the facility added a section to the Personal History Statement form in which applicants and contractors complete. The Agency provided one example of a new applicant and one of a contractor to demonstrate the process of asking individuals the three administrative questions. The acting Jail Administrator/Lieutenant stated

the Agency would consider prior incidents of sexual harassment when determining whether to hire or promote a staff member and before enlisting a contractor for services. The hiring process is considered on a case by case basis, and the final determination is made by the Sheriff. He also stated that any individual with a sexual assault conviction would not be hired.

Does Not Meet (a): The application form or the hiring packet does not ask applicants or contractors the three administrative adjudication questions listed in the standard.

Corrective Action Taken (a): The Agency developed a process to ask applicants the three administrative adjudication questions by adding a section to the Personal History Statement form in which applicants and contractors complete as part of the background check process. The Agency provided one example of a new applicant and another example of a contractor to demonstrate the process. The Agency has met substantial compliance. No further action was necessary.

The Agency's policy OFF-17-50 states, "Contingent upon hiring of correctional staff, it shall be the policy of the Oneida County Sheriff's Office to conduct an effective background investigation on all potential new hires. Inclusive of this shall be a comprehensive criminal history check and psychological exam. This shall include gathering facts as it relates to any allegations of sexual misconduct or pending investigation for both potential new hires, and all current Oneida County Sheriff's Office employees, contractors, or volunteers. All contractors, vendors, and volunteers shall have a criminal history check performed and kept as a record, and any person who engaged in any sexual activity shall be prohibited from entering the facility. The agency shall also conduct criminal history checks on all Sheriff's Office employees, volunteers, and medical staff every five years." The background check process is conducted by Agency's detectives. The acting Jail Administrator/Lieutenant shared the background check process is comprehensive including reviews of the Crime Information Bureau (CIB), National Crime Information Center (NCIC), credit checks, psychological exam, interviews with neighbors. The PAQ noted the facility hired nine new employees during the audit period and all had completed background checks. The Auditor reviewed nine staff employment files that demonstrated that the background checks were completed prior to hiring. Two of the files reviewed were new hires during the audit period. The background check report includes sections on personal, offspring, relatives, references, education, experience/employment, financial background, criminal and legal history (CCAP, State of Wisconsin Criminal Division, State of Wisconsin Driver's License, other agencies), driver record, social media, investigative evaluation, summary of background, physical drug test, and physical test. Contractors also have background checks completed prior to enlistment of services by a detective. Contractor background checks include criminal history, reference check, and fingerprints check. Volunteers background checks include criminal history, in house record, and checking the Wisconsin Court records. One new contractor was hired during the audit period. The Auditor reviewed two contractor files which demonstrated criminal background checks completed prior to the enlistment of services. One of the files was the new contractor hired during the audit period. If a new applicant or contractor had prior incidents, the agency would not hire or enlist for services stated the acting Jail Administrator/Lieutenant. The Lieutenant is responsible for completing the five-year background checks on employees and contractors utilizing the Wisconsin record system. The acting Jail Administrator/Lieutenant stated no employee or contractor had a criminal record for any sexual offense as part of the five-year background checks. Background checks were verified in all personnel and contractor files reviewed. The facility completed five-year background checks on all employees on May 11, 2022.

The Agency's policy OFF-17-50 states, "It is the policy of the Oneida County Sheriff's Office that all employees involved in any criminal behavior, substantiated or unsubstantiated, shall report within a reasonable time frame such conduct to the Sheriff's Office administration, who shall report to the Sheriff

or Chief Deputy the circumstances surrounding the incident. Failure to report or providing false information shall be grounds for discipline up to termination.” The Agency’s ask all current employees the three administrative questions annually as part of the employee evaluation. Any employee who indicates “yes” in the response to these questions shall be placed on administrative leave pending the outcome of an internal investigation and review by the Sheriff and Chief Deputy. The acting Jail Administrator/Lieutenant stated if the investigation is substantiated, the employee will be terminated. The Agency also has a continuing affirmative duty to report any criminal misconduct. The employee must report through the chain of command or directly to the Jail Administrator within 24 hours. The acting Jail Administrator/Lieutenant stated the staff member, depending on the offense, will be placed on paid administrative leave until an internal investigation is completed and the Sheriff makes the final decision on any staff outcome. The employee can be disciplined, up to termination.

The Agency’s policy OFF-17-50 states, “It is the policy of the Oneida County Sheriff’s Office that when a previous employee seeks employment with another agency, upon receipt of a release allowing for disclosure any requested documents that pertain to any incident regarding sexual misconduct, sexual abuse, and/or sexual harassment involving the employee, that those records be released to the requesting agency.” The Agency will request the other agency to provide a release of information form from the previous employee before releasing any information.

Through interviews with the acting Jail Administrator/Lieutenant and the PREA Coordinator/Jail Administrator and supporting documentation, 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 Agency's policy OFF-7-50 PREA states, "This facility has undergone several upgrades related to technology. At this time and in the future, it shall be the policy of the Oneida County Jail that consideration is given to enhancement, protection, and identification from sexual misconduct within the facility of both staff, inmates, and all others who are conducting official business within the Oneida County Jail while making those upgrades." The Oneida County Jail has not made any substantial expansions or modifications of the existing facilities during the audit period. The Sheriff during the interview stated first and foremost there would be discussion about inmate safety when considering any substantial expansions or modifications of the existing facilities and/or during the installation or expansion of the electronic security system. He shared that there is a discussion about PREA and inmate safety almost daily. The acting Jail Administrator/Lieutenant stated with the enhancement of the video monitoring system with better quality cameras and increasing cameras has increased the protection of inmates and staff as a higher level.

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and out of the building. The cameras are strategic placed inside the secure perimeter in corridors, visiting area, sallyport, intake, and housing areas. The cameras are viewed by the control centers and administration. The Agency added four monitors, two hallway cameras, and two cameras in the intake area during the audit cycle.

Recommendation: The Agency should maintain meeting minutes or other forms of documentation to demonstrate inmate sexual safety was considered when installing or updating monitoring technology.

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 Oneida County Sheriff's Office is responsible for administrative and criminal investigations. A specialized trained detective will conduct the investigation. The Agency's policy OFF-17-50 PREA states, "All reports of sexual misconduct, assault, and harassment shall be investigated. The initial corrections officer shall make every effort to protect the integrity of anything that may have evidentiary value. The corrections sergeant or acting sergeant shall, as soon as possible, notify Dispatch and request assistance from the Patrol Division and Detective Division. The corrections sergeant or patrol sergeant shall notify the corrections captain, lieutenant, and/or Chief Deputy of the incident. The following procedures shall act as a guideline to ensure the safety and security of all involved and that their rights are protected of both adult and youthful victims and offenders. Each officer shall have in his or her possession at all times the 8x5 index card outlining the proper procedure for handling of a suspected sexual misconduct or assault." The Agency's policy OFF-18-50 PREA Investigation Protocol states, "It is the policy of the Oneida County Sheriff's Office that all reports of sexual assault, misconduct, and harassment be investigated within the jail in accordance with the federal PREA Law." Both administrative and criminal investigations start immediately following an allegation reported. The Corrections Sergeant or acting Sergeant will notify the dispatch and request assistance from the Patrol Division and Detective Division. The facility also has developed a Sexual Abuse Response Flow Chart that outlines the investigation process including the gathering and securing of evidence. The Agency's policy OFF-04-17 Property/Evidence Control establishes guidelines for maintaining the integrity of the evidentiary chain of custody and maintenance of any property this is in the custody and control of the Oneida County Sheriff's

Office. The policy OFF-04-17 states, "It is the policy of the Oneida County Sheriff's Office to staff and assign trained personnel to the Property/Evidence Section to ensure that property and evidence in its custody can be properly analyzed, secured, stored, and readily retrieved. It is the Oneida County Sheriff's Office policy that any changes in its custody have been properly and fully documented. Oneida County Sheriff's Office personnel, as a matter of policy, may be required to utilize a resource for the proper handling and packaging of evidence. This resource is the most recent edition of the "Physical Evidence Handbook," published by the Wisconsin Department of Justice, State Crime Laboratories." The uniformed protocol utilized by the Agency is the Physical Evidence Handbook published by the Wisconsin Department of Justice, State Crime Laboratories. All evidence is handled in accordance with policy OFF-04-17. The Physical Evidence Handbook published by the Wisconsin Department of Justice is appropriate for youth as needed stated the Detective interviewed. The random staff interviewed acknowledged their understanding of the agency's protocol for obtaining usable physical evidence. Staff are trained in first responder duties. The staff stated the inmates are separated and under constant observation to protect evidence, inmates are requested not to destroy any evidence (not to shower, brush teeth, use the restroom, change clothes), lockdown the area, secure the area as a crime scene until an investigator clears the scene, preserve any evidence, and contact a supervisor. The staff are issued and carry a PREA First Responder Checklist that provides guidance in the first responder duties that include the protection of evidence.

An Agency's Detective was interviewed and stated all cases are investigated immediately. The detective receives notification from dispatch or the Jail Administrative of an incident which begins the investigative process. The inmate can also report to the Detective Division through the Kiosk which would also start an investigation. The Detective stated a sexual assault investigation would be started immediately, and a sexual harassment allegation would be investigated the same day or the next business day. Investigators are on-call for sexual assault investigations. The interview with the Detective confirmed the PREA investigation practices including the uniformed evidence protocols.

The Agency's policy OFF-17-50 PREA states, "All individuals involved in an alleged sexual assault shall as soon as possible, receive medical care, which may be apparent to either the victim or perpetrator. They shall remain in the custody of a law enforcement officer to preserve the chain of custody of all evidence. All forensic medical examinations shall be conducted without financial cost; conducted by a certified SANE examiner; or conducted by a medical practitioner who has received training in sexual assault and evidence collection. The lead detective shall document in their report all efforts to have a SANE nurse conduct the examination prior to the examination." Through interviews with the medical staff, the Detective, and the PREA Coordinator, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the inmate. The PREA Coordinator shared because of the county's demographic the facility may have to use a SANE program at several different hospitals throughout the north part of the state. The Detective stated if a SANE is not available locally, the inmate would be transported to Wausau where there are several hospitals with SANE programs and further stated there have been no difficulties finding a SANE when one is needed. The Detective stated the alleged victim and perpetrator would not be taken to the same hospital for services. The medical staff interviewed noted the inmate would be transported to a local hospital with a sexual assault nurse examiner (SANE) available. The nurse stated a call would be made to the emergency room notifying the hospital a SANE exam was needed and to inquire if a SANE was available to conduct the exam. If a SANE was not available, contact would be made with another hospital facility. An interview with a representative from Marshfield Medical Clinic Weston, the local hospital, regarding SANE services provided was conducted after the on-site audit. It was stated during the interview that emergency medical treatment and SANE services are available at the hospital. The representative interviewed stated the

facility contacts the hospital to notify them that a SANE exam is needed. The hospital has SANEs on staff within the emergency room. It was indicated that a SANE/SAFE is usually available 24 hours, 7 days a week, there are three SANE scheduled per day on different shifts. If a SANE is not available at the time, a call back system would be utilized for a SANE to report. A SANE usually reports within ten minutes. The facility policy states all individuals involved in an alleged sexual assault shall as soon as possible receive medical care. The inmates remain in custody of a law enforcement officer to preserve the chain of custody of all evidence. A Memoranda of Understanding (MOU) with the local hospital for services was not provided. The Agency provided an email chain with Aspirus Health that documented they would provide services through the emergency room and urgent care. There were no forensic medical exams during the audit period.

The Agency's policy OFF-11-50 states, "It is the policy of the Oneida County Sheriff's Office to make available to the victim a victim advocate from the Tri-County Council on Domestic Violence and Sexual Assault and have entered into a Memorandum of Understanding (MOU) on providing these services. If requested by the victim or victim advocate or qualified agency staff member or crisis center advocate, shall accompany and support the victim through the forensic medical examination and investigatory interviews, and shall provide emotional support, crisis intervention information, and referral and court process." A victim advocate will be provided to the inmate upon request to provide emotional support during the forensic medical examination and investigation interviews. These services are provided through the Tri-County Council on Domestic Violence and Sexual Assault (Tri-County). The agency has had an MOU with the Tri-County to provide victim advocate services to inmates since April 10, 2017. An updated MOU was signed January 24, 2022. The MOU outlines the services provided including: providing an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview processes, as requested by the victim via Oneida County Jail; provide emotional support services to victims of sexual abuse which includes emotional support, crisis intervention, information, and referral and may be conducted by mail, in person, by telephone, or by an approved telecommunications method; the advocate shall connect with the facility personnel to coordinate telephone, telecommunication, and/or in-person meetings; and the advocate shall obtain and a release of information from the victim before reporting an incident of sexual abuse, any fears or concerns the victim has related to safety, or disclosing other confidential information to the facility. The coordinator interviewed from Tri-County stated services are available 24 hours a day/ 7 days a week. She also stated the organization has provided services to the jail for emotional support services and counseling. When an inmate calls the hotline, they are not asked to identify themselves. It is the choice of the inmate if they want to share their name. She indicated an advocate is available during the forensic exam and the inmate is provided a packet of resources available to them. The advocate is also available for the investigation interviews and court proceedings. The advocate would follow-up with the inmate either on the phone or a one-on-one contact in the facility. Services are confidential unless the inmate approves the disclosure of information. Tri-County information is available to the inmate through the Sexual Assault and Custodial Sexual Misconduct pamphlet, the Zero Tolerance poster, PREA handout, and on the Kiosk. The hotline is a toll-free number and confidential.

The Agency's policy OFF-17-50 states, "In the event that the Oneida County Sheriff's Office is not actively involved in the investigation, it shall be their responsibility to ensure the investigating agency follows all of the requirements set forth in this standard." The Oneida County Sheriff's Office conducts all the PREA administrative and criminal investigations.

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 Oneida County Sheriff's Office is responsible for administrative and criminal investigations. Both administrative and criminal investigations start immediately following an allegation reported by a specialized trained detective. The Agency's policy OFF-17-50 PREA states, "All reports of sexual misconduct, assault, and harassment shall be investigated." The policy also states, "It shall be the policy of the Oneida County Sheriff's Office upon receipt of a complaint, allegation of possible sexual misconduct by either inmate, staff member, contractor, or volunteer that a complete investigation be conducted in effort to establish validity of the information; facts surrounding the incident; potential for criminal behavior; file written report of findings; and referral of criminal charges or administrative review. Method of investigation shall be the use of a multi-disciplinary team consisting of facility. P.R.E.A. Coordinator, Captain of Investigations, assigned Detective Sergeant, Medical Practitioner, Mental Health Practitioner and the Tri-County Council of Domestic Violence and Sexual Assault Representative. The facility coordinator and investigators shall receive specialized training in conducting investigations of sexual abuse and sexual assault." The corrections sergeant or acting sergeant shall, as soon as possible, notify Dispatch and request assistance from the Patrol Division and Detective Division. The corrections sergeant or patrol sergeant shall notify the corrections captain, lieutenant, and/or Chief Deputy of the incident. The Agency's policy OFF-18-50 PREA Investigation Protocol states, "It is the policy of the Oneida County Sheriff's Office that all reports of sexual assault, misconduct, and harassment be investigated within the jail in accordance with the federal PREA Law." The Corrections Sergeant or acting Sergeant will notify the dispatch and request assistance from the Patrol Division and Detective Division. The facility also has developed a Sexual Abuse Response Flow Chart that outlines the investigation process including the gathering and securing of evidence. The Sheriff stated during the interview all allegations are referred for investigations. Th allegation is reported through the chain of command and referred to a Detective for investigation by a supervisor. If the allegation is a sexual abuse allegation, the Sheriff is also informed immediately. An agency's detective was interviewed and stated all cases are investigated immediately. The detective receives notification from dispatch or the Jail Administrative of an incident which begins the investigative process. The inmate can also report to the Detective Division through the Kiosk which would also start an investigation. The Detective stated a sexual assault investigation would be started immediately, and a sexual harassment allegation would be investigated the same day or the next business day. Investigators are on-call for sexual assault investigations. The interview with the Detective confirmed the PREA investigation practices and was knowledgeable of the investigation process. The Agency's website under the Prison Rape Elimination Act Disclosure states all reports will be investigated.

There were eight (8) allegations reported of sexual abuse and sexual harassment during the audit period which was provided to the Auditor. Four of the allegations were determined not to be PREA incidents. The Auditor reviewed all the allegations and was in agreement that four allegations were not PREA related. Of the four (4) PREA allegations that allegedly occurred and reported at the facility: one was staff on inmate sexual harassment determined unfounded and three (3) inmate on inmate sexual harassment allegations. Of the three inmate on inmate sexual harassment allegations, one was determined unfounded, one unsubstantiated, and one substantiated. None of the cases were criminal in nature or referred to outside investigative agencies. A review of all eight allegations and the four investigative cases was conducted by the Auditor. The numbers provided in the PAQ were incorrect after review of the allegations and investigative files.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "All Oneida County Sheriff's Office employees, nurses, contractors, and volunteers who have contact with inmates shall receive training on the P.R.E.A. policy, responsibilities, and obligations of zero tolerance of sexual harassment and sexual abuse or misconduct; how to fulfill their responsibilities under the sexual abuse, harassment, prevention, detection, and reporting in response to the policy and procedure; inmate rights to be free from sexual abuse and sexual harassment; inmate and employees right to be free from retaliation for reporting; dynamics of sexual abuse and sex harassment in confinement; how to identify and respond to common reactions of sexual abuse and sexual harassment victims; how to respond to signs of threatened and actual abuse, how to avoid inappropriate relationships with inmates; effective communication and professional interaction with inmates who are lesbian, gay, bisexual, transgender, intersex or gender nonconforming; and laws and policy relevant to mandatory reporting of sexual abuse both outside and inside the agency. Employees must be cross-trained on how to handle both genders. All current employees as of January 1, 2017, must receive P.R.E.A. required training. All new hire employees must receive training prior to completion of the field training program. All employees shall receive refresher training every two years. During and throughout the year, employees shall receive refresher training on agency policy and new policy relating to these standards. All employees must read and acknowledge that they have read and understand the requirements set forth in the Oneida County P.R.E.A. policy." The Prison Rape Elimination Act (PREA) course is required to be completed at least every two years. The PREA Training for Correctional Staff course is a four-hour online course through EDUCORR. The training lesson plan covers 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 course is designed to have staff complete quizzes throughout the course and a final test at the end. The staff must pass a test with a score of 80% or better in order to complete the training. Staff only have one opportunity to pass, if the staff does not pass the Jail Administrator is notified. The staff member is then provided with additional training prior to completing the course again. The lesson plan Cross-Gender, Intersex, and Transgender Searches conducted by the facility covers search procedures as well as facility policy and procedures. The training is tailored to both male and female inmates at the facility. The facility also conducts PREA training as part of the annual in-service, it is a three hour block that covers PREA and transgender topics. Staff interviewed acknowledged receiving PREA education training through the PREA on-line course, refresher training during annual in-service, emails, and during the initial Jail Academy when hired. New employees also receive PREA training as part of the Jail Officer Basic Training Field Training Program (Jail Academy). The staff must pass the PREA course test.

Staff interviewed were knowledgeable about their responsibilities in prevention, detection, reporting, and responding to sexual abuse and sexual harassment. They were able to explain their first responder duties. The wide knowledge of PREA policies and procedures by staff confirms the continuous training that occurs through annual in-service and refresher training. The staff are issued and required to carry a PREA informational card, PREA First Responder Checklist. This card outlines the first responder duties.

The PAQ and the Compliance Sergeant indicated all staff had completed the training. The Agency's policy OFF-17-50 states, "All employees must read and acknowledge that they have read and understand the requirements set forth in the Oneida County P.R.E.A. policy. All training shall be documented within the employee training file, facility contracted training provider (EDUCORR), and ACAIDS or State of Wisconsin training registry." The EDUCORR training is documented through a training certificate and facility training through a training roster. The Auditor reviewed nine employee files that demonstrated that initial PREA training was completed for current employees in 2018 when the Agency started the PREA compliance process. After that date, all new employees hired received training as part of the Jail Academy prior to a job assignment. The employee files did not demonstrate consistent PREA training annually in 2020 and 2021. The acting Jail Administrator/Lieutenant and the Compliance Sergeant stated this was due to the interruption of training during COVID protocols. The employee files did demonstrate the minimum of every two years for compliance with the standard. The facility provided a training roster demonstrating all correctional staff (except one on FLMA) received the annual in-service PREA course for 2022 after the on-site audit.

With the annual training provided to the staff, the Agency would exceed the standard, however, due to COVID protocols during 2020 and 2021 not all staff completed, or the training was not documented to confirm the annual training.

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*)

The Agency's policy OFF-17-50 PREA states, "It is the policy of the Oneida County Sheriff's Office that all volunteers, contractors and any person who may have contact with inmates receive training regarding their responsibilities under the agency's sexual abuse, harassment and zero tolerance for these types of conduct; his or her requirement to report all information or incident of sexual harassment or sexual abuse; and any potential ramifications for engaging in this type of conduct while within the facility. The agency shall maintain documentation of the training and acknowledgement they have received and understand the requirements." The Agency has three services contracted: medical, mental health, and food service. Currently the facility is not utilizing volunteers due to COVID protocols and has not utilized volunteers during this audit cycle. When the facility utilizes volunteers, it is for programming services. The PREA Coordinator stated all contractors and volunteers who have contact with inmates at the facility receive PREA training prior to assuming their responsibilities.

The contractors receive the same on-line PREA course through EDUCORR as staff. The food service staff, Consolidated Correctional Foodservice, also receive training through their company monthly and annually. The Consolidated Correctional Foodservice lesson plan, A Guide for the Prevention and Reporting of Sexual Abuse with Inmates, is part of their hiring process and annual training. The lesson plan covers zero-tolerance, what is sexual abuse, preventing sexual abuse, duty to report, and the ways

to report. The mental health counselor and nurse, Advanced Correctional Healthcare, acknowledged completing the PREA on-line course same as facility staff every two-years and refresher training. They also stated they received training through their agency upon hire and annually. All contractors interviewed indicated they would report to the Jail Administrator, a supervisor, and/or a Sergeant immediately. All contractors interviewed acknowledged their training and responsibilities regarding the prevention, detection, and response to sexual abuse and harassment and were aware of the zero tolerance policy. Volunteers receive a 2 hour course, PREA Volunteer Training through EDUCORR prior to the enlistment of services. The training includes information on the zero-tolerance standard, reporting methods, that sexual misconduct is a criminal offense, all intentional acts of sexually abusive behavior or intimacy regardless of consensual status are prohibited; all perpetrators are subject to administrative and criminal sanctions; and reporting requirements. There were no volunteers available to interview during the on-site audit.

The EDUCORR training is documented through a training certificate and facility training through a training roster. The Auditor reviewed three contractor training files; the training files demonstrated training was completed. The annual training for contractors with facility staff and every two-year EDUCORR training requirement exceeds the standard requirement.

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 Oneida County Jail provides a comprehensive PREA education to the inmate population beginning at intake into the facility. The Agency's policy OFF-17-50 PREA states, "All inmates shall at the intake process, receive information explaining the Oneida County Sheriff's Office policy on zero tolerance for sexual assault, abuse, and harassment and how to report incidents of or suspicions of either. Information is provided by poster explaining inmate rights; inmate provided written pamphlet detailing rights and Kiosk

upon entering assigned housing unit.” PREA information is first available to inmates at intake on posters stating the Oneida County Sheriff’s Office has zero-tolerance for sexual abuse, sexual harassment, and sexual misconduct. The poster also provides reporting methods, contact numbers, the emotional support service contact number, explains all allegations are investigated, and PREA calls are not monitored, and the reports or abuse may be forwarded to appropriate authorities in accordance with mandatory reporting. The intake staff interviewed stated education is provided to inmates through the Sexual Assault and Custodial Sexual Misconduct pamphlet which is provided to the inmate during the booking process. The pamphlet sections cover the zero-tolerance policy, what is sexual assault, examples of sexual assault, how to prevent sexual assault, what to do if you’ve been sexually assaulted, how to report sexual assault reporting methods and phone numbers, the emotional support contact phone number and address, confidentiality, and third party-reporting. PREA information is provided to all new intake and transfer inmates per the interview with intake Staff. The intake staff interviewed stated the PREA pamphlet is provided to the inmate usually within an hour and always before general housing placement. Th 19 random inmates interviewed acknowledge PREA posters throughout the facility including the intake area. Ten of the inmates acknowledged receiving the PREA pamphlet at intake. The majority of the inmates acknowledged receiving PREA information in some method at intake either through the pamphlet, reading the posters, and/or, staff reading or explaining the PREA information to them on the day of arrival. They acknowledged they were told the PREA information was on the KIOSK in the housing unit to review. The facility processed 1,372 inmates processed through intake during this audit period and the PAQ noting all inmates were provided PREA education at intake. The Auditor reviewed nine inmate files that demonstrated PREA information was provided to the inmates on the day of arrival. This is documented through the inmate acknowledging and signing, “I Acknowledge I have been provided the Oneida County Jail pamphlet and zero-tolerance policy on sexual abuse, custodial and sexual misconduct. Through some staff and inmate interviews it was noted that not all inmates received the PREA pamphlet, the inmate was able to refuse the pamphlet, or the inmate was just referred to the information on the kiosk. The facility provided refresher training through an email to all staff during the on-site audit that “a PREA pamphlet must be provided to every inmate at intake and explained all inmates need access to the information prior to being placed in population where they have access on the kiosk.”

The Agency’s policy OFF-17-50 PREA states, “Inmate training shall be completed within 30 days, which is posted on the kiosk in the housing unit. This requires inmate acknowledgment in either English or Spanish. Additionally, through a P.R.E.A. approved video to serve as a face-to-face requirement through the Inmate TV every 30 days. All current inmates at the Oneida County Jail have received P.R.E.A. training.” The facility provides comprehensive education within the housing units for all inmates. PREA information is on the KIOSK in the housing unit. The inmate must review and acknowledge the information before accessing any other information on the Kiosk during the first time utilizing the Kiosk and then every thirty days. The information contains zero tolerance, what is considered sexual abuse or misconduct, what is sexual harassment, examples of sexual assault, how to prevent sexual abuse, what to do if you have been sexually assaulted, how to report sexual assault, contact information for reporting and emotional support. Documentation of the inmate’s acknowledgement of PREA education on the kiosk is maintained electronically through the KIOSK system as reviewed by the Auditor. The documentation is maintained for eight years. The PREA video is played every thirty days on the televisions in the housing units. The facility is completing the comprehensive PREA education within thirty days to all inmates in numerous methods. The inmates interviewed during the tour and formal interviews acknowledged receiving training in the housing unit through posters on the wall, the kiosk, and the PREA video. During the facility tour, the Auditor asked an inmate to demonstrate the accessibility of the PREA information on the Kiosk. The inmate was able to access the PREA information. There were 273 inmates whose length of stay was longer than 30 days for the audit period and the PAQ noted all inmates housed for thirty days received comprehensive education. Through the review of the nine inmate files, five inmates were housed

longer than two months. The electronic files of these five inmates documented the monthly PREA education acknowledged on the kiosk.

The Agency's policy OFF-17-50 PREA states, "The agency shall make every effort to make accessible P.R.E.A. information and zero tolerance for sexual assault, abuse, and harassment, including those who have disabilities. When confronted with an inmate with disabilities, corrections staff shall call Languageline Solutions. The facility 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 through a language line and staff assistance. The facility has contracted with Language Line Solutions since May 14, 2018, with a renewal contract signed January 19, 2022. All written PREA information materials are available in English and Spanish including Sexual Assault and Custodial Sexual Misconduct pamphlet, and PREA information within the Inmate Handbook. The he Zero Tolerance Posters also are printed English, Spanish, and Mandarin. Staff interviewed stated communication with deaf and hard of hearing inmates are through written materials (PREA pamphlet, KIOSK), captioned PREA video, and sign language; blind or low vision inmates can listen to the video and staff would read the PREA information to them; communication with limited English proficiency inmates would be through the Languages Line and staff interpreters; and inmates with low cognitive skills would be communicated with on a level they could understand with reaffirming they understand the information. There were no inmates that had identified disabilities or limited English proficiency at the facility during the on-site audit to interview. The PREA Coordinator stated the facility staff would communicate in a manner the inmate understands through the use of the language line, written materials, the PREA video, and/or the staff reading the materials to the inmate. Staff are trained on how to interact with inmates with disabilities and limited English proficiency through the training.

The Agency's policy OFF-17-50 PREA states, "The Oneida County Sheriff's Office shall maintain a record of inmate education, which has been provided on the kiosk and the acknowledgement each inmate has received training. Oneida County Code 59.27(8) requires that all records shall be retained for a period of no less than eight years. Eight-year retention has been written into the contract with the kiosk provider (TurnKey)." The Auditor reviewed nine inmate files that demonstrated PREA information was provided to the inmates on the day of arrival. This is documented through the inmate acknowledging and signing, "I Acknowledge I have been provided the Oneida County Jail pamphlet and zero-tolerance policy on sexual abuse, custodial and sexual misconduct. Through the review of the nine inmate files, the electronic files documented the comprehensive education within 30 days. Five of the nine inmates were housed longer than two months, the electronic files of these five inmates documented the monthly PREA education acknowledged on the kiosk.

The facility provides continuous written PREA information to the inmates through posters throughout the facility, Inmate Handbook, kiosk information monthly, and the Sexual Abuse and Custodial Sexual Abuse pamphlet. Education is also continuous through the PREA video played every thirty days in the housing areas. The inmates interviewed were able to explain how to report an incident and were aware of the zero-tolerance policy.

The facility exceeds the standard by providing PREA information the same day as arrival and usually within one hour and the numerous methods that written and comprehensive PREA education is provided.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "All Oneida County Sheriff's Office Detective Sergeants who are charged with conducting sexual abuse or assault investigations shall receive specialized training in conducting those investigations: crime scene preservation; evidence collection; proper use of Miranda warnings; Garrity warnings; interviewing techniques for both victims and perpetrators of sexual related crimes; training related to the criteria and evidence required to substantiate a case for administrative action or criminal proceedings, allows and provides inmates to report all incidents of sexual abuse or misconduct, whether a witness to or victim of said incident, all which can be accomplished in confidentiality; and allows for reporting anonymously to an outside agency by listing a toll free number for reporting all incidences of sexual abuse or misconduct." The Agency has four specialized trained investigators. The facility provided training certificates for all investigators documenting the PREA: Investigating Sexual Abuse in a Confinement Setting through the National Institute of Corrections. The course is a three-hour course that addresses the investigation process in a confinement setting and all the elements within the standard. The investigators also completed the general facility training through EDUCORR on-line course and the facility's annual in-service training as documented through training records.

The Detective interviewed was knowledgeable of the investigation process. She acknowledged the training covered techniques for handling investigations, interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. She explained techniques for interviewing sexual abuse victims including showing empathy, reassuring, explaining the process, letting them know it is not their fault, and not treating the victim as a suspect. She understood the difference between Miranda and Garrity warning Miranda being criminal and Garrity being administrative/an internal investigation. She stated sexual abuse evidence collection covered what to collect including physical evidence (clothing, bedding, objects, video), discussed the forensic exam process, and control of evidence. The Detective also stated that 51% of evidence, preponderance, is required to substantiate a case.

Although the Agency does not utilize outside agency investigators, the Agency's policy OFF-17-50 PREA states, "Any investigator from outside of the Oneida County Sheriff's Office shall also meet the standard required above and documentation of such shall be reviewed prior to that investigator assisting in the investigation."

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 states, "All medical and mental health providers shall receive training in how to detect and assess signs of sexual abuse and sexual harassment; preservation of physical evidence of sexual assault; how to respond effectively to victims of sexual abuse and harassment; whom to report to all allegations or suspicions of sexual abuse or harassment. Oneida County Sheriff's Office shall maintain a record of P.R.E.A. related training as required by all employees, contractors, and volunteers. All medical and mental health providers shall receive the same mandated training as required for correctional staff set for by P.R.E.A. standards. Additionally, all medical and mental health providers shall receive specialized training on how to preserve physical evidence of sexual assault. Training shall be conducted by the captain of detectives or their qualified designee, and a record of said training shall be kept on file within the agency. Specialized refresher training shall be conducted every two years on

those who have had the training prior and upon hire for all new employees.” The facility has two healthcare contractors, a nurse and mental health counselor. Through interviews with the nurse and mental health counselor, they acknowledged receiving PREA training by completing the PREA on-line course same as facility staff every two-years and annual facility PREA refresher training. They also acknowledged they had not received specialized medical and mental health training. Although the healthcare staff had not completed specialized training, the staff were able to explain and provide examples for how to detect and assess signs of sexual abuse and sexual harassment; how to preserve evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. During the corrective action period, the nurse and mental health counselor completed the PREA: Medical Health Care for Sexual Abuse Victims in a Confinement Setting. Documentation of the training was provided through training certificates.

Did Not Meet (a): Medical and mental health staff have not completed specialized healthcare training.

Corrective Action Taken (a): The Agency provided training certificates demonstrating the medical and mental health staff completed the required specialized health care training through the NIC course PREA: Medical Health Care for Sexual Abuse Victims in a Confinement Setting. The Agency has meet substantial compliance. No further action was necessary.

The medical staff and the PREA Coordinator stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the offender. The facility medical staff do not conduct forensic examinations.

The mental health counselor and nurse, Advanced Correctional Healthcare, acknowledged completing. They also stated they received training through their agency upon hire and annually. All contractors interviewed acknowledged their training and responsibilities regarding the prevention, detection, and response to sexual abuse and harassment and were aware of the zero-tolerance policy. All training is documented within the individual’s file and the facility contracted training provider (EDUCORR). The individual receives a certificate upon completion of the course.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No ☐ N/A

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "At the time of intake, all inmates shall be subject to the intake screening process. This is to ensure proper vetting of inmates. This process shall be conducted within 72 hours of incarceration. Intake screening shall consider the following criteria to assess inmates at risk of sexual victimization if inmate has mental, physical, or developmental disability; age of inmate; physical build; has inmate been incarcerated; inmate's criminal history is exclusively non-violent, inmate has prior convictions for sex offenses against adult or child; whether inmate is or is perceived to be gay, lesbian, transgender, intersex, or gender non-conforming; inmate has previously experienced victimization; inmate's own perception of vulnerability; and if inmate is being detained solely for immigration purposes. Additionally, at the initial screening process, the assessor shall consider the following before assigning the inmate to a housing unit, as those inmates who have the potential of being sexually abusive: prior acts of sexual abuse; prior convictions for violent offenses, and history of prior institutional violence or sexual abuse." An initial risk assessment is conducted on all new intake and transferred inmates during the intake process utilizing the form Questionnaire: Prisoner Vulnerability Assessment. The staff interviewed stated the risk screening is completed as part of the booking process and is usually completed within an hour of intake unless an inmate is intoxicated or there are behavior issues. Then the risk screening would be completed as soon as the inmate is able to participate in the risk screening and always before placement in general housing population. Although the PAQ noted that 947 inmates were screened for risk of sexual victimization or risk of sexually abusing other inmates, the facility screened 1,372 inmates booked into the facility which was 100% of the intakes. The facility misunderstood the question and provided the number of inmates held after 72 hours. Eighteen of the 19 random inmates interviewed acknowledged receiving a risk screening upon intake, and most inmates indicated it was completed immediately to within thirty minutes of arrival. One inmate stated the risk assessment was completed after he detoxed which was about six hours. Only one inmate did not remember if the assessment occurred. The Auditor reviewed nine inmate files with one being the inmate that did not remember having an assessment; and all assessments were completed on the day of arrival.

The Questionnaire: Prisoner Vulnerability Assessment form includes the questions: were you the victim of rape or sexual assault in a non-correctional setting; have you been previously incarcerated; were you the victim of rape or sexual assault in a correctional setting; is the inmate less than 21 years old or more than 62 years old; do you have a mental, physical, or developmental disability; have you ever been accused of or convicted of a violent offense; have you ever been convicted of a sexual offense against an adult or child; do you identify as Gay, Lesbian, Bisexual, Transgender, Intersex, or Gender Nonconforming; do you feel you are at risk for sexual abuse while you are incarcerated in the Oneida County Jail; have you been placed in protective custody; do you have a history of institutional predatory

sexual behavior; do you have a history of sexual abuse, physical abuse or domestic abuse towards other; do you have a current gang or security threat group affiliation; have you strong armed or assaulted anyone while you were incarcerated; have you had a history of engaging in consensual sex while incarcerated; and for males is the inmate of slight physical stature (5'6 and/or less than 140 lbs). The Questionnaire: Prisoner Vulnerability Assessment form first had a time frame of 10 years for risk assessment questions. The facility updated the form and removed the 10 year period from the questions. The facility provided thirteen inmate risk assessments to document the process with the updated form. The form is within the Jail Management System and is an electronically scored document with a no and yes format. Based on the number of positive responses to certain questions, the inmate is identified as a known predator, known victim, non-predator, and/or non-victim. The staff interviewed stated the scoring is based on the number of yes responses. If an inmate responses yes to targeted questions, a consultant with classification and mental health is conducted prior to housing placement. If the inmate affirms as identifying as lesbian, gay, bisexual, transgender intersex (LGBTI) or gender non-conforming, the Transgender Housing Worksheet must be completed. The inmates are scored as known victim, potential victim, known predator, potential predator, non-victim, and non-predator. Inmates identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified, classified appropriately, and monitored. This process conforms to the PREA standards.

Did Not Meet (d): The risk screening assessment only collects verification for ten years. There should be no time period attached to the risk screening questions.

Corrective Action Taken (d): The Agency updated the risk screening assessment to remove the ten year time frames within the questions. The Agency provided the updated risk screening assessment with thirteen examples of the new risk assessment in practice to demonstrate compliance. and documentation of staff training to demonstrate standard compliance. The Agency has meet substantial compliance. No further action was necessary.

The Auditor observed the intake and screening process of an inmate. The Auditor had the intake/classification 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 at the facility, the intake staff completes the Questionnaire: Prisoner Vulnerability Assessment form as part of the booking process. The form is electronically calculated for any PREA designation. If an inmate is designated as a known victim, potential victim, known predator, or potential predator, the correctional officer notifies the sergeant. The officer stated this information would be considered when making a housing placement. The intake officer started the interview with the inmate by asking if the inmate could read, write, and the language of preference. The inmate acknowledged he could read and write and spoke English. The intake officer provided the inmate with the PREA pamphlet and explained the PREA information to the inmate. The officer started the general booking process and explained the risk screening process and told the inmate that he could refuse to answer any of the questions. The risk screening observed by the Auditor was of a male inmate that scored with no designation and did not identify as LGBTI. The inmate acknowledges by signature that "I acknowledge that I have provided truthful information to the best of my ability during this assessment. I acknowledge I have been provided the Oneida County Jail's pamphlet and zero tolerance policy on sexual assault, custodial, and sexual misconduct." A health screening form, Health Screening Questionnaire, is also conducted at intake by the correction officers within the Jail Management System. If the results of the health screening indicate the need for immediate treatment of physical or mental problems, the Booking Officer shall make an appropriate referral to the Corrections Sergeant and/or nurse to obtain treatment. If an inmate reports prior victimization or previously perpetrated sexual abuse, the inmate is referred to medical and mental health through the Referral to Medical/Mental Health provider for Inmate Disclosure of Prior Victimization or Previously Perpetrated Sexual Abuse form. If it appears to be an immediate need, medical will come to the booking area

immediately to access the inmate. If not, the referral will be made to medical, and the inmate is seen within 14 days. The screening process conforms to the PREA standard.

The Agency's policy OFF-17-50 PREA states, "Within 30 days of inmate arrival at the facility and having been considered at risk for victimization or abusiveness, or upon any additional information that may indicate the inmate is at risk, the classification officer shall reassess the inmate by completion of vulnerability assessment form; if application, complete transgender housing worksheet; and consult with medical or mental health staff. Additionally, reassessment shall be required due to referral, incident of sexual abuse, and additional information as being at risk." Staff complete reassessments utilizing the form Questionnaire: Prisoner Vulnerability 30 Day Re-Assessment. The form asks the same questions as the PREA intake risk assessment. Of the inmates interviewed, thirteen inmates were housed longer than 30 days. Of those inmates housed longer than 30 days, eleven inmates acknowledged staff completing a reassessment and six inmates stated a reassessment was not completed. The Auditor reviewed nine inmate files which included the five inmates that stated a risk assessment was not completed. Of the nine inmate files reviewed, four inmates were not housed the length of time requiring a reassessment. Of the other five inmates, one inmate had a reassessment within the appropriate timeframe, three assessments were completed outside the timeframe, and one reassessment was not completed. Upon discussion with staff, the reassessment process had delays during COVID protocols and by COVID protocol some reassessments were completed by phone with the inmate. Staff also shared and as documented in the investigative files, reassessments were not completed on inmates due to referral, incident of sexual abuse, and additional information as being at risk. During the corrective action period, the Agency reestablished the reassessment process by completing the reassessments face to face within 30 days from intake. The facility provided documentation of reassessments of thirteen inmates within the required timeframe to demonstrate compliance. The Agency had no inmates that warranted a reassessment due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness during the corrective action period to provide further documentation.

Did Not Meet (f)(g): The facility is not conducting reassessments of inmates within 30 days from intake. The facility is not completing reassessments of the inmate's risk of victimization or abusiveness when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Some of the 30 day reassessments were completed over the phone instead of face-to-face. This process changed during initial COVID protocols. Determined by staff interviews and inmate file review.

Corrective Action Taken (f)(g): The Agency reestablished the reassessment process by completing the reassessments face to face within 30 days from intake. The facility provided documentation of reassessments of thirteen inmates within the required timeframe to demonstrate compliance. The Agency had no inmates that warranted a reassessment due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness during the corrective action period. The Agency has met substantial compliance. No further action was necessary.

The Agency's policy OFF-17-50 PREA states, "No inmate shall be disciplined for refusing to answer or not disclosing complete information related to paragraphs (B)(1), (B)(7), (B)(8), or (B)(9) of this section." Through policy OFF-17-50 and confirmed through staff interviews, inmates will not be disciplined for refusing to answer or disclosing information during the risk assessment process. This was demonstrated during the intake observed, the officer explained the risk screening process and told the inmate that he could refuse to answer any of the questions. The staff member will note if the inmate was uncooperative

or refused to complete the risk screening. The staff member completes an incident report documenting the inmate's refusal to cooperate.

The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is protected. The PREA Coordinator stated the information is protected in the Jail Management System. Only staff with correction rights have the ability to view the information; this would include Jail Administrator and sergeants; and correctional officers as it relates to their job duties. All correction officers do have access to the information since all officers can be assigned to work intake. All staff receive training on confidentiality and any employee who fails to follow these basic rules of confidentiality shall be disciplined, up to and including termination.

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or

female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "Upon completion of the screening process, those inmates who are identified as being at risk for victimization consideration should be given to assignment of proper housing, program assignments, and work programs in effort to keep those inmates at high-risk separate of being sexually victimized from those who are high risk of being sexually abused. Upon completion of inmate screening, the corrections sergeant or classification officer shall make a determination, based on the risk assessment, what steps are needed to ensure the safety of inmates based on the inmates specific

needs.” Upon completion of inmate screening, the Corrections Sergeant or Classification Officer shall make a determination based on the risk assessment, what steps are needed to ensure the safety of inmates based on the inmates’ security classification, specific needs, and PREA designation. The facility utilizes the Northpoint classification tree process to determine the security classification of the inmate for housing and security needs. The Classification Officer utilizes the security classification scoring with the PREA risk assessment information to make individualized housing placements to ensure the safety of each inmate. The Classification Officer stated if the inmate discloses prior sexual victimization, the inmate is offered safe housing. The Classification Officer also stated during classification, the jail management system has blocks which will not allow inmates with victim or predator designates to house together. The system also blocks inmates that have keep separates noted in the system. The PREA Coordinator stated housing placement are made to ensure victims and predators are not housed together through selective placement.

The Auditor reviewed nine inmate files to follow the classification process paperwork and decisions from intake through housing placement. Based on the review of inmate files, the facility is not utilizing information from the risk screening instrument to make individualized determination about housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive including transgender inmates. The current housing determinations were based on security classifications only through the Northpoint Tree. The Agency conducted staff training on policy COR-07-4 Classification of Inmates on the process to include the inmate’s risk assessment in making individualized determination about housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Documentation of the staff training and thirteen examples of the inmate PREA risk assessment with the individual housing placement was provided to demonstrate the corrected process. The review of the thirteen files demonstrated the facility is making individual placement decisions based on the inmate’s safety and needs.

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

Corrective Action Taken (a)(b)(c): The Agency conducted training on policy COR-07-4 Classification of Inmates with staff on the process to include the inmate’s risk assessment in making individualized determination about housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Documentation of the staff training and thirteen examples of the inmate PREA risk assessment and the individual housing placement based on the risk assessment were provided to demonstrate standard compliance. The Agency has meet substantial compliance. No further action was necessary.

The Agency’s policy OFF-17-50 states, “Oneida County Sheriff’s Office shall, when making a determination of assignment of transgender or intersex inmates, both male and female to housing units and programs. Consideration shall be given as to placement for the inmates’ health and safety, and if such placement would present facility or security risk. Corrections staff shall refer to the Oneida County Sheriff’s Office policy on lesbian, gay, bisexual, transgender, and intersex and the Transgender housing

worksheet.” Policy COR-18-43 Nonconforming Intake and Housing – Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) and Gender Nonconforming states, “When deciding whether to assign a transgender or intersex inmate to a housing area for male or female inmates, and in making other housing and programming assignments, the Jail Staff shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. This assessment may consider such things as gender identity, inmate privacy issues, the physical layout of housing options, levels of supervision available, level of supervision needed, criminal history, institutional history, housing availability, inmate genitalia (if known), inmate appearance, and gender non-conforming attributes. Administrative Housing shall not be a default housing designation for LGBTI or gender non-conforming inmates. The goal shall be placement in the least restrictive environment necessary to ensure the inmate's health and safety and provide the inmate with equal access to facility services (i.e. programs, privileges, education, and work opportunities).” The policy also states, “A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.” Staff complete the Transgender Housing Worksheet that considers housing decisions, mental health concerns, and classification concerns. The inmate is asked: what housing areas you would feel most comfortable in; how do you identify; what name do you go by in the community; preference for pat-down searches; shower preference, and other classification questions. The interview format of the Transgender Housing Worksheet provides a process for inmates to be asked about their view of their own safety and security when making a housing placement in the least restrictive housing possible. The PREA Coordinator stated to complete the Transgender Housing Worksheet a one on one conversation is conducting with the inmate with the goal to ensure the housing placement to keep the inmate safe and feel safe during the inmate's incarceration. There were no transgender or intersex inmates to interview during the on-site audit. The Auditor reviewed a transgender inmate file from a previous audit cycle to review the housing placement decision. The inmate was designated as a known victim with previous victimization. The inmate was housed in the general population separated from potential/known predators as noted in the housing placement. The inmate noted he would feel safe being housed in the general population.

The Agency's policy COR-18-43 Nonconforming Intake and Housing states, “Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.” The Classification Officer stated all inmates receive a reassessment in 30 days. She was not aware that placement and programming assignments for each transgender or intersex inmate are to be reassessed at least twice each year. The PREA Coordinator stated all reassessments would be conducted within the policy timeframes. The Classification Officer stated the facility has not housed a transgender inmate long enough to warrant a second reassessment.

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

Corrective Action Taken (d): The Agency conducted training on policy COR-07-4 Classification of Inmates with staff on the procedure for completing reassessments on transgender inmates at least twice a year. Documentation of the staff training was provided to demonstrate standard compliance. The Agency has meet substantial compliance. No further action was necessary.

The Agency's policy COR-18-43 Nonconforming Intake and Housing states, “Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.” The facility has a process in place that allows the transgender or intersex inmate the opportunity to shower separately from other inmates. The inmate is able to shower in the housing units that have single showers with shower doors that provide privacy. If the inmate prefers or is uncomfortable showering in the housing unit, the

transgender inmate would be escorted to the intake area to shower, noted by the PREA Coordinator and Classification Officer. The facility policies OFF-17-50 and COR-18-43 stated the transgender or intersex shall be given the opportunity to shower separately from other inmates and it shall be documented.

The Agency's policy COR-18-43 Nonconforming Intake and Housing states, "Inmates who are LGBTI or gender non-conforming shall not be placed in dedicated facilities or housing units solely on the basis of such identification or status, unless such placement is in a dedicated area established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such inmates." The facility does not have a consent decree, legal settlement or legal judgment requiring a dedicated housing unit or wing. The PREA Coordinator stated the facility has no consent decree, legal settlement or legal judgment requiring dedicated facilities or housing units of protecting such inmates. The Auditor did interview a gay inmate that confirmed he was housed in general population and not in a specialized unit or housing area. This was also confirmed through the review of the housing roster.

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 does not have a segregation unit or segregation housing. If an inmate needs to be separated, they would be housed in one of the holding cells or the one-man celled housing unit. The Agency's policies OFF-17-50 PREA, COR-18-43 Nonconforming Intake and Housing, and COR-14-39 Administrative Housing outlines the screening and placement of inmates in involuntary segregation, if needed. Policy OFF-17-50 states, "Inmates identified as being at risk for sexual victimization or who are victimized, will be placed in the least restrictive housing that is available and appropriate based on the inmate's classification. A review of classification shall be conducted based on the requirements set forth in the adopted classification system (NorthPoint) in place by this facility and both the classification officers, administration, and medical and mental health providers to determine the need for this placement shall conduct review of housing every thirty (30) days. All inmates at high risk for sexual victimization shall not be placed in involuntary segregation unless there are no alternatives available if such placement

is necessary, the inmate may only be held for 24 hours or less. If an inmate must be held in segregated housing, they shall have access to programs, privileges, education, and work opportunities to the extent possible. If restricted, it shall be documented as to opportunities limited duration and reasons for limitation. Involuntary segregation shall only be used until an alternative means of housing can be arranged not to exceed a period of 30 days and reason for documented in the JMS System, basis for facility concerns for inmate's safety and reason why there were no other means of separation." The Corrections Sergeant with the Corrections Captain or Lieutenant will review the housing placement within 24 hours to include the evaluation of the inmate's classification. The Sheriff will be notified through the established chain of command of the involuntary placement. The acting Jail Administrator/Lieutenant stated that the placement would only be made if no other housing alternatives are available, and the placement would only be until another housing placement can be made. He stated the inmate may only be held for 24 hours or less. The Sergeant stated a review would be conducted every 24 hours to determine if another housing placement could be made.

Policy OFF-17-50 PREA states, "If an inmate must be held in segregated housing, they shall have access to programs, privileges, education, and work opportunities to the extent possible. If restricted, it shall be documented as to opportunities limited duration and reasons for limitation." The Sergeant interviewed stated the inmate would still have access to programs privileges, and activities including religious services, zoom church meetings, television, commissary, visitation through the kiosk, phone calls, recreation, and GED programming. It was also shared that inmates could write a request slip for additional services or contact staff. The Sergeant also stated that programming, privileges, work opportunities, and education would only be restricted based on the inmate's behavior as determined through the disciplinary process after being found guilty of a rule violation and documented through an incident report. The disciplinary hearing would document the restriction duration, what opportunities were restricted, and the reasons for restriction.

The Agency's policy OFF-17-50 states, "Review every thirty (30) days to determine if separation is needed to continue." The Sergeant stated a review would occur within 24 hours of placement to determine the need for involuntary segregated housing and then again at seven days by the Correction Sergeant, Captain, and/or Lieutenant. Other reviews may occur as deemed necessary. Each review will be documented. The Corrections Sergeant will determine when the inmate is no longer at risk and can be released to general population housing or other alternative housing.

The facility has not placed an inmate at risk of sexual victimization in involuntary segregated housing during the audit period per the Pre-Audit Questionnaire and the interview with the acting Jail Administrator/Lieutenant and Compliance Sergeant.

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 Oneida County Jail has established procedures allowing for multiple internal and external ways for inmates to report sexual misconduct, sexual abuse, sexual harassment, and retaliation. The Agency's policy OFF-17-50 PREA states, "Within the Oneida County Jail, there are multiple ways for reporting

sexual abuse, harassment, or any allegations of sexual misconduct or reporting of retaliation. The Oneida County Sheriff's Office shall provide at least one way for reporting sexual abuse or harassment to a public or private entity or office not part of the sheriff's office, which can receive reports immediately and forward the report to a sheriff's office, allowing inmates to remain anonymous upon request." The PREA reporting methods are shared with inmates at intake through the PREA pamphlet and on posters, during comprehensive PREA education on the kiosk and through the PREA video, in the Inmate Handbook and on posters throughout the facility. The Oneida County Jail Sexual Assault and Custodial Sexual Misconduct pamphlet shares with inmates reports of sexual assault, sexual harassment, misconduct of a staff member, or retaliation can be made verbally to any staff member; send a request; file a grievance; put a note under the door; talk to a medical or mental health provider; send an administrative message to the Captain through the kiosk; report to the hotline; and/or to the Tri-County Council on Domestic Violence and Sexual Abuse by calling or writing. The pamphlet also shares that all information will be kept in strict confidence and that family or friends can also report incidences for you. The PREA posters also share the reporting methods and provide the reporting phone numbers for the Oneida County Tip Line and the Tri-County Crisis Center.

During interviews with random inmates, the inmates knew the options available to them for reporting. They indicated they could report through telling an officer, a grievance, the helpline, message through the kiosk, to staff through the intercom system, tell a family member or friend, and tell another inmate. Also, during the informal interviews with inmates during the facility tour, the inmates knew numerous reporting methods and pointed out the PREA poster with reporting information. Inmates acknowledged they could report anonymously through a written note or through the phone numbers posted. The inmates interviewed stated they felt comfortable reporting to the housing unit officer or a security supervisor and felt the staff would manage the situation properly. The random staff interviewed also acknowledged the numerous ways inmates could report an allegation including the helpline, written note, notify any staff, medical slip, contact family and friends, telling another inmate, and anonymously through the phone hotline. Of the five PREA allegations reported by inmates (three were observed and reported by officers), one was through the kiosk, three to officers, and one through a note. The Auditor tested the reporting phone number and the emotional support services number posted in the housing unit. The phones required an inmate pin to be used for any phone calls, which would identify an inmate and not allow anonymous calls. The Agency developed a process for inmates to report without identifying the inmate by making the phone numbers a direct call without the requirement of an inmate pin. When the inmate uses the phone, a prompt will ask the inmate if the call is a PREA call and with an informative response, they can dial the number directly.

Did Not Meet (b): The inmate cannot remain anonymous when reporting to the PREA Hotline or Tri-County. The phone system requires the inmate to enter an identifying PIN.

Corrective Action Taken (b): The Agency developed a method for inmates to report without being identified by their PIN. The numbers for the PREA TIP Hotline and Tri-County are now direct calls without the requirement for the inmate to use a PIN. A phone prompt will ask if the call is a PREA call and with an informative response, the inmate can dial the number directly. The Agency has met substantial compliance. No further action was necessary.

The inmates are able to report outside the facility by calling the Oneida County Tip Line and/or Tri-County Crisis Center. The Oneida Tip Line is checked daily, and all reports are thoroughly investigated as noted in the PREA brochure and poster. The inmates can also call the Tri-County Crisis Center hotline that is answered by the Tri-County Council on Domestic Violence and Sexual Abuse. Both hotlines are available 24 hours a day and callers can remain anonymous. The inmate does not have to enter a pin number to call either hotline number, the numbers are now direct dial. The representative from Tri-County stated all

reports would be confidential and would not be shared unless the inmate approves the information disclosure. The PREA Coordinator stated if the inmate requests to stay anonymous then the allegation with basic information is reported to the facility without the inmate's name or number. The investigation would be started on the information provided. The inmates are encouraged to report directly to staff for immediate action. The policy states "Both lines area available 24/7 and callers can remain anonymous, are protected against retaliation, and there is no time limit for reporting any incident or allegation."

The Agency's policy OFF-17-50 states, "Corrections staff shall accept all reports made verbally, in writing, anonymously, and from third parties of any knowledge, suspicion, or information regarding any incident of a sexual nature including abuse or harassment, and is inclusive of staff on staff, inmate on staff, inmate on inmate, inmate on volunteer, volunteer on inmate, contractor on inmate, and inmate on contractor. Corrections staff shall document any verbal reports." Staff are informed to report to corrections sergeant immediately, complete a written report detailing the information provided, and notify corrections captain or lieutenant in a timely manner, and forward all reports of the incident. The staff acknowledged reports can be made verbally, written, through a third party, and anonymously. The random staff interviewed stated they would report immediately to their supervisor and complete a written report through the Incident Report form under the PREA section in the Jail Management System. On review of the investigative files, the allegations reported to officers were reported immediately and referred for investigations.

The Agency's policy OFF-17-50 PREA states, "All staff members, volunteers, and contractors may report to the Oneida County Sheriff's Office administration, Tip Line, Tri-County Crisis Line, or any outside source all incidents of sexual harassment of inmates and can remain anonymous." Staff interviews were not consistent knowing how staff can privately report sexual abuse and harassment of inmates. Most staff stated they are required to report through the chain of command. Staff can privately report by calling the Oneida County Tip Line, to a supervisor within the Sheriff's Office outside the jail command, and through the Oneida County Tip Line. The Agency conducted training with staff on the reporting methods available for staff to privately report a PREA allegation outside the facility by contacting the Tri-County hotline, to a supervisor within the Sheriff's Office outside the jail command, and through the Oneida County Tip Line and the report can be anonymous. The reporting methods are provided to staff through training, employee handbook, and on posters.

Did Not Meet (d): Staff were unaware how they could report privately report sexual abuse and sexual harassment of inmates. The current method of documenting and submitting information through the electronic system allows other staff to view the reports.

Corrective Action Taken (d): The Agency conducted training with staff on the reporting methods available for staff to privately report a PREA allegation outside the facility by contacting the Tri-County hotline, to a supervisor within the Sheriff's Office outside the jail command, and through the Oneida County Tip Line and the report can be anonymous. Documentation of the staff training and lesson plan was provided to demonstrate standard compliance. The Agency has meet substantial compliance. No further action was necessary.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not

ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

The Agency's policies OFF-17-50 PREA and COR-06-11 Inmate Grievances addresses 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 grievance procedure is shared with the inmate through the PREA education, Inmate Handbook, and the grievance procedures available on the kiosk. The Agency's policy OFF-17-50 states, "The Oneida County Sheriff's Office within the correctional setting has an inmate grievance procedure for disciplinary actions or as it relates to inmates on staff. With regard to sexual abuse or harassment, there shall be no time limit as to when an inmate may submit a grievance regarding an allegation of sexual abuse or harassment. The agency may apply applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require an inmate to use grievance process to report, resolve, or communicate any alleged incident or sexual abuse or harassment. Nothing in Standard 115.52 shall restrict the agency's ability to defend against an inmate lawsuit on the grounds that the applicable statutes of limitations has expired. Any inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint." The Agency policy COR-06-11 states, "An inmate is encouraged to discuss the problem with a Corrections Officer before filing a formal grievance. The Corrections Officer will attempt to resolve the inmate's problem by investigating solutions and supplying the inmate with a verbal answer to his/her problem. If the Corrections Officer is unable to resolve the problem, the inmate will fill out a grievance on the kiosk." The policy also shares that an inmate can submit a grievance through the Tip Line, Tri-County Crisis Line, direct request to a corrections supervisor (sergeant, Lieutenant, Captain), medical staff, mental health staff, another inmate, and/or contact a third party via text messaging on kiosk which provides numerous methods to submit a grievance other than to the staff member who is the subject of the complaint. There were no grievances submitted alleging sexual abuse or sexual harassment during the audit period. The PAQ notes there were three grievances filed, those grievances were outside the audit cycle. Upon interviews with inmates, the inmates were knowledgeable that a report could be made through the grievance process.

The Agency's policy OFF-17-50 further states, "Upon any report or allegation of sexual misconduct or harassment, the agency shall issue a decision on the merits of any portion of the allegation to the inmate within 90 days from the time the allegation was received. Computation of the 90-day time period shall begin when the grievance has been received. The agency may claim an extension of the response time up to 70 days if needed to make an appropriate decision. The inmate shall be notified in writing of this request and provided a date when the decision will be made. If no response within the extension period, the inmate may consider the absence of a response to be a denial of the grievance or allegation at that level and may proceed to the next level. Inmates may file an emergency grievance alleging they are at a substantial risk of imminent sexual abuse. Upon receiving an emergency grievance, the agency shall immediately assess the information provided and make a determination on the appropriate action to be taken remove alleged victim to place of safety, remove alleged perpetrator to administrative housing pending investigation, provide necessary resources that are available to assist victim, and immediately

contact the detective division and open an investigation related to the incident. The initial response shall be conducted within 48 hours and a decision made on the final outcome within five (5) calendar days. Within that decision and written report, the agency shall document the facts surrounding the risk and what corrective action was taken.” Policy COR-06-11 states, “The Corrections Sergeant/Medical/Kitchen staff will investigate the grievance and respond with an explanation to all grievances within five (5) days of receipt. Time limits may be extended by forwarding a memo to the inmate informing him/her of the extension to the time limit. Any extension should be reasonable.” Although the PREA policy timeframes mirror the standard language, the Inmate Grievance policy requires a respond within five days, handling all grievances as emergency grievances. The Compliance Sergeant stated that if a grievance is received which is PREA related, the grievance is submitted immediately for investigation. When asked about the difference in the time frames between the two policies, the Corrections Sergeant indicated that a resolution is attempted within five days, however if it requires an investigation further time may be needed in which a response would be provided within the 90 days. An inmate may appeal the grievance in writing within two days of receiving the response by filing the appeal with the Lieutenant.

The Agency’s policy OFF-17-50 PREA states, “Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies of any allegations, and shall be permitted to file the request on behalf of the inmate. The agency may also require the alleged victim to personally pursue any subsequent steps of the administrative process.” If the inmate declines assistance or a request on their behalf, the inmate must document the refusal on the Third-Party Waiver Form that requires the inmate’s signature and date and a staff member as a witness. There were no incidents during the audit period where an inmate was assisted, or a request filed on behalf of an inmate.

The Agency’s policy OFF-17-50 PREA states, “The agency may discipline an inmate for filing a false grievance related to the allegation, but only if it can be demonstrated the inmate filed the grievance in bad faith.” There were no PREA related grievances files during the audit year or inmates disciplined for filing a false report. This was confirmed with the interview with the Compliance Sergeant and the Pre-Audit Questionnaire.

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.

There were no grievances or emergency grievances filed relating to sexual abuse or sexual harassment during this audit period.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "The Oneida County Sheriff's Office has made available to inmates the mailing address and toll-free hotline number to Tri-County Council on Domestic Violence and Sexual Assault 24-hour crisis hotline, 3716 Country Drive, Suite 6, Rhinelander, WI 54501, 1-800-236-1222. All communications between inmate and provider of services shall be confidential, except to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The Oneida County Sheriff's Office has entered into a Memoranda of Understanding (MOU) with Tri-County Council on Domestic Violence and Sexual Assault to provide these services to all victims of sexual abuse within this facility." The facility provides access to victim advocates for emotional support services through a hotline and a mailing address to the Tri-County Council on Domestic Violence and Sexual Abuse. This information is provided to the inmate population through the Sexual Assault and Custodial Sexual Misconduct pamphlet, on the PREA Zero-Tolerance posters throughout the facility, Inmate Handbook, and the kiosk. The information informs the inmates that all inmates have access to outside confidential support services for victims of sexual abuse.

The agency has had an MOU with the Tri-County to provide victim advocate services to inmates since April 10, 2017. An updated MOU was signed January 24, 2022. The MOU outlines the services provided

including: providing an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview processes, as requested by the victim via Oneida County Jail; provide emotional support services to victims of sexual abuse which includes emotional support, crisis intervention, information, and referral and may be conducted by mail, in person, by telephone, or by an approved telecommunications method; the advocate shall connect with the facility personnel to coordinate telephone, telecommunication, and/or in-person meetings; and the advocate shall obtain and a release of information from the victim before reporting an incident of sexual abuse, any fears or concerns the victim has related to safety, or disclosing other confidential information to the facility. The coordinator interviewed from Tri-County stated emotional support services are available 24 hours a day/ 7 days a week. She also stated the organization has provided services to the jail for emotional support services and counseling. When an inmate calls the hotline, they are not asked to identify themselves. It is the choice of the inmate if they want to share their name. She stated after a forensic exam an advocate would follow-up with the inmate either on the phone or a one-on-one contact in the facility to provide emotional support services. The organization also has resources that can be shared with the inmates. Services are confidential unless the inmate approves the disclosure of information. Tri-County information is available to the inmate through the Sexual Assault and Custodial Sexual Misconduct pamphlet, the Zero Tolerance poster, PREA handout, and on the Kiosk. The hotline is a toll-free number and confidential.

The facility informs the inmates to the extent what communication s will be monitored. This information is available on the PREA posters, PREA pamphlets, and on the kiosk. The information informs the inmate "Calls to PREA resources are not monitored by the facility. Call recipients may contact the facility to advise them of an incident that has occurred in accordance with local reporting policy requirements and reports of abuse may be forwarded to the appropriate authorities in accordance with mandatory reporting laws, as applicable." The pamphlet, PREA poster, and kiosk also shares with the inmates that all information will be kept confidential.

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

Corrective Action Taken (b): The Agency's policy was updated to address informing inmates prior to giving them access to outside support services, the extent to which such communication will be monitored and to address informing inmates prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The Agency developed a method to inform inmates prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law through the KIOSK. On the KIOSK's welcome page which remains on the open screen notifies the inmate . The Agency also updated the PREA information posted in the housing units to include the language notifying the inmates. The Agency provided the updated policy, photos of the KIOSK screen, and photo of the new PREA information posting to demonstrate compliance. The Agency has meet substantial compliance. No further action was necessary.

The inmates interviewed were not aware of services available outside of the facility for emotional support services. However, the facility provides the emotional support services information with contact numbers and addresses to the inmates in numerous methods as demonstrated through the PREA pamphlet, PREA posters, Inmate Handbook, and on the kiosk.

Oneida County Jail does not house inmates solely for civil immigration purposes.

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 states, "The Oneida County Sheriff's Office has established several methods of third party reporting, which can be forwarded to the Sheriff's Office on behalf of any inmate confined within the facility: Tip Line, Tri-County Council on Domestic Violence and Sexual Assault, outside source, and Oneida County Sheriff's Office website." The Agency's website <https://oniedasheriff.org> provides the PREA hotline and phone numbers as methods for third party reporting of sexual abuse and sexual harassment on the Prison Rape Elimination Act Disclosure page. The website encourages family members and the general public to report allegations of sexual assault. The page states, "If you have information about any incident within the facility you can report it by calling Oneida County Tip Line at (715) 361-5199 or the Tri-County Crisis center at 1-800-236-1222. Both lines are available 24 hours a day 7 days a week, callers can remain anonymous, and all reports shall be investigated." The inmates are able to use the hotlines for third-party reporting. The Auditor tested the phone lines and was able to contact the organizations to make a test report.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

The Agency's policy OFF-17-50 PREA states, "It is the policy of the Oneida County Sheriff's Office that all staff shall report immediately under Wisconsin law as a mandatory reporter any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual misconduct, or sexual harassment that occurred within the facility: inclusive of this is reporting of retaliation against inmates from staff or other inmates who reported an incident and any staff neglect or violation of responsibilities that have contributed to an incident or retaliation. It is prohibited by this policy for any staff member to reveal any information related to a sexual assault or sexual abuse to anyone other than to corrections captain, lieutenant, sergeant, and other Sheriff's Office administration to the extent necessary for investigation, treatment of victim, safety and security of inmate and facility, and to aid in making effective management decisions." 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. They indicated in the interviews upon receiving a verbal report of sexual abuse or sexual harassment, they would report immediately to a supervisor and complete a written report which forwarded to the supervisor. Staff were also knowledgeable about the methods inmates could report to staff and their responsibility in the process. 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 staff training on-line course and the annual facility in-service. The staff are issued and required to carry a PREA informational card, PREA First Responder Checklist, which outlines the first responder duties. On review of the investigative files, the three allegations reported to officers were reported immediately, an incident report written, and referred for investigations.

The Agency's policy OFF-17-50 states, "Oneida County recognizes the privilege of patient confidentiality; however, under circumstances concerning sexual assault or abuse, medical and mental health providers shall be considered mandatory reporters. Medical providers and their affiliates shall be exempt from all areas related or directed by this policy when acting or performing within the necessary and customary practices while providing medical services. This would include mental health practitioners acting within the scope of their profession." Medical and mental health practitioners are trained in mandatory PREA reporting procedures. The health care staff acknowledged they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur within the facility and the informed consent shall be documented in a progress note. The inmate would be requested to complete the Non-Consent Disclosure or Sexual Assault While Outside of, or During Confinement form. The form explains, "You have provided the Oneida county Sheriff's office with information concerning an alleged sexual assault outside of confinement or has been reported by a third party on your behalf. As an alleged victim, you retain the right to deny this agency or any other agency to conduct an investigation into this matter. However, in the future, for any reason you may withdraw this request in writing to the Sheriff's office requesting the investigation move forward. I (INMATE NAME) as my right as an alleged victim of sexual misconduct or harassment reported by a third party or me on my behalf. I am requesting at this time the Oneida County Sheriff's office or any agency NOT conduct an investigation into this allegation or disclose this information to any other parties or persons without my consent." There was one example of an inmate that reported an alleged sexual abuse that occurred in the community. Non-Consent Disclosure or Sexual Assault While Outside of, or During Confinement form was completed by the inmate. The facility did not refer the allegation for investigation. The medical and health care providers indicated they are required to report as soon as possible to a supervisor or security supervisor of any allegation that occurred within the facility.

The Agency policy OFF-17-50 PREA states, "If the alleged victim is under the age of 18, this agency shall report the incident to the Oneida County Department of Social Services." The medical and mental health providers acknowledged they would be obligated to report an allegation if the victim was under 18 to a local and state agency through the facility administration. They also noted, this has not occurred and there are few youthful offenders housed at the facility. The PREA Coordinator stated the facility would respond based on the Agency's PREA policy and an investigation would be directed as required by state law concerning juveniles. The acting Jail Administrator/Lieutenant stated the facility would report the incident to the Oneida County Department of Social Services.

The Agency's policy OFF-17-50 PREA states, "All reports of or allegations of sexual abuse and sexual harassment including third party and anonymous reports shall be forwarded to the Oneida County Sheriff's Office and shall be assigned to a designated detective to conduct a complete investigation and provide a detailed report on the outcome of that investigation to the Detective Captain for review." The PREA Coordinator indicated that all allegations are assigned to a detective immediately. The acting Jail Administrator/Lieutenant stated all allegations of sexual abuse at the facility reported or suspected are forwarded to the Detective Division to investigate. Of the eight PREA allegations reported, three were observed and reported by officers, one was through the kiosk, three to officers, and one through a note. The review of the investigation files documented that staff reported promptly the allegations and documented the verbal report in a written format. The allegations were referred for investigation immediately on the day the allegation was reported. There were no third-party reports of sexual abuse or sexual harassment.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "Upon any indication that the inmate is subject to a substantial risk it shall be the policy of this agency to take immediate action and by any means available to place that inmate in an environment that provides the best means for safety to the inmate. This can be accomplished by moving the inmate or alleged perpetrator, moving the inmate to administrative housing pending investigation, and transferring a Wisconsin Department of Corrections inmate back to the Department of Corrections. Agency facility staff immediately notify a Corrections Sergeant, Corrections Captain, or Lieutenant, and complete a detailed report and forward through the chain of command." All staff interviewed knew the steps to take to protect an inmate at substantial risk for sexual abuse by

removing the inmate immediately from the area to a safe location. The first responders interviewed outlined the process taken to ensure the safety of the inmate by removing the inmate from the threat to a safe location. The Sheriff stated the inmate would be removed from the situation and other housing options would be reviewed as well as other alternative options could be considered like electronic monitoring. He also shared classification would review the status of the inmate and an incident related to the threat would be reviewed for investigation. The PREA Coordinator stated the inmate would be removed from the current location to a place that provides safety and ensure the inmate felt safe. A mental health referral would be made, and a risk screening would be conducted. An investigation would be started immediately.

In the audit period per PAQ and staff interviewed, 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 OFF-17-50 PREA states, "Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the jail captain, lieutenant, or jail sergeant shall notify the head

of that facility where the alleged abuse occurred, no later than 24 hours after receiving the allegation, and shall work cooperatively while conducting an investigation. The reporting person shall document in writing the Agency contacted; name and rank of individual contacted; details provided to agency regarding incident; date and time of contact; provide that agency with a written report in a timely manner detailing the information reported; and all follow up contact.” The acting Jail Administrator/Lieutenant stated the other agency will be notified within 24 hours. The Jail Administrator/Captain is the point of contact who will contact the other facility’s jail administrator and will contact the other agency to determine if the allegation has been investigated. If not, the facility will begin an investigation in coordination with the other agency. There were no reported allegations by inmates for sexual abuse or sexual harassment occurring at another facility during the audit period.

The Sheriff and PREA Coordinator stated if the facility receives a report from another agency that an allegation of sexual abuse happened at the facility, the facility will start an investigation immediately. The Sheriff further explained that an investigator would be sent to the other agency to conduct interviews or complete the interviews in another manner. The Agency policy OFF-17-50 PREA outlines, “It shall be the responsibility of the corrections captain or lieutenant to conduct follow up inquiries with that agency to ensure the allegation is investigated in accordance with these standards and make a formal request for all reports generated by that agency related to their investigation.” The PREA Coordinator shared the facility would keep the other agency informed of the investigation process and the final outcome in order to inform the victim. There were no reported allegations from another agency during the audit period. The Auditor reviewed an investigative case outside the audit period, the investigation was completed timely, and an inmate notification was attempted.

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

Corrective Action Taken (d): The facility updated the PREA policy to address the actions to be taken by the Agency when the facility is notified of a sexual allegation reported at another facility which occurred at Oneida County Jail. The policy language outlines the practice as noted through staff interviews. The Agency submitted the updated policy to demonstrate compliance. The Agency has met substantial compliance. No further action was necessary.

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 policies OFF-17-50 PREA and OFF-18-51 PREA Investigation Protocol outline the steps to take as a first responder. The Agency's policy OFF-17-50 states, "Upon learning of an allegation of sexual assault or sexual abuse, the first corrections staff to respond shall separate victim and abuser; provide medical attention; call for corrections supervisor; notify Dispatch and request deputies and /or detectives; preserve and protect crime scene (NO ONE ENTERS); start a log; assign corrections officer to victim and suspect; do not allow victim or suspect to do any of the following drink/brush teeth, change clothes, shower/wash up, have contact with other inmates, eat food, urinate and/or defecate; do not ask questions; and identify all witnesses. If both the victim and the suspect need transport to the hospital, they should be sent to separate facilities." The Agency provides staff with a PREA First Responder Checklist information card to be carried. The card outlines the first responder responsibilities upon learning of an allegation of sexual assault or sexual abuse, the first corrections staff to respond shall separate victim and abuser; provide medical attention; call for corrections supervisor; notify dispatch and request deputies and/or detectives; preserve and protect the crime scene, start a log; assign a corrections officer to the victim and suspect; do not allow the victim or suspect to do anything to destroy evidence; do not ask questions; identify all witnesses; and if both the victim and the suspect need transport to the hospital, they should be sent to separate facilities. The first responder responsibilities are shared with staff during PREA training. Through interviews with investigative staff, higher and intermediate level supervisors, first responder, and random staff it was demonstrated that staff were knowledgeable in the steps as a first responder. The allegations reported during the audit period were all sexual harassment allegations and the first responder protocols were not activated. The substantiated sexual harassment allegation investigative file documented the alleged abuser was removed from the housing area and moved to alternative housing.

The Agency's policy OFF-17-50 states, "If the first staff responder is not a corrections officer, the responder shall be required not to take any actions that could destroy physical evidence and shall notify a corrections officer immediately." The non-security staff interviewed (medical and mental health) were acknowledgeable on the first responder responsibilities. They stated they would separate the inmates, ask the inmate not to destroy evidence, call for security, and then complete an incident report. There were no allegations reported to a non-security staff or contractor during the audit period.

The first responder interviewed outlined the process taken to ensure the safety of the inmate that reported an incident involving another inmate that had been released and an officer that included placing the inmate in a safe location and away from the officer during the interview process. Then complete a detailed report to the Lieutenant.

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 Oneida County Jail utilizes the Oneida County Sheriff's Office Jail Division Coordinated Sexual Abuse Response Plan and the facility policy OFF-17-50 PREA as the written directive for coordinated response for all departments in response to a sexual abuse allegation. The Agency's policy OFF-17-50 states in the event of a sexual abuse incident, the Oneida County Sheriff's Office has implemented a Coordinated Response Plan to assist and document what steps are needed during the investigation process. Oneida County Sheriff's Office Jail Division Coordinated Sexual Abuse Response Plan outlines the coordinated responsibilities of all required departments involved in an incident: medical, investigators, first responders, jail administration, PREA liaison, and outside medical (when warranted). The policy and Coordinated Sexual Abuse Response Plan provide procedural direction of the actions to be taken in response to an incident of sexual abuse among first responders, shift supervisors, investigators, medical staff, mental health staff, and administration. The Coordinated Sexual Abuse Response Plan outlines in detail all activities and staff responsibility from the reporting of an allegation through follow-up and long-term duties. During staff interviews, each department detailed their responsibilities in their coordinated efforts during an incident. The Coordinated Sexual Abuse Response Plan format is a checklist of the actions to be taken by each department responding including the security staff first responders, jail sergeant, patrol sergeant, detective sergeant, detective captain, medical staff, medical transport team, medical forensic team, and victim advocates. The plan also includes long term responsibilities. The Agency provides staff with a PREA First Responder Checklist information card to be carried, this card

outlines the responsibilities as a first responder as the same steps listed in the Coordinated Sexual Abuse Response Plan. The facility has had no reported sexual abuse allegations during the audit period, therefore, there were no sexual abuse investigative files to review for this process.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states "Oneida County Sheriff's Office, both sworn and non-sworn employees, shall not make as part of any bargaining agreement or other agreement, concessions limiting the authority of the Sheriff to remove any employee who has alleged to have committed an act of sexual misconduct from having any form of contact with any inmates pending the outcome of an investigation or until a determination can be made as to what extent of discipline is warranted. Nothing in this standard shall restrict the entering into a renewal of agreements that regulate the conduct of the disciplinary process as long as those agreements are not inconsistent with the provisions of Standard 115.72 and 115.76. Additionally, a no-contact order that is imposed pending the outcome of an investigation shall be expunged from and must be retained in the officer's personnel file following a determination that the allegation of sexual misconduct was not substantiated." The Oneida County Sheriff's Office has a collective bargaining agreement with the Wisconsin Professional Police Association Law Enforcement Employee Relations Division (January 1, 2022 through December 31, 2025). Article II Management Rights states the county possesses the sole right to hire, promote, transfer, assign, and retain officers in positions with the County and to suspend, demote, discharge, and take other disciplinary action, provided with just cause, against employees pursuant to the authority and under the rules and regulations of Oneida County. The Sheriff stated the Oneida County Sheriff's Office has a collective bargaining agreement, although the agreement does not extend to the correctional staff. He shared that all deputies and correctional officers are treated the same for discipline. He stated alleged staff sexual abusers would

be placed on administrative leave until the investigation is completed. If substantiated, the facility would start disciplinary process through the civil service commission for termination.

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 Agency's policy OFF-17-50 PREA states, "It shall be the policy of the Oneida County Sheriff's Office to protect all inmates and staff who report, are witness to, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The Jail Captain, Jail Lieutenant, Jail Sergeant's shall be charged with monitoring retaliation. Upon a finding of retaliation, that officer shall prepare a detailed report outlining the facts and circumstances surrounding the retaliation and forward them through the chain of command to the Sheriff. The agency shall employ multiple protection measures: change of housing unit, transfers of victims, and removal of staff member or inmate abusers from contact with victims. The agency shall offer emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or harassment or cooperating with investigations through the Agency mental health provider, Agency religious liaison, Tri-County Council on Domestic Violence and sexual assault, and any outside resource that is deemed appropriate. For at least 90 days following the

report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who are reporters of sexual abuse or are victims of sexual abuse. Documentation of monitoring shall include: if there are changes that may suggest possible retaliation by inmates or staff, act promptly to remedy retaliation, monitor any disciplinary reports, housing or program changes (VIA JMS), and staff performance reviews. After 90 days, reevaluate the need for monitoring. Inmates should include periodic status checks. Any individual who cooperates with an investigation and expresses fear of retaliation, the agency shall take the appropriate measures to protect that individual against retaliation. The agency's obligation to monitor or take protective measures shall terminate if it's determined the allegation is unfounded."

Upon discussion with the Compliance Sergeant and acting Jail Administrator/Lieutenant, the facility had not been formally conducting retaliation monitoring to protect inmates and staff who report, are witness to, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. They both stated that during walkthroughs of the facility an informal check is completed on inmates and staff. All staff are responsible for monitoring inmates for any type of situation including retaliation. The monitoring process was stopped and neither know when or why it occurred. The Compliance Sergeant and the acting Jail Administrator/Lieutenant acknowledged there had been no incidents of retaliation occurring to their knowledge. If retaliation would occur, an investigation would be started.

The Agency created a Retaliation Monitoring Form to be utilized for documenting retaliation monitoring. The Agency conducted training with staff on the policies and procedure for completing retaliation monitoring on staff and inmates who report sexual abuse or sexual harassment and/or cooperate with a sexual abuse or sexual harassment investigation. Documentation of the Retaliation Monitoring Form, the lesson plan, and staff training were provided to the Auditor to demonstrate standard compliance. The Agency did not have an incident that required retaliation monitoring during the corrective action period.

Did Not Meet (a): The Agency acknowledged retaliation monitoring has not occurred or if occurred no documentation was provided of the retaliation monitoring for standard compliance review.

Corrective Action Taken (a): The Agency created a Retaliation Monitoring Form to be utilized for retaliation monitoring. The Agency conducted training with staff on the policies and procedure for completing retaliation monitoring on staff and inmates who report sexual abuse or sexual harassment and/or cooperate with a sexual abuse or sexual harassment investigation. Documentation of the Retaliation Monitoring Form, the lesson plan, and staff training were provided to demonstrate standard compliance. The Agency did not have an incident that required retaliation monitoring during the corrective action period. The Agency has meet substantial compliance. No further action was necessary.

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 does not have a protective custody, segregation unit, or segregation housing. If an inmate needs to be separated post allegation for protective custody, they would be housed in another housing area or one of the holding cells or the one-man celled housing unit. Policy OFF-17-50 states, "Inmates identified as being at risk for sexual victimization or who are victimized, will be placed in the least restrictive housing that is available and appropriate based on the inmate's classification. A review of classification shall be conducted based on the requirements set forth in the adopted classification system (NorthPoint) in place by this facility and both the classification officers, administration, and medical and mental health providers to determine the need for this placement shall conduct review of housing every thirty (30) days. All inmates at high risk for sexual victimization shall not be placed in involuntary segregation unless there are no alternatives available if such placement is necessary, the inmate may only be held for 24 hours or less. If an inmate must be held in segregated housing, they shall have access to programs, privileges, education, and work opportunities to the extent possible. If restricted, it shall be documented as to opportunities limited duration and reasons for limitation. Involuntary segregation shall only be used until an alternative means of housing can be arranged not to exceed a period of 30 days and reason for documented in the JMS System, basis for facility concerns for inmate's safety and reason why there were no other means of separation." The Corrections Sergeant with the Corrections Captain or Lieutenant will review the housing placement within 24 hours to include the evaluation of the inmate's classification. The Sheriff will be notified through the established chain of command of the involuntary placement. The acting Jail Administrator/Lieutenant stated that the placement would only be made if no other housing alternatives are available, and the placement would only be until another housing placement can be made. He stated the inmate may only be held for 24 hours or less. The Sergeant stated a review would be conducted every 24 hours to determine if another housing placement could be made.

Policy OFF-17-50 PREA states, "If an inmate must be held in segregated housing, they shall have access to programs, privileges, education, and work opportunities to the extent possible. If restricted, it shall be documented as to opportunities limited duration and reasons for limitation." The Sergeant interviewed stated the inmate would still have access to programs privileges, and activities including religious services, zoom church meetings, television, commissary, visitation through the kiosk, phone calls, recreation, and GED programming. It was also shared that inmates could write a request slip for additional services or contact staff. The Sergeant also stated that programming, privileges, work opportunities, and education would only be restricted based on the inmate's behavior as determined through the disciplinary process after being found guilty of a rule violation and documented through an incident report. The disciplinary hearing would document the restriction duration, what opportunities were restricted, and the reasons for restriction.

The Agency's policy OFF-17-50 states, "Review every thirty (30) days to determine if separation is needed to continue." The Sergeant stated a review would occur within 24 hours of placement to determine the need for involuntary segregated housing and then again at seven days by the Correction Sergeant, Captain, and/or Lieutenant. Other reviews may occur as deemed necessary. Each review will be

documented. The Corrections Sergeant will determine when the inmate is no longer at risk and can be released to general population housing or other alternative housing.

The facility has not placed an inmate in post allegation protective custody during the audit period per the Pre-Audit Questionnaire and the interview with the acting Jail Administrator/Lieutenant and Compliance Sergeant. From the interviews with staff and policy review, the Auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the inmate.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a). ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

The Oneida County Sheriff's Office is responsible for administrative and criminal investigations. Both administrative and criminal investigations start immediately following an allegation reported by a specialized trained detective. The Agency's policy OFF-17-50 PREA states, "All reports of sexual misconduct, assault, and harassment shall be investigated. It shall be the policy of the Oneida County Sheriff's Office upon receipt of a complaint, allegation of possible sexual misconduct by either inmate, staff member, contractor, or volunteer that a complete investigation be conducted in effort to establish validity of the information; facts surrounding the incident; potential for criminal behavior; file written report of findings; and referral of criminal charges or administrative review." The Agency's policy OFF-18-50 PREA Investigation Protocol states, "It is the policy of the Oneida County Sheriff's Office that all reports of sexual assault, misconduct, and harassment be investigated within the jail in accordance with the federal PREA Law." Both administrative and criminal investigations start immediately following an allegation reported. Policy OFF-17-50 also states, "It is the policy of the Oneida County Sheriff's Office that all reports of alleged sexual abuse and sexual harassment shall be completely, promptly, thoroughly, and objectively investigated including third party and anonymous reports." The Corrections Sergeant or acting Sergeant will notify the dispatch and request assistance from the Patrol Division and Detective Division. The facility also has developed a Sexual Abuse Response Flow Chart that outlines the investigation process including the gathering and securing of evidence. The Sheriff stated during the interview all allegations are referred for investigations. The allegation is reported through the chain of command and referred to a Detective for investigation by a supervisor. If the allegation is a sexual abuse allegation, the Sheriff is also informed immediately. An agency's detective was interviewed and stated all cases are investigated immediately. The detective receives notification from dispatch or the Jail Administrative of an incident which begins the investigative process. The inmate can also report to the Detective Division through the Kiosk which would also start an investigation. The Detective stated a sexual assault investigation would be started immediately, and a sexual harassment allegation would be investigated the same day or the next business day. Investigators are on-call for sexual assault investigations. This type of allegation is given priority in the investigation process. The Detective indicated that any anonymous or third-party allegation reports are handled and investigated the same as any allegation. She expanded that she may approach the victim differently in a third-party report in order to protect the individual that reported the allegation, if needed. The Auditor reviewed the investigative files and found the investigations were started immediately, three on the day of report and the other one the following day. All the investigations were completed in a timely manner, three were completed the next business day and one four days after the reported incident.

The Agency's policy OFF-17-50 PREA states, "In all sexual assault or abuses, only detectives who have received special training in these types of investigations." The Agency has four specialized trained

investigators. The facility provided training certificates for all investigators documenting the PREA: Investigating Sexual Abuse in a Confinement Setting through the National Institute of Corrections. The Detective interviewed was knowledgeable of the investigation process and stated PREA investigations would be completed by a specialized trained investigator within the Agency.” The four investigations were completed by specialized trained investigators.

The Agency’s policy OFF-17-50 states, “It is the policy of the Oneida County Sheriff’s Office that in the event of allegations of any sexual misconduct or harassment, Investigators shall gather and preserve all direct and circumstantial evidence; all possible DNA evidence; electronic monitoring data; all interviews of suspects, victims, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse or harassment of the suspected perpetrator; and when evidence supports criminal prosecution the agency shall conduct compelled interviews only after consulting with the District Attorney’s Office.” The facility also has developed a Sexual Abuse Response Flow Chart that outlines the investigation process including the gathering and securing of evidence. The facility’s policy OFF-04-17 Property/Evidence Control establishes guidelines for maintaining the integrity of the evidentiary chain of custody and maintenance of any property this is in the custody and control of the Agency. The Detective stated the initial steps of an investigation include reviewing the allegation, collecting any information, identifying the individuals involved, and collection of evidence. She further stated the investigation process would continue including interviews with witnesses, victim, suspected perpetrator, and other inmates and staff that were in the area; the victim statement; reviewing video; and evidence collection. Evidence collected may include video surveillance, drawings, sexual assault kit, interviews, phone calls, notes, and any other physical evidence. Upon review of the four sexual harassment investigations, the investigators collected video surveillance, inmates notes, and interviews with alleged victims, alleged perpetrators, and witnesses as described in the investigative reports.

The Agency’s policy OFF-17-50 states, “Based on probable cause with supportive evidence, there is cause to request criminal charges to the Oneida County District Attorney’s Office and after consulting with that office and upon their recommendation, shall complete interviews, and only if those interviews may be an obstacle for subsequent criminal prosecution.” The policy further states, “All allegations that are supported by probable cause and warrant criminal charges that are supported by Wisconsin Statutes shall be referred for prosecution.” The Detective stated if there was probable cause for arrest, the investigation would move forward. When the incident is prosecutable, guidance would be obtained from the Prosecutor’s Office by briefing the case with the prosecutor to determine if there is enough evidence to proceed and/or determine what is needed to make the case stronger, if warranted. None of the sexual harassment investigations were criminal in nature or were referred to the District Attorney’s Office for prosecution.

The Agency’s policy OFF-17-50 states, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and not by the persons status as an inmate, corrections officer, or deputy sheriff. The Oneida County Sheriff’s Office shall not require an inmate who alleges sexual assault or misconduct to be forced to submit to a polygraph examination or other truth-telling device as a condition for prosecution for further investigation.” The Detective stated the credibility of individuals are equal until the evidence proves otherwise, evidence must collaborate. It was also stated that an inmate would not be required to submit to a polygraph examination or other truth telling device. Upon review of the investigative files, there were polygraph examinations or other truth telling devices used during the investigations.

The Agency’s policy OFF-17-50 PREA states, “Administrative investigations absent of sufficient evidence to support a criminal investigation, the agency may conduct an administrative investigation (internal

investigation). The factors to be given consideration are identify whether staff actions or failures to act contributed to the abuse; documented in written reports and taped interviews of all parties involved as to the facts related to the events; identify and secure all evidence related to the incident, and present investigative facts and findings to the Chief Deputy.” The policy further states “During administrative investigations, the weight of the facts, policy violations, failure to act, or employee failure to report the truth or lie about what transpired during the incident are to be given consideration in the outcome of these types of investigations.” The Detective stated to determine if staff actions or failures contributed to the abuse, video would be reviewed, a file review for interaction between the staff and inmate; were rounds being conducted, lack of supervision, inappropriate staff actions, lack of common sense, and whether the staff followed policy and procedures. Within the investigative reports reviewed, the investigators considered whether staff actions or failures contributed to the incident. None of the investigations determined staff actions or failures contributed to the reported allegation.

The Agency’s policy OFF-17-50 PREA states, “All criminal investigations shall be documented in written reports, along with taped interviews of both witness and suspects, the reasoning behind credibility concerns or facts.” The Detective stated a detailed written report is completed for administrative and criminal investigations that details the investigation steps taken. She expanded to state that reports will contain details of the allegation, notifications made, evidence collected, staff actions, the steps of the investigation, summaries of interviews, incident summary, and disposition of the investigation. The investigation is completed by a written report by the Detective investigating the incident. All reports are reviewed by the Jail Administrator and forwarded to the Sheriff or Chief Deputy for review and any further action. The four investigations reviewed by the Auditor had written reports that detailed the investigation process, summary of evidence including interviews, and the outcome of the investigation. The policy further states, “The Oneida County Sheriff’s Office shall retain all written reports in both a PREA case file and an Oneida County Sheriff’s Office record indefinitely. This shall become a permanent record in the employee’s personnel file.” The Auditor confirmed through interviews and review of PREA files that all written reports are maintained. The records retention schedule under the District Attorneys section outlines felony and related case records will be maintained ten years after commencement of action per Wisconsin Statute.

The Agency’s policy OFF-17-50 PREA states, “If at any point the alleged abuser or victim leave employment or control of the facility or the Oneida County Sheriff’s Office, this shall not be a basis for termination an investigation.” The Detective stated all investigations are completed to a final outcome and it would follow the same investigative process if an inmate is transferred or released or if a staff member departs employment with the agency. All the investigations were completed prior to the inmate leaving the facility.

The Agency’s policy OFF-7-50 PREA states, “Any outside agency who is requested to conduct these types of investigations shall be held to the same standards and criteria set forth in this PREA standard. If an outside agency is requested to conduct an investigation, the Oneida County Sheriff’s Office and its employees shall cooperate with the investigation and sheriff’s administration shall keep informed of the progress of the investigation by sufficient number of follow up contacts requesting a status check.” The PREA Coordinator and the Detective stated the Agency has not used an outside agency to conduct an investigation. The PREA Coordinator stated if this should occur the facility would provide as much information as possible to assist with the investigation and the Agency’s Detective would be involved including requesting follow-ups on the case process. The Detective stated if another agency is requested to conduct an investigation, the investigator’s role would be the decision of the Sheriff and the Detective or Administrative Captain would stay in touch with the other agency for investigation progress.

There were eight (8) allegations reported of sexual abuse and sexual harassment during the audit period which was provided to the Auditor. Four of the allegations were determined not to be PREA incidents. The Auditor reviewed all the allegations and was in agreement that four allegations were not PREA related. Of the four (4) PREA allegations that allegedly occurred and reported at the facility: one was staff on inmate sexual harassment determined unfounded and three (3) inmate on inmate sexual harassment allegations. Of the three inmate on inmate sexual harassment allegations, one was determined unfounded, one unsubstantiated, and one substantiated. None of the cases were criminal in nature or referred to outside investigative agencies. A review of all eight allegations and the four investigative cases was conducted by the Auditor.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "The standard that shall be imposed shall be no higher than the preponderance of the evidence in determining if allegations of sexual abuse or sexual harassment are substantiated." The Detective stated that a preponderance of evidence is required to substantiate allegations of sexual abuse or sexual harassment. The interview with the Detective and review of the investigative reports 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 policy OFF-17-50 PREA states, "Following an investigation into an inmate's allegation of sexual abuse within the facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Following an allegation that a staff member has committed sexual abuse against an inmate, the Oneida County Sheriff's Office shall inform the inmate unless the allegation is unfounded, whenever the staff member is no longer posted within the inmates housing unit, the termination of the staff member, if charges have been forwarded to the Oneida County District Attorney's Office against the staff member, or upon conviction of the charges related to the incident within the facility. Following an inmate's allegation of sexual assault or misconduct by another inmate, the agency shall subsequently inform the victim whenever the agency learns that the alleged abuser has been charged by the Oneida County District Attorney's Office for that incident within the facility or conviction of the abuser in regard to the incident. All such notifications or attempted notifications shall be documented in a written report and added to the inmate file in the jail management system or agency case file. Any obligation to report under this standard shall be terminated upon the inmate's release from custody." The Detective stated the investigation outcome notifications are made by the Jail Administrator and a copy maintained in the case file. The PREA Coordinator explained the notification is provided in writing by the Jail Administrator; then the notification is scanned into the inmate's file as part of the permanent record. The facility created a letter format for reporting the outcome to the inmate which required the inmate's signature to acknowledge receipt of the outcome. The notification includes the date of the allegation and the outcome of the investigation. All four investigation files documented the inmates and perpetrators were notified of the outcome of the investigation within a timely manner after the investigation closed. The facility exceeds the standard by making investigative outcomes notifications to the victims and perpetrators of a PREA incident.

The Agency's policy OFF-17-50 PREA states, "If the investigation is conducted by an outside agency, it is the responsibility of the Oneida County Sheriff's Office to obtain relative information from the that agency and report back to that inmate." There were no investigations completed by an outside agency during this audit period.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

The Agency's policies OFF-17-50 PREA and OFF-10-20 Fraternalization outlines staff are prohibited to have sexual contact with an individual in a correctional facility. Policy OFF-17-50 states, "In addition to this policy on sexual misconduct, Wisconsin Statutes make it criminal offense for correctional staff members to have sexual contact with an individual confined in a correctional facility. Under Wisconsin Statutes, consent is not an element in a criminal case of staff sexual assault of an offender. The law presumes consent is impossible because of the unequal power relationship between staff and offenders. Staff members who are found to have engaged in sexual assault of inmates will be disciplined to the fullest extent possible. Inclusive of this is criminal charges, including termination from employment and shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All staff who are terminated, resign, or would have been terminated, shall not be relieved from prosecution if said conduct is clearly of a criminal nature. The Oneida County Sheriff's Office shall report to training, standards board, or relevant licensing bodies or employer, any conduct contrary to this policy, except non-criminal, which may have been alleged to have taken place within the facility." Policy OFF-10-20 Fraternalization outlines the measures to eliminate any potential conflict of interest and impairment of the supervision of inmates. The PREA Coordinator stated alleged staff sexual abusers would be placed on

administrative leave until the investigation is completed. If substantiated, the facility would start disciplinary process through the civil service commission for termination. There were no employees that were disciplined or terminated as a consequence of a PREA investigation.

An employee did resign during an investigation that violated agency's policies and rules including the Fraternization policy. The Fraternization policy states, "It does prohibit engaging in or attempting to establish prohibited relationships while the person is in custody; and as such, post-custody relationships may be in conflict with other work rules, or policies." The acting Jail Administrator/Lieutenant shared an officer began communication with an inmate while housed within the facility. Once the inmate was released the relationship started. The employee was charged and found guilty of lewd behavior in public office.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, reported to law enforcement, investigated to determine whether the action was criminal or non-criminal, and report to their employer. If criminal in nature, that person would be subject to Wisconsin State Statutes and penalties. The Oneida County Sheriff's Office will prohibit contact with inmates, and they shall be prohibited from entering the facility in the future." The acting Jail administrator/Lieutenant stated any contractor or volunteer would be prohibited from entering

the facility of they violated the facility's sexual abuse and/or sexual harassment policies. The PREA Coordinator stated a contractor or volunteer who violated the facility's sexual abuse policy and procedures would be removed from the facility. An investigation would be conducted and if the case is substantiated or criminal, the individual would be charged with a criminal offense. Interviews with contractors confirmed they were aware of the policies and disciplinary 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 or sexual harassment of inmates.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA and COR-14-38 Inmate Discipline outline disciplinary sanctions for inmates for sexual abuse and sexual harassment. Policy OFF-17-50 states, "All inmates shall be subject to disciplinary sanctions following an administrative finding that the inmate engaged in (inmate on inmate) sexual harassment or abuse or following a criminal finding of guilt for sexual misconduct for both inmate on inmate or inmate on staff or any other contractor or volunteer. All sanctions shall be relative to the nature and circumstances of the abuse committed. Consideration shall be given to the inmate's disciplinary history and other sanctions imposed for a comparable offense by other inmates with a similar history." The rules of conduct and disciplinary sanctions are provided to the inmates in the Inmate Handbook and on the kiosk. There were no sexual abuse allegations during the audit period. One allegation of sexual harassment was found substantiated. The inmate abuser was disciplined through the disciplinary committee through loss of privileges including visitation and phone.

All sanctions shall be relative to the nature and circumstances of the abuse committed. Consideration shall be given to the inmate's disciplinary history and other sanctions imposed for a comparable offense by other inmates with a similar history. Policy COR-14-38 Inmate Discipline explains the inmate disciplinary process defines rule violations as minor and major. A sexual assault or abuse is defined as a major rule violation. A major rule violation if found guilty is restriction of privileges for more than 24 hours, placement in disciplinary housing for more than 24 hours, loss of good time, restrictions affecting Huber law privileges, and restrictions affecting work release. The Compliance Sergeant and acting Jail Administrator/Lieutenant stated the inmate may also be criminally charged and referred for prosecution if the case is criminal and substantiated.

The Agency's policy OFF-17-50 PREA states, "The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining the type of sanction that should be imposed." Policy COR-14-38 states, "If the inmate is illiterate or the issues are complex, the inmate has the right to a staff advocate or adequate substitute aide to assist him or her in understanding the charges and preparing a defense. The hearing officer or committee may consider the inmate's mental illness, developmental disability or other emotional or mental disability as a mitigating factor in imposing the discipline." The PREA Coordinator stated mental illness would be considered by reviewing the inmate's file as part of the disciplinary process and sanctions. The Compliance Sergeant stated the disciplinary hearing Sergeant will review the inmate's file to determine if there were any disabilities that would need to be considered throughout the disciplinary hearing process.

The interviews with the medical and mental health providers indicated the facility provides therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse through the mental health counselor that is available twice a week in the facility. The mental health counselor stated he reviews the inmate file for any history of trauma and then offers support, coping skills, and cognitive behavior therapy to the inmate. The inmate would be referred to outside resources for any other type of treatment services. During the interviews with medical and mental health providers, they indicated that an inmate's participation is voluntary and 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 Agency's policy OFF-17-50 PREA states, "The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to said contract. The policy also states for the purpose of disciplinary action, any report made in good faith based upon a reasonable belief the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation. Any sexual activity between inmates is prohibited and they may be disciplined for such activity. However, such activity may not constitute sexual abuse if it is determined that the activity is not coerced." The PREA Compliance Manager shared inmates and detainees would not be disciplined for reporting an allegation of sexual abuse made in good faith. There were no disciplinary actions against inmates for sexual contact with staff. There were no incidents of inmate-on-staff sexual contact during the audit period. During the audit period, no inmates were disciplined for falsely reporting.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

The Agency's policies OFF-17-50 PREA and COR-91-7 Inmate Health Screening at Admission outlines the health screening process at intake and the referral to medical and mental health for follow-up meetings. Policy OFF-17-50 states, "During the medical and mental health screening conducted during intake, if an inmate indicates they have experienced prior sexual victimization while incarcerated in any facility or in the community, staff shall ensure the inmate is offered a follow-up meeting with either medical or mental health care provider within 14 days of the intake screening. If an inmate indicated they have previously perpetrated sexual abuse within the community or a facility, staff shall ensure the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of intake." Policy COR-91-7 outlines a health screening form, Health Screening Questionnaire, is conducted at intake by the correction officers within the Jail Management System. If the results of the health screening indicate the need for immediate treatment of physical or mental problems, the Booking Officer shall make an appropriate referral to the Corrections Sergeant and/or nurse to obtain treatment. The facility utilizes the Referral to Medical/Mental Health Provider for Inmate Disclosure of Prior Victimization or Previously Perpetrated Sexual Abuse form for the referrals. The corrections staff complete the referral form and provides copies to medical/mental health, jail captain, and jail lieutenant for appropriate follow-up. An inmate can decline a referral. A follow-up meeting with the inmate is conducted with the mental health counselor, medical staff, or services through Tri-County. The Sergeant responsible for conducting risk screening stated healthcare will conduct a medical assessment within 14 days of intake. A follow-up

meeting will also be scheduled with the mental health counselor. The PREA Coordinator will be informed when an inmate discloses prior victimization in order to coordinate resources.

Of the four inmates interviewed that disclosed previous victimization at intake, three inmates acknowledged being offered a referral to mental health. Two inmates stated they saw mental health within 2 weeks and the other inmate stated he refused the referral. The Auditor reviewed the two inmates that were referred, and both had a follow-up meeting within the 14-day requirement. The inmate interviewed which stated he was not offered a referral was referred based on his inmate file and the inmate refused the follow-up meeting. The facility also refers inmates that previously perpetrated sexual abuse within the community or a facility for a follow-up meeting with mental health which exceeds the standard requirement for a jail.

The Agency's policy OFF-17-50 PREA states, "Any information related to sexual victimization or abuse as indicated shall be strictly limited to medical and mental health practitioners and other staff (as necessary) to implement treatment plans and security management decisions. All information shall be protected according to Federal HIPPA regulations." The healthcare files are maintained securely within the healthcare area. The PREA Coordinator and Compliance Sergeant stated the records are on a need-to-know basis for only security and management decisions for housing.

The Agency's policy OFF-17-50 PREA states, "Medical and mental health practitioners shall obtain informed consent from inmates before reporting information relating to prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 17." The medical and mental health provider interviewed acknowledged the requirement to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. They shared that they inform the inmate at the initiation of services the limitations of confidentiality. The medical and mental health providers acknowledged they would be obligated to report an allegation if the victim was under 18 to a local and state agency through the facility administration. The medical and mental health practitioners are trained during their agency's in-service training about mandatory PREA reporting procedures which also covers the requirement of confidential reporting and the responsibility of informing the inmate at the initiation of services the duty of staff to report.

The Jail Administrator provided follow-up on an inmate that was transferred back to the Wisconsin Department of Corrections. The Jail Administrator through a written correspondence notified the State that the inmate was a victim of a PREA incident and a perpetrator also of a PREA incident and requested the mental health provider conduct follow-up treatment with the inmate and a record of the treatment be maintained in the inmate's file.

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*)

Medical services are provided through a contract with Advanced Correctional Healthcare Inc. and are within the facility 40 hours a week. A medical provider is also on call. Outside of the medical provider's work schedule, inmates would be transported to the local hospital emergency room for medical care. Mental health services are available two days a week. The interviews with medical and mental health providers confirmed that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Agency's policy OFF-17-10 PREA states, "All inmates who are alleged victims of sexual abuse shall receive timely medical treatment. Both medical and mental health practitioners will determine the scope of the treatment. If no medical or mental health providers are available, corrections staff shall have the victim transported, while in the custody of law enforcement, to the local hospital for medical treatment. This shall be coupled with notifying Tri-County to assist the victim with the process." There were no inmates that required medical care or crisis intervention services during the audit cycle. All allegations reported were sexual harassment.

Upon an allegation of sexual abuse, the Jail Administrator or shift supervisor begins the notifications which include medical and mental health services. The inmate will be escorted to medical for an assessment, if after hours, the inmate will be transported to the local hospital. The medical and mental health providers stated all services provided are made within their professional judgement, within policy, and direction from their supervisor and/or medical director. The medical staff stated medical treatment

starts as soon as the inmate is brought to the medical or transported to the outside hospital. The medical assessment includes initial triage, taking vitals, assessing for injuries, and then transporting to the local hospital for a forensic exam, if needed. The inmate victim shall be transported to an outside hospital with a SANE program where they shall receive essential medical intervention to include preventative treatment for HIV and sexually transmitted diseases, and a pregnancy test, if appropriate. Policy OFF-17-50 states, "It shall be the responsibility of Oneida County Sheriff's Office to offer in a timely manner access to emergency contraception and screening, and treatment of sexually transmitted disease based on professional standards of care." The medical staff stated the inmate is offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis at the hospital and the facility medical staff will follow any discharge orders. If pregnancy results from the described sexually abusive behavior, the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services per interviews. These services begin at the hospital and the medical provider would set up any follow-up treatment and/or obstetrician/gynecologist visit. The mental health counselor stated that once there was a notification, she would see the inmate immediately and provide crisis counseling, offer support, and problem solving for safety when appropriate.

Through interviews with the medical staff, the Detective, and the PREA Coordinator, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the inmate. The PREA Coordinator shared because of the county's demographic the facility may have to use a SANE program at several different hospitals throughout the north part of the state. The Detective stated if a SANE is not available locally, the inmate would be transported to Wausau where there are several hospitals with SANE programs and further stated there have been no difficulties finding a SANE when one is needed. The Detective stated the alleged victim and perpetrator would not be taken to the same hospital for services. The medical staff interviewed noted the inmate would be transported to a local hospital with a sexual assault nurse examiner (SANE) available. The nurse stated a call would be made to the emergency room notifying the hospital a SANE exam was needed and to inquire if a SANE was available to conduct the exam. If a SANE was not available, contact would be made with another hospital facility. An interview with a representative from Marshfield Medical Clinic Weston, the local hospital, regarding SANE services provided was conducted after the on-site audit. It was stated during the interview that emergency medical treatment and SANE services are available at the hospital. The representative interviewed stated the facility contacts the hospital to notify them that a SANE exam is needed. The hospital has SANEs on staff within the emergency room. It was indicated that a SANE/SAFE is usually available 24 hours, 7 days a week, there are three SANE scheduled per day on different shifts. If a SANE is not available at the time, a call back system would be utilized for a SANE to report. A SANE usually reports within ten minutes. The facility policy states all individuals involved in an alleged sexual assault shall as soon as possible receive medical care. The inmates remain in custody of a law enforcement officer to preserve the chain of custody of all evidence. A Memoranda of Understanding (MOU) with the local hospital for services was not provided. The Agency provided an email chain with Aspirus Health that documented they would provide services through the emergency room and urgent care. There were no forensic medical exams during the audit period.

The Agency's policy OFF-17-50 states, "Treatment services shall be provided free of cost regardless of whether or not the victim names the abuser or cooperates with the investigation."

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "It shall be the responsibility of Oneida County Sheriff's Office to offer and provide necessary ongoing medical and mental health care. This shall include free pregnancy tests when appropriate, and victims shall receive timely access to all lawful pregnancy related medical services without cost to the victim. Oneida County Sheriff's Office has entered into an agreement with Tri-County Council on Sexual Assault and Domestic Abuse and through that agreement are provisions for providing ongoing counseling and mental health related issues, along with providing assistance as it relates to victims and then attaining the necessary medical help. This would include all follow-up services that are deemed necessary. Please refer to the Tri-County Council on Domestic Abuse and Sexual Assault Memo of Understanding." The medical and mental health staff interviewed indicated they felt the healthcare services are consistent with the level of care if not better since inmates are seen immediately for care and there is no cost. A medical staff is available 40 hours a week, a mental health counselor twice a week, and a medical provider is always on call.

The medical staff stated medical treatment starts as soon as the inmate is brought to the medical or transported to the outside hospital. The medical assessment includes initial triage, taking vitals, assessing for injuries, and then transporting to the local hospital for a forensic exam, if needed. Through interviews with the medical staff, the Detective, and the PREA Coordinator, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the inmate. The inmate victim shall be transported to an outside hospital with a SANE program where they shall receive essential medical intervention to include preventative treatment for HIV and sexually transmitted diseases, and a pregnancy test, if appropriate. Policy OFF-17-50 states, "It shall be the responsibility of Oneida County Sheriff's Office to offer in a timely manner access to emergency contraception and screening, and treatment of sexually transmitted disease based on professional standards of care." The medical staff stated the inmate is offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis at the hospital and the facility medical staff will follow any discharge orders. If pregnancy results from the described sexually abusive behavior, the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. These services begin at the hospital and the medical provider would set up any follow-up treatment and/or obstetrician/gynecologist visit. The mental health counselor stated that once there was a notification, she would see the inmate immediately and provide crisis counseling, offer support, and problem solving for safety when appropriate.

The Agency's policy OFF-17-50 states, "Treatment services shall be provided free of cost regardless of whether or not the victim names the abuser or cooperates with the investigation."

There were no inmates that required medical care or crisis intervention services during the audit cycle. All allegations reported were sexual harassment.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "At the conclusion of every sexual abuse investigation, it shall be the responsibility of the facility to conduct an incident review. The Incident Review Team shall include upper level management, line supervisors, investigators, medical, and mental health providers. The incident review shall be conducted within a reasonable time frame not to exceed 30 days." The acting Jail Administrator/Lieutenant stated a four person review team has been established to review all incidents that have been reported in an effort to identify what action is needed to improve upon facilities. The team consists of the Patrol Captain, Detective, nurse, and a PREA resource officer as well as the PREA Coordinator/Jail Administrator.

The Agency's policy OFF-17-50 PREA states, "The review team shall, at the conclusion, determine the following: a need to change policy or practice to prevent, detect, or respond to sexual abuse; determine whether the incident was motivated by ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status perceived status, gang affiliation, or otherwise motivated by or caused by group dynamics at the facility; examine the area where the incident occurred and make a determination of what factors may have influenced the abuse; assess adequacy of staffing levels and make recommendations for improvements; and assess whether monitoring technology should be deployed or improved to supplement supervision." The Incident Review Team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, sexual gender, identity biases, status or perceived status or gang affiliation; or was motivated/otherwise caused by other group dynamics at the facility; examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area of the alleged incident occurred may have enabled abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or improved to assist staff supervision; and prepare a report of its findings not necessarily limited to determinations made with above considerations and any recommendations for improvement. The Incident Review Team members interviewed indicated they review the incident in detail as a team. It was stated the team provides different perspectives based on their work areas. An Incident Review Team member stated they read the report, review the incident report for who, what, where and why; review the evidence considered, and make recommendations, if needed. Under motivation they review the race, sexual orientation, gang affiliation, was it for a trade of favors, was there established problems between the inmates involved, and gender identity. In reviewing the location of the incident, they consider visual access, any blocking barriers, hidden spots, and blind spots. When assessing staffing, they review who the staff were, if young staff with lack of experience, leadership of supervisors, how fast staff responded, and were rounds completed timely. Under monitoring technology,

the team reviews camera location, camera view, video needs, blind spots, are adjustments to mirrors or cameras needed, and are mirrors needed. The Incident Review Team stated there were no identified trends.

The Agency's policy OFF-17-50 PREA states, "Prepare a report on findings based on determinations. Make any recommendations for improvement and submit a report to the Sheriff and P.R.E.A. Compliance officer. At conclusion, the facility shall implement the recommendations for improvement or shall document its reasons for not doing so." The Incident Review Team prepares a report on findings based on determinations and provides recommendations for improvement. The report will be submitted to the Sheriff and the PREA Coordinator. The PREA Resource Team would be responsible for completing the recommendations. The PREA Coordinator will be responsible for ensuring any recommendations are completed or documented as the reason for not doing so. The PREA Coordinator stated he will follow up with the team on the status of improvements from recommendations. He also stated the PREA policy is reviewed annually. The Incident Review report is maintained in the PREA folder that is only accessible to the review team and administration. The Incident Review Team completed incident reviews on three of the four investigations during the audit period, an incident review was not completed on an unfounded case. From those reviews, a recommendation from an unfounded case was for officers to knock on the shower or make an announcement before entering. Another recommendation was to conduct remedial training in strip searches and place audio recording in the booking area where strip searches occur.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "The agency will collect and maintain accurate data for every allegation of sexual abuse or harassment within the facility. This should be accomplished by the compiling of all reports, investigation files, and incident reviews generated through investigations. Data collected by the agency shall be representative of the definition of sexual abuse and harassment, and address inmate on inmate and staff on inmate allegations. All data collected shall identify as to the allegations being substantiated, unsubstantiated, and unfounded. The data review shall be conducted annually by the PREA Review team, and the agency shall aggregate the information, per facility. The incident-based data collected shall include at minimum that data necessary to complete the most recent survey on sexual violence conducted by the Department of Justice."

The PREA Coordinator stated the data is collected from the incident reports and investigations maintained in the Jail Management System. The PREA Coordinator also stated although the data is reviewed annually, there is very little data to review with the limited allegations reported at the facility. The PREA Coordinator stated that all data is stored in a locked cabinet within the locked office of the Chief Deputy and placed within the records system for retention. The only staff that has accessibility to the information is the Sheriff, Chief Deputy, PREA Coordinator, and Records Management. The Agency aggregates the incident based sexual abuse data at least annually and shares the data within the Annual PREA Report. The PREA Coordinator creates the PREA Annual Report which is approved by the Sheriff prior to placing on the Agency's website. The 2022 Annual PREA Report is available for review on the agency's website. The Auditor also reviewed the Annual PREA Reports for 2021, 2020, and 2019 as part of the audit process. The Agency provided data through the Survey of Sexual Victimization 2019 to the Department of Justice.

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 Agency's policy OFF-17-50 PREA states, "The agency review team shall review data collected and aggregated pursuant to standard 115.87. The purpose for this review is the following: assess and improve the effectiveness of the agencies efforts to address sexual abuse prevention, detection, and response

policy, practices, and training; identify problem areas; taking corrective action when required or identified by the data; and preparing an annual report of the findings and corrective actions taken. The report shall contain a comparison of the current year's data and corrective action from prior years and provide an assessment of the agency's progress in its efforts in addressing sexual abuse. The agency's report shall be redacted prior to being posted on the Oneida County Sheriff's Office website. The agency's report shall be approved by the Sheriff and be posted on the Oneida County Sheriff's Office website. Including all personnel information of both the victim and the offender." The PREA Coordinator stated the incident-based data is reviewed for trends, allegation motivations, staffing needs including training and if changes are needed in the policy and procedures. No trends have been identified.

The Agency aggregates the incident based sexual abuse data at least annually and shares the data within the Annual PREA Report. The PREA Coordinator creates the PREA Annual Report which is approved by the Sheriff prior to placing on the Agency's website. The PREA Coordinator stated material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility including names, addresses, medical, phone numbers, and security related items. Upon review of the Annual PREA Reports, these items are not included in the report.

Did Not Meet (d): The Agency's policy does not address the standard language when the Agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and indicates the nature of material redacted.

Corrective Action Taken (d): The Agency updated the PREA policy to include when the Agency redacts material from the annual report for publication. The updated policy was provided to demonstrate standard compliance. The Agency has meet substantial compliance. No further action was necessary.

The 2022 Annual PREA Report is available for review on the agency's website. The Auditor also reviewed the Annual PREA Reports for 2021, 2020, and 2019 as part of the audit process. The reports include an explanation of the PREA federal, the Agency's approach for compliance with PREA standards, definitions of investigative outcomes, a breakdown of the current's years PREA cases with investigation outcomes, the efforts for achieving and maintaining compliance with PREA, explanation of the PREA resource officers and the Incident Review Teams responsibilities. The PREA Coordinator stated information that is collected annually and information from the PREA Team is used to determine if policy updates are needed, if further training is needed, and are there topics that need to be added to the PREA training.

Recommendation: The report should be expanded to include narrative details of the comparison of the current year's data to previous years and detailed narrative of the recommendations with the corrective actions taken to improve the safety of inmates and staff from sexual abuse and sexual harassment.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

The Agency's policy OFF-17-50 PREA states, "The agency shall collect and maintain accurate data for every allegation of sexual abuse within the facility. All files will be turned over to the Chief Deputy and shall be kept in a secure area. Records shall be maintained for a period of ten years. Upon release to the public, all reports shall be redacted for all personal identifiers including name, date of birth, address, phone numbers, any personal data which may revictimize the individual, any specific detail or graphic information as to what took place during the incident, and any information that may compromise the safety and security of the facility."

The PREA Coordinator stated that all data is stored in a locked cabinet within the locked office of the Chief Deputy and placed within the records system for retention. The only staff that has accessibility to the information is the Sheriff, Chief Deputy, PREA Coordinator, and Records Management. The PREA Coordinator stated material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility including names, addresses, medical, phone numbers, and security related items. Upon review of the Annual PREA Reports, these items are not included in the report.

The Auditor confirmed through interviews and review of PREA files that all written reports and data collection are maintained. The records retention schedule under the District Attorneys section outlines felony and related case records will be maintained ten years after commencement of action per Wisconsin Statute. The PREA Coordinator creates the PREA Annual Report which is approved by the Sheriff prior to placing on the Agency's website. The 2022 Annual PREA Report is available for review on the agency's website. The Auditor also reviewed the Annual PREA Reports for 2021, 2020, and 2019 as part of the audit process.

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 second audit of the Oneida County Jail. The first audit was conducted August 21-23, 2018. The agency only has one facility.

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 office in the administration section of the building and inmate interviews in an office within the jail.

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

Based on the above information, the agency/facility meets 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*)

A review of the Agency's website <https://oneidasheriff.org> under the Corrections page confirms that the agency publishes PREA final reports and makes them available through the website to the public. The Auditor observed on the Agency's website the last PREA audit final report completed in 2018. The Agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings. This is the second PREA audit for this facility.

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

May 5, 2023

Auditor Signature

Date