

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** December 22, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Robert Lanier			
<b>Address:</b> P.O. Box 452, Blackshear, GA 31516			
<b>Email:</b> rob@diversifiedcorrectionalservice.com			
<b>Telephone number:</b> 912-281-1525			
<b>Date of facility visit:</b> June 8-9, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Milwaukee Secure Detention Facility			
<b>Facility physical address:</b> 1014 North 10 <sup>th</sup> Street, Milwaukee, WI 53233			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 414-212-3500			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Warden Ronald Malone			
<b>Number of staff assigned to the facility in the last 12 months:</b> 402			
<b>Designed facility capacity:</b> 1048			
<b>Current population of facility:</b> 1066			
<b>Facility security levels/inmate custody levels:</b> Medium			
<b>Age range of the population:</b> 18-70+			
<b>Name of PREA Compliance Manager:</b> Robert Miller		<b>Title:</b> Security Director	
<b>Email address:</b> <a href="mailto:RobertD.Miller@wi.gov">RobertD.Miller@wi.gov</a>		<b>Telephone number:</b> 414-212-4945	
<b>Agency Information</b>			
<b>Name of agency:</b> Wisconsin Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Wisconsin			
<b>Physical address:</b> 3099 East Washington Avenue, Madison, WI 53704			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 648-240-5055			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Jon Litscher		<b>Title:</b> Secretary	
<b>Email address:</b> Jon.Litshcer@wi.gov		<b>Telephone number:</b> 608-240-5055	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Christine Preston		<b>Title:</b> PREA Director	
<b>Email address:</b> <a href="mailto:Christine.Preston@wi.gov">Christine.Preston@wi.gov</a>		<b>Telephone number:</b> 608-240-5113	

## AUDIT FINDINGS

### NARRATIVE

An audit of the Milwaukee Secure Detention Facility (MSDF) was conducted on June 8, 2016 through June 9, 2016. Prior to the on-site audit the facility posted PREA Audit Notices, with information on how to contact the auditor with any concerns or comments related to PREA, throughout the facility. The Department of Corrections PREA Director and the MSDF Compliance Manager and Program Supervisor provided the Pre-Audit Questionnaire and a flash drive containing the agency's policies as well as relevant documentation to confirm compliance with specific standards. Following the review of the flash drive information, the auditor requested additional documentation and was provided that information expeditiously. After review of this information, additional documentation was requested followed by conversations with the PREA Compliance Manager to clarify what was needed.

By prior agreement the auditor arrived at the facility to begin the on-site audit and interviewing overnight staff prior to their departure, June 8, 2016. An entrance briefing was conducted to discuss logistics and to select randomly selected offenders representing all housing units, as well as randomly selected staff. Present at the briefing, in addition to the auditor, were the following Department of Corrections (DOC) Staff: The Agency PREA Director, DOC Research Analyst, DOC Office of Special Operations Director, MSDF Security Director, Security Supervisor, Program Supervisor and Deputy Warden. A tour of the facility was conducted following the entrance briefing. The facility was observed to be clean and orderly. Offenders were orderly and well behaved. Staff were observed providing supervision and engaged positively with the offenders. This facility has an extensive camera system and cameras are capable of tilt and zoom. Cameras were observed strategically located throughout the facility and it was very obvious that this facility has been diligent in identifying blind spots and if not eliminating them, mitigating them. Several solid doors out of view of the cameras were observed and although keys are restricted an additional measure could be to place a laminated sign on the doors restricting access to authorized staff only. Additionally, documentation was provided to confirm that security rounds are conducted. It is recommended that staff be reminded to pay particular attention to those areas out of view of the cameras while making those rounds.

Showers and restrooms were observed to provide privacy in all areas except the female segregation "safe room". Although offenders who are housed there are provided gowns and often a blanket to cover up with while using the toilet, the toilet is located in plain view of everyone in the unit. Staff related that offenders sometimes fail to cover themselves up with their gowns or a blanket. It should be noted, as well, that these offenders are often mental health offenders and keeping covered is not always their priority. Staff brainstormed how they could remedy that situation and it was agreed that they would provide a barrier outside the room that would go just high enough to obstruct views of the toilet. All of the staff involved in the discussion agreed they could do this without jeopardizing the safety of the offender or jeopardizing security. Interviews with offenders and staff indicated that, apart from that unit, offenders are able to dress, shower and use the toilet without staff of the opposite gender viewing them.

Following the tour of the facility the auditor continued interviews of staff and then offenders. Additional information was provided and reviewed and the auditor conducted an exit briefing with the agency's PREA Director followed by an exit briefing with the Warden, PREA Compliance Manager/Security Director and Program Supervisor during which the PREA Director summarized the findings made during the audit. Where there were areas requiring additional documentation, staff readily articulated how they could easily provide additional documentation and implement any corrective actions during the 30-day period prior to the interim or final report.

Before, during and after the audit, the Program Supervisor and Director of Security, worked diligently to provide the auditor any information requested and they did it expeditiously. These two staff are true professionals and it was very evident that they take PREA and sexual safety seriously. The Warden of this facility was involved with the auditor at different times during the audit and it became apparent why staff at this facility are so serious about the safety of offenders and of staff. The supporting cast surrounding the Warden are very professional and helpful during this audit. The on-site audit concluded on June 9<sup>th</sup>, 2016.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

MSDF is a complex medium security correctional facility located in downtown Milwaukee. The facility opened its doors to inmates on October 8, 2001 and initially housed only Division of Community Corrections inmates who had violated their community supervision. In December of 2001 MSDF became a Division of Adult Institutions (DAI) facility and began housing DAI inmates on December 14, 2001. Although it is an adult institution, MSDF functions in a similar manner to that of a jail operation. Unlike other DOC institutions, MSDF accepts offenders 24 hours-a-day and has an intake booking/objective classification process closely resembling that of a county jail.

The purpose of the facility was originally to provide a 1040 bed medium security facility for adult males. That mission was expanded to include adult females in January 2003. This facility houses inmates who need to be detained because they have violated the conditions of their felony supervision or inmates who are awaiting transport to begin serving a sentenced prison term. Average length of stay in the secure detention areas of this facility is estimated to be 67 days but individual stays can be much shorter or longer depending on the reason for the stay, the investigative process or program placement. The Alternative to Revocation programs available for inmates have lengths of stay from 60-90 days.

The operational philosophy of the facility was and continues to be having the inmates stay on their assigned floors and bringing the services to the housing units on the floors. Examples include interview rooms for agents, tele-visiting booths and health care offices on each floor. Every unit uses the practice of direct supervision with regard to monitoring the inmates. Officers are out in the dayrooms at the same time the inmates are. Sergeants are available to assist inmates from the officer station. Unit managers, social workers, security supervisors and program supervisors make rounds regularly on the units to deal with inmate's needs of questions.

All programming is provided internally to the facility. The facility functions as a medium custody prison with no off-site programming, such as work release community crews or off site treatment programming. Another difference is that there is no outdoor recreation available for inmates. Each pod has a recreation room with some weight machines and other equipment for inmate use. MSDF enlists the assistance of community volunteers to come in and facilitate activities such as bible study, education, recreational activities, music or art with inmates.

The uniqueness of MSDF has attracted interest from across the country. There are very few high rise detention facilities nationwide. Those that exist typically do not provide the programming and collaboration with the community that MSDF does, something that the DOC feels is an important component to offender change and public safety.

## SUMMARY OF AUDIT FINDINGS

The audit process was designed to assess and determine compliance with the PREA Standards for Prisons and Jails. Essentially that process consisted of reviewing policies and procedures and other documentation related to specific standards, observations made during the audit process and especially during the tour of the facility, interviewing a wide variety of staff including those randomly selected as well as specialized staff and others, and interviewing offenders representing all of the housing units in the facility. The process consisted of reviewing the information reported and provided on the facility's Pre-Audit Questionnaire as well as documentation, including policies and other supporting documents, provided on the flash drive. Where additional documentation was needed and requested it was provided expeditiously. This team is pro-active, enthusiastic and exceedingly competent and were always more than cooperative and attentive in providing anything the auditor requested. It became apparent that the Warden values PREA and he was involved in the process from beginning to end. This leadership is necessary in any facility or program to set the expectations and it was apparent that the Warden and his entire team were committed to the sexual safety of the offenders housed there, to the PREA Standards and to this process. A total of 26 staff and 20 offenders were interviewed during the on-site audit. Staff included not only randomly selected and specialized staff but additionally interviews were conducted with the grievance officer, a victim services staff, director of the forensic examiners who provides masters level counselors and advocates at Mt. Sinai Hospital and the volunteer coordinator. Interviewed staff indicated they have been trained in PREA. They were especially articulate in the zero tolerance policy, reporting procedures and in first responding. They all stated they would take every allegation, suspicion or report of sexual abuse or sexual harassment seriously and would make an immediate verbal report to their supervisor followed by a written report prior to the end of the shift. One offender refused to be interviewed however all of the other offenders demonstrated considerable knowledge of PREA. Offenders were knowledgeable of multiple ways to report, verbally, in writing, anonymously and through third parties and through the use of the hotline. Interestingly enough the majority of the interviewed offenders related they would report it to staff although they had multiple other options for reporting. Several issues were discussed relative to the need for additional information. These included the following:

1) Staff and other offenders are able to view offenders using the toilet in the female segregation unit.

Response: The facility provided photos confirming that a shield covers up the bottom half of the glass obscuring the view of the toilet and enabling the inmate to have privacy without sacrificing security. Documentation was received by the auditor on July 5, 2016.

2) The coordinated response plan is not specific to MSDF.

Response: The facility provided documentation of a facility specific coordinated response plan along with contact numbers for all responders. The plan was received July 5, 2016.

3) The facility's Victim Services Staff are not using the Agency's Retaliation Monitoring Forms.

Response: The facility provided documentation to confirm that the facility will now be using the required DOC Retaliation Monitoring Form. The documentation was in the form of an email to the two victim services staff at the facility. The DOC Forms are 2766 and 2767.

4) Needed to see a sample of "conduct reports" in which an offender was disciplined for inmate on inmate on inmate sexual abuse, sexual harassment or retaliation.

Response: Five examples of Adult Conduct Reports were provided to the auditor on July 5, 2016. A variety of sanctions were administered.

5) Needed to see a sample of Sexual Abuse Incident Reviews using the DOC's Form.  
PREA Audit Report 5

Response: The facility provided the auditor a sample of Sexual Abuse Incident Reviews documenting that the facility is considering the items required by the standards.

6) Additional documentation to confirm PREA education was requested.

Response: The facility provided 10 pages of the PREA Education Offender Participation Log documenting that offenders are receiving their PREA Education.

7) Youthful offenders are housed in the facility however the facility cannot provide sight and sound separation when they are housed at MSDF.

Response: The Agency's PREA Director related that this is a "state office: issue and that work is underway to determine the most appropriate way to address youthful offenders.

The facility agreed at the conclusion of the audit that they would complete the corrective actions and provide documentation prior to the interim report being issued and complied, providing all requested documentation on July 5, 2016. NOTE: The Agency provided an email to confirm that youthful offenders are no longer housed in DOC facilities. The auditor contacted the facility and was provided documentation to confirm that the Milwaukee Secure Detention Facility does not have any youthful offenders housed in the facility and will not house any in the future as a result of the agency's corrective action plan to move all youthful offenders to juvenile facilities.

Forty-one standards were reviewed. One standard was rated as "exceeds", one standard originally rated "not met" is now rated "met" and no standards were rated "not applicable".

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Executive Directive # 72, Sexual Abuse and Sexual Harassment in Confinement (PREA), documents that the Wisconsin Department of Corrections requires a zero tolerance for sexual abuse and sexual harassment and for report-related retaliation in its facilities, including those with which it contracts for the confinement of offenders. The policy reflects the agency's approach to preventing, detecting, reporting and responding to PREA related incidents. The level of commitment to PREA and Zero Tolerance is reflected in the Department of Corrections Organizational Chart, dated April 2016, which identifies the Agency PREA Director reporting directly to the Deputy Secretary. The facility has a PREA Compliance Manager whose position is identified on the facility organizational chart and depicts that position reporting directly to the Deputy Warden of the facility. A memo provided by the Warden dated April 29, 2016, designated the Corrections Security Director as the PREA Compliance Manager. Reviewed training rosters indicated that staff have received training in the Zero Tolerance Policy and the agency's approach to prevention, detection, responding and reporting allegations of sexual misconduct, sexual abuse and sexual harassment. Inmates/offenders are informed of the Zero Tolerance Policy in the inmate handbook, "Sexual Abuse/Assault Prevention and Intervention". Additionally, they are informed that the Wisconsin DOC Administrative Code prohibits sexual intercourse, contact or conduct between inmates and advises that disciplinary sanctions will be imposed for violations and that inmate on inmate sexual assault will also be prosecuted according to applicable provisions of Wisconsin State statutes as would sexual assaults between inmates and staff. Zero Tolerance Posters are located in intake and throughout the facility. These posters advise inmates of their rights and how to report. Newly admitted inmates are provided this information in their intake packet and via a streaming video in the intake area.

#### **Interviews:**

Interviews and conversations with the facility's warden throughout the on-site audit indicated that he is very knowledgeable of the PREA standards and that he takes PREA very seriously and has provided the support to his staff in implementing the standards. Interviews with 26 staff confirmed they were all trained in the Zero Tolerance Policy and are well aware that the agency and the facility do not tolerate any form of sexual misconduct, sexual abuse and sexual harassment. Twenty-one (21) offenders were interviewed. All were aware of the facility's prohibitions against any form of sexual misconduct, sexual abuse and sexual harassment. Inmates also consistently reported they believed staff would take all allegations, reports, knowledge and suspicions of sexual abuse seriously.

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The PAQ reported that the agency has eight (8) contracts for the confinement of inmates. Wisconsin Department of Corrections Executive Directive # 72, VII. Contracts, requires that all new or renewed contracts for the confinement of the DOC offenders not within a DOC operated facility shall include a provision regarding the contractor's obligation to adopt and comply with PREA Standards. Executive Directive # 72 also requires that any new contract or contract renewal shall provide for contract monitoring to ensure that the contractor is complying with PREA Standards.

**Standard 115.13 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The Executive Directive 72, states that the DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC Policy requires that consideration be given to any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee. Reviewed personnel file documents contained the required PREA Questions asked of applicants.

Policy also requires that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check.

Samples of background checks were reviewed. These included documentation of "cleared" backgrounds" as well as samples of completed background checks resulting in the applicant not being hired.

Policy also requires that the DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation.

Lastly policy requires that the DOC conduct a criminal background records check every five years for current employees.

**Interviews:**

The Human Resources Manager described a very thorough process for hiring employees. She stated that recruiting is done through the state office and applicants take a test and are placed on a list of certified applicants. When there is a vacancy the facility secures a list from the state DOC. Applicants complete the PREA Questions, Background Check Form (DOC 1098) and places them into a sealed envelope. The Facility's Human Resources conducts the background checks including checks with the Wisconsin Circuit Courts Access, Portal 100 (the DOJ Background Check) for any charges that have been filed and to learn any dispositions if there are any criminal violations. Reference checks are completed with three work related references. Within 30 days after employment the employee is fingerprinted. She also related that within the last three years it is mandated that all DOC employees were fingerprinted and then every five years thereafter. Employees, she indicated, are mandated to report any arrests or charges with 48 hours of the occurrence. She related that the central office is responsible for conducting background checks of all health services staff.

**Standard 115.14 Youthful inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Executive Directive # 72- Sexual Abuse and Sexual Harassment in Confinement, XIII. Placement, paragraph C, Youthful Inmates, requires that youthful inmates are not to be placed in a housing unit in which they have sight, sound or physical contact with any adult offender through use of a shared dayroom or other common space, shower area or other common space, shower area or sleeping quarters.

The Pre Audit Questionnaire (PAQ) states that the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area or sleeping quarters however the facility also stated they do not have housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers and sleeping quarters and that youthful inmates are placed in the same housing unit as adults. The PAQ also documented that the facility had two (2) youthful offenders during the past 12 months placed in the same housing unit as adults at this facility.

The PAQ indicated that the facility does not maintain sight, sound and physical separation between youthful inmates and adult inmates in areas outside housing units however it also stated the facility does provide direct staff supervision in areas outside housing units where youth inmates have sight, sound or physical contact with adult inmates. There were no occasions in which a youthful inmate was placed in isolation in order to separate them from adult inmates. One youthful offender was placed in segregation during the on-site audit. This segregation was not PREA related. The segregation unit does not provide for sight and sound separation from adult offenders. The facility also does not have housing available for youthful offenders that would provide sight and sound separation. They do provide staff supervision in areas outside the housing unit where the youthful offender has sight and sound contact with adult offenders in the facility.

**Interviews:**

Staff indicated that the facility does house youthful offenders from time to time however they related that there are no housing units or other living quarters that are available to house youthful offenders where they can have sight and sound separation from adult offenders.

Corrective Action: On Deember 22, 2016 the agency provided documentation to confirm that youthful offenders have been removed from DOC facilities and will not be housed in adult facilities in the future but will be placed in juvenile facilities. An email from the Milwaukee Secure Detention Facility confirmed that the facility does not have any youthful inmates at this time and will not have any in the future as a result of the DOC corrective action to remove them and place them in juvenile facilities.

**Standard 115.15 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the



relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Executive Directive # 72, Sexual Abuse and Sexual Harassment in Confinement (PREA) X. Cross Gender Searches, prohibits PREA Audit Report 10 Cross-gender pat down searches of female offenders or cross-gender strip or body cavity searches except in exigent circumstances and these searches be documented. The Directive also prohibits facilities from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. The reviewed lesson plans entitled, "Introduction to Body Searches", begins with a comment in General Searching Procedures, stating, "The agency shall train security staff in how to conduct cross-gender dysphoria searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible consistent with security needs."

Training rosters were provided indicating that 475 employees have been trained in conducting professional searches of inmates. The PAQ documented that 100% of all security staff received training on conducting cross-gender pat down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

Female staff are authorized to conduct "pat down" searches of male offenders. Documentation was provided to indicate that they have been trained to conduct those searches. During staff interviews, female staff were asked to demonstrate the techniques. All of them were able to do that. Inmates are also able to shower, perform bodily functions and change clothing without being viewed by employees of the opposite gender, excepting incidental viewing related to routine cell checks. Showers are equipped with "PREA" curtains and the toilet areas are either in the offender's rooms or in areas where viewing is restricted by stalls. Offenders are required to enter the shower area clothed and return clothed. Staff of the opposite gender are also required, by directive, to announce their presence when entering a living unit housing inmates of the opposite gender. The facility has recently implemented a system for ensuring those announcements are made, heard and observed. When a staff of the opposite gender comes to the door of a unit the control room operator for that unit activates a blue light that is prominently mounted in the living unit. Additionally, the blue light is followed by three audible tones.

During the tour of the facility showers were observed with privacy curtains and toilets were observed with half walls affording a measure of privacy and preventing viewing however in the female segregation unit on the female living unit, the safety/observation cells had full length glass enabling anyone to view an offender using the toilet. The facility agreed to put up a portable obstruction about a third of the way up the glass to prevent viewing. Staff indicated they could take that measure without jeopardizing the safety of the offender or the secure operation of the facility. Offenders in that unit are provided gowns and often a blanket with which to cover up when on the toilet.

**NOTE:** The facility, in response to the Corrective Action Plan, provided photos of a portable obstruction on the outside of the glass to provide offender's privacy while using the toilet. The photos were received by the auditor July 5, 2016.

**Interviews:**

Interviewed staff related that male correctional staff are not allowed to conduct cross gender searches, including pat searches, except in exigent circumstances however female staff are permitted to conduct pat down searches of male offenders. Staff consistently reported that they received training in conducting cross gender pat searches. All of the interviewed staff related they had never observed a male staff conduct a pat search of a female offender. They also were consistent in stating that they would not be allowed to search a transgender or intersex offender for the sole purpose of determining the offender's genital status. Staff stated that offenders are able to shower without being viewed by staff and

that in their rooms they are not viewed while using the toilet however they related that staff may inadvertently see an offender on the toilet while making their required “pipe rounds”. These viewings are incidental to room checks. Interviewed offenders consistently stated they are not naked in view of staff except possibly during room checks but they indicated that when this occurs they did not believe staff were intentionally trying to view them. Offenders stated that the showers have PREA curtains providing privacy while showering. They also stated they go to the showers clothed and come out clothed. Offenders also confirmed that staff of the opposite gender announce their presence by the “blue light” and “buzzers”. They related these procedures were just recently implemented.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The Executive Directive # 72 requires that offenders with disabilities or who have limited English proficiency have an equal opportunity to participate in or benefit from all aspects of the DOC’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials are required to be provided in formats or methods that ensure effective communication with offenders with disabilities. DAI Policy 300.00.61 Language Assistance for Limited English Proficiency (LEP) Inmates, V. Providing Language Assistance to Inmates, D., describes how language assistance is to be provided to all LEP inmates. Language assistance may include professional interpreters via phone. This policy also prohibits bilingual inmates from interpreting in sensitive investigations, but not limited to PREA. Sources of language assistance includes third-party vendors with language contracts, bilingual staff approved by the DAI Administrator or designee and, in limited situations, bilingual inmates. DAI Policy 300.00.35, Americans with Disabilities Act requires that qualified individuals with a disability not be excluded from participation in or be denied the benefits of DAI programs, services or activities on the basis of their disability. The facility provided a Language Policy Notice that advises that the DOC, within available resource constraints, takes reasonable steps to continue providing LEP offenders meaningful access to vital documents, important information and health services to ensure they are not precluded from accessing or participating in important programs and proceedings. The Notice also provides a “cheat sheet” for staff to use when a translation is needed. It reaffirms that staff are not to rely on inmates to provide language services unless an emergency arises, including PREA emergencies. The process for accessing interpretive services instructs staff to use the “I Speak Card” to determine the language the inmates speaks. Then the staff calls the Language Line number to access verbal interpretive services. Instructions are also provided for accessing written translation services.

#### **Interviews:**

Interviewed staff generally stated they would not use a resident interpreter and stated that they have the “language cards” to identify the language of the offender if interpretive services were needed. Although most were not aware of how to contact a vendor providing interpretive services they did indicate that they believed there were outside providers. Several related that interpreters should come from an agency to ensure the interpreters were professionally qualified. None of the

interviewed offenders were limited English Proficient nor did they have any disabilities requiring interpretive services.

### Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The Executive Directive 72, states that the DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC Policy requires that consideration be given to any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee. Reviewed personnel file documents contained the required PREA Questions asked of applicants.

Policy also requires that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check.

Samples of background checks were reviewed. These included documentation of “cleared” backgrounds” as well as samples of completed background checks resulting in the applicant not being hired.

Policy also requires that the DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. Lastly policy requires that the DOC conduct a criminal background records check every five years for current employees.

#### Interviews:

The Human Resources Manager described a very thorough process for hiring employees. She stated that recruiting is done through the state office and applicants take a test and are placed on a list of certified applicants. When there is a vacancy the facility secures a list from the state DOC. Applicants complete the PREA Questions, Background Check Form (DOC 1098) and places them into a sealed envelope. The Facility’s Human Resources conducts the background checks including checks with the Wisconsin Circuit Courts Access, Portal 100 (the DOJ Background Check) for any charges that have been filed and to learn any dispositions if there are any criminal violations. Reference checks are completed with three work related references. Within 30 days after employment the employee is fingerprinted. She also related that within the last three years it is mandated that all DOC employees were fingerprinted and then every five years thereafter. Employees, she indicated, are mandated to report any arrests or charges with 48 hours of the occurrence. She related that the central office is responsible for conducting background checks of all health services staff.

### Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The PAQ indicated that the agency has acquired new facilities or made substantial expansions or modifications to the existing facility since August 20, 2012 and that the facility has installed or updated the video monitoring system, electronic surveillance systems or other monitoring technology. A tour of this facility indicated that it is replete with cameras, located strategically throughout the facility.

**Interviews:**

The facility's warden related that he and his staff have been and would be involved in any plans for modification of the facility and/or for modifications or additions to the technology monitoring systems. He related that it would involve a team approach and, of course, PREA considerations would play a vital role in the designs and equipment requested.

**Standard 115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

DAI Policy 306.00.14, Protection, requires that when an inmate, staff, contractor, volunteer or visitor is suspected of committing a crime or policy/rule violation staff will follow specific steps to preserve the evidence. It also provides specific steps to take in securing and protecting the scene. MSDF ensures that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior are referred for investigation to the Milwaukee Police Department. All referrals to law enforcement are documented. Documentation was provided to confirm that the Milwaukee Police Department is contacted in cases where potentially criminal behavior is involved.

The DOC and MSDF follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is required to be developmentally appropriate for youth, where applicable and adapted from a comprehensive and authoritative protocol developed after 2011. When DOC is not responsible for investigating allegations of sexual abuse they would request that the investigating law enforcement agency follows the requirements outlined in the standards.

To ensure that forensic evidence is collected in a uniform manner, the facility sends all victims of sexual abuse to Mt. Sinai Hospital where forensic examiners provide treatment as needed and also a forensic exam, collecting any evidence that may be on the victim or the perpetrator. Mt. Sinai is located in an area of the city close to the facility enabling quick response. The inmate handbook advises inmates about the purpose of an investigation and the physical exam.

The facility provided documentation to confirm that services, including medical and mental health care as well as ongoing support following an incident of sexual abuse or sexual harassment are provided free of charge.

**Interviews:**

The Director of forensic services at Mt. Sinai Hospital, in an interview, stated that she has 12 full time forensic examiners on staff. She related that her hospital and forensic examiners would provide a “forensic exam” and evidence collection, in addition to ancillary services related to the assault. She also stated she has Master’s Level Counselors on site to provide crisis intervention. Advocates are also accessible through the hospital.

**Standard 115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The Facility requires that all allegations of sexual abuse and sexual harassment, including reports from any source are reported and investigated. Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior are referred for investigation to the Milwaukee Police Department. All referrals to law enforcement are documented. The facility provided documentation in their Investigation Packages to confirm that the police department is called in to conduct investigations when needed. The policy describing referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, are published and maintained on the DOC’s website. Also see the website for information about reporting and investigations.

**Interviews:**

An interview with a facility investigator confirmed that internal investigators investigate administrative incidents and refer potentially criminal behavior to outside law enforcement, the Milwaukee Police Department. In cases of criminal investigations, the facility investigator related that their role would be to work with the law enforcement investigators and provide any information the facility could provide and to cooperate in any way possible. The facility investigator would be conducting a parallel investigation for administrative issues. An additional interview with the Director of the Office of Special Operations and Investigations confirmed that his office receives and conducts investigations of allegations of sexual assault and sexual harassment. He related that the criminal investigations would be conducted by the Milwaukee Police Department while administrative investigations would be conducted by the facility’s internal investigators. He stated that his investigators would work with the local law enforcement to ensure that they were able to conduct their complete investigation with the internal affairs investigators supporting their efforts while conducting an administrative investigation. At times, he related that DOC investigators will work alongside the local law enforcement agency. He also related that his investigators would receive and investigate all reports received regardless of the source of the referral or allegation.

**Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility trains all new staff members in the department’s zero-tolerance policy for sexual abuse and sexual harassment. Staff related they are receiving their PREA Training on-line through power point presentations annually. The reviewed curriculum addresses the items required in the PREA Standards. The PAQ documented that the training provided to all employees who may have contact with inmates included each of the 10 topics required by the PREA Standards. Training rosters documented that 229 Correctional Employees had received PREA Training and an additional 17 corrections staff were in the process of completing their training. An additional roster of medical and mental health staff documented that 42 staff had completed their PREA Training and an additional 23 were in the process of completing their PREA Training. The facility later provided an updated training roster to confirm all staff on the roster had completed the required PREA Training. Staff also stated they receive PREA information on a continuous basis as well.

Interviews:

100% of the 17 randomly selected staff related they received their PREA training on line through power point slides. Staff were knowledgeable of the Zero Tolerance Policy, reporting and first responding. With prompting they were able to identify other topics including signs and symptoms of victims.

### **Standard 115.32 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Executive Directive # 72, XI. Training and Education, A. Employee Training, Paragraph 2, requires that all volunteers and contractors who have contact with offenders are to be trained in accordance with the type of services and level of contact they have with offenders, on the DOC’s zero tolerance policy and on their responsibilities under the DOC’s sexual abuse and sexual harassment prevention, detection and response policies and procedures. Each volunteer or contractor is required to acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received. The facility provided a brochure entitled: “Sexual Abuse and Sexual Harassment in Confinement: A guide for Volunteers and Contractors”. This brochure discusses reporting, professional relationships, definitions, characteristics of vulnerable offenders and indicators of abuse and advises volunteers and contractors of the facility of the agency’s zero tolerance. Additionally, the facility provided a DAI Volunteer, Pastoral Visitor and Intern Orientation Program Guide, that consists of a slide presentation. The slide presentation includes information regarding the DOC’s Fraternalization Policy,

including maintaining professional boundaries, and PREA, including reporting and an acknowledgment of the DOC's procedures for detecting, preventing, and addressing sexual conduct within the institution.

A DAI Volunteer Orientation Manual addresses PREA again affirming the zero tolerance policy and reporting. The manual also states that volunteers will also receive POC-41, Sexual Abuse/Assault Prevention and Intervention and POC-54 Preventing Sexual Misconduct and Harassment. Samples of Volunteer Acknowledgments of their PREA Training were provided for review.

**Interviews:**

An interview with the Volunteer Coordinator indicated that volunteers and contractors have background checks conducted prior to services being provided. Additionally, he related the training he was provided about PREA. He stated he trains volunteers and contractors in the zero tolerance policy, reporting and how to refrain from engaging in any inappropriate contact with an inmate.

**Standard 115.33 Inmate education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The WDOC DAI "Sexual Abuse and Sexual Harassment Prevention and Intervention" Manual serves as a resource for inmates and covers the agency's zero tolerance policy prohibition against all forms of sexual misconduct. The guidebook identifies the inmate's rights to be free from sexual abuse and sexual harassment, provides important definitions, discusses tools to help keep inmates safe, how to report sexual abuse or sexual harassment, the investigation process, opportunities for support and recovery and potential consequences for violating the sexual safety of another.

Inmates watch the PREA Video entitled: "What You Should Know". This video addressed topics such as zero tolerance, reporting, definitions, emergency medical care and a host of other issues related to sexual assault and sexual harassment. Following PREA Education, Offenders write their names on the PREA Education Offender Participation Log.

A poster entitled "Zero Tolerance for Sexual Abuse and Sexual Harassment in Confinement" addresses inmate's rights, reporting, support services, investigations and consequences. DOC Form (POC-41B) "Sexual Abuse and Sexual Harassment in Confinement a Resource for Offenders, lists supportive services and local sexual assault providers.

The facility has recently implemented a "streaming video" in several intake cells to inform incoming offenders all about PREA. Too, they have implemented a procedure for providing PREA information at intake. Each inmate will be instructed to read the "What You Should Know" brochure and sign an acknowledgment that they have read it and viewed the streaming video. The facility was requested to provide documentation that offenders are receiving PREA education. Ten pages of PREA Education Logs were provided to the auditor on July 5, 2016. It should be noted the auditor had not requested this form previously. Staff later indicated that this would be another source of documentation to confirm PREA Education.

**Interviews:**

Interviews with twenty offenders, randomly selected, indicated, as best that they can remember, that they received minimal information on PREA upon admission. They related that information is provided via a poster on the intake area wall. Some stated that the intake staff told them to read the poster and about half said they read it but were not told to. Information is also in the offender handbook, which is accessible to offenders on each unit in the library. Offenders are given a folder at intake providing the brochure.

### Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Staff who investigate incidents of sexual abuse and sexual harassment are required by executive directive to receive specialized training on techniques for interviewing sexual abuse victims, proper use of *Miranda*, *Garrity* and *Oddsens* warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. Facilities are required to maintain documentation of training completion. DOC DAI Investigators receive specialized training to investigate reports of sexual abuse and sexual harassment in confinement. The reviewed PREA Power Point is very comprehensive and covers minimally the following: PREA Overview, Definitions, Dynamics of Sexual Abuse, PREA Standards, Evidence Protocol, Techniques for interviewing sexual abuse victims (including youth), Proper Use of Miranda and Garrity, Sexual Abuse evidence collection in confinement settings, criteria and evidence to substantiate a case for administrative action or prosecutorial review, reporting to inmates, staff discipline, inmate discipline and sexual abuse incident reviews. A roster confirming the training identified 12 investigators at MSDF. The roster documented that eleven (11) of the twelve (12) had completed the specialized training.

#### Interviews:

An interview with a facility investigator confirmed that she is very knowledgeable of the investigations process and was able to describe the elements of an investigation as well as how the facility treats administrative investigations versus criminal investigations. She also described the training she received from the Department, including the specialized training. An additional interview with the Agency's Chief of the Office of Special Operations and Investigations indicated that this individual is one of the most knowledgeable individuals the auditor has ever had the privilege of interviewing. He described a thorough and comprehensive investigative process including an explanation of the administrative and criminal investigation processes. Both investigators explained that facility investigators would conduct the administrative investigations while the local law enforcement would be responsible for criminal investigations.

### Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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



Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA), requires that all medical and mental health care practitioners who work regularly in a DOC facility are trained in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The reviewed power point presentation for specialized training for medical and mental health staff covered signs of abuse, reporting, preserving evidence, SANE exam, providing care, support services, responses and incident team reviews.

**Interviews:**

An interview with the health services administrator indicated that she and her staff completed specialized training as required. An interview with one of the mental health professional's indicated that mental health staff also are receiving their training as required.

**Standard 115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

DOC Policy requires offenders to be assessed within 72 hours of arrival at the facility during an initial screening for risk of being sexually abused by other offenders or sexually abusive towards other offenders. They are also screened upon transfer to another facility. The objective screening instrument includes, at minimum, the following criteria:

1. The presence of a mental, physical or developmental disability;
2. Age
3. Physical build
4. Previous incarcerations
5. Exclusively nonviolent history
6. Prior convictions for sex offenses against an adult or child

7. Is or is perceived to be gay, lesbian, transgender, intersex or gender nonconforming
8. Previously experienced sexual victimization
9. Prior acts of sexual abuse, prior convictions for violent offenses and/or history or prior institutional violence or sexual abuse
10. Offender's perception of vulnerability

In addition to the initial screening, within 30 days of arrival, the facility has to reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening. Thereafter, an offender's risk level is to be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

If either the initial or follow-up screening indicates an offender has previously experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in a community setting, employees shall ensure the offender is offered a follow-up meeting with a mental health provider within 14 days of the initial or follow-up screening. Appropriate controls are placed on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders. Any information related to sexual victimization or abusiveness occurring in an institutional setting is required to be confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law. Medical and mental health practitioners are required to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Milwaukee Secure Detention Facility does not consider lesbian, gay, bisexual, transgender or intersex identification or status as an indicator or likelihood of being sexually abusive. Policy also states that offenders may not be disciplined for refusing to answer or for failing to disclose information in regards to the assessment. The facility provided the instructions for completing the PREA Screening Tool as well as templates to be used for male, female, transferred males and transferred females.

**Interviews:**

Staff have just begun to implement victimization screening however interviews with staff who conduct screening for risk of victimization and aggression stated risk screening is conducted within 72 hours. When asked about the process, staff stated they would have access to the offender's record of offenses and additional relevant information through the DOC database. They would also review such things as medical and mental health screening as well as any other pertinent information in the statewide database.

**Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Executive Directive # 72 requires that information obtained from the initial or follow-up screening is used to inform housing, bed, work, and education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. For the purposes of education, programming, work, and recreation activities, line-of-sight monitoring by DOC staff is sufficient to maintain separation. Individualized placement determinations are required for each offender. The facility is now using information from the risk screening required by the standard or executive directive to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive however it did say the facility makes individualized determinations about how to ensure the safety of each inmate. A copy of a DOC 302.07, Factors in Assigning a Custody Classification, identifies items to consider in assigning a custody classification. One (1) of the fourteen (14) identified items to consider included “the inmate’s vulnerability to physical assault by other inmates.” The PAQ also states that the facility makes housing determinations and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.

**Interviews:**

Staff related information gained from medical, mental health and PREA screening is used insofar as possible to inform housing decisions as well as program decisions. Inmates can be separated minimally by tier. The PREA Compliance Manager did provide a diagram to indicate the housing plan for the facility including the separate locations for offenders scoring high for victimization and offenders scoring high for sexual aggressiveness.

**Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Executive Directive # 72 requires that offenders at high risk for sexual victimization are not separated from the general population 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. If an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment. The facility utilizes three forms of restrictive housing ranging from the “step down” restrictive housing in which inmates are housed in the segregated unit but out of their cells and working their way back into the general population to the “main” segregation unit, which is the most restrictive. There is one segregation unit for females and it is located on the female unit. Perpetrators would be housed in the main segregation unit. If a victim had to be housed in any form of restrictive housing for protection it would be in the “step down” unit, according to the Captain who supervises restrictive housing. The PAQ documented that there were no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment nor for longer than 30 days awaiting an alternate placement. No reviews were required.

**Interviews:**

The Captain who supervises restrictive housing related there are three forms of restrictive housing as described in the narrative above. The warden, in an interview, stated that inmates are not placed in involuntary segregation for protection. He indicated that victims would be housed, at their request for protection, in a single cell for protection.

### Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility, in compliance with DOC Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), provides multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment and employee neglect or violation of responsibilities that may have contributed to the incident.

The facility provides at least one way to report to a public or private entity that is not part of the DOC.

The reviewed Wisconsin Department of Corrections DAI, “Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates”, instructs offenders that they may report to any staff person, send a request to any staff person, call the PREA Reporting Hotline, tell a family member, friend or outside support person who may report on the offender’s behalf by telling any staff member or submitting a reporting form at [www.doc.wi.gov](http://www.doc.wi.gov), report by filing a complaint or contacting local law enforcement. The Executive Directive provides for receiving third Party reports. Instructions are provided in that document for reporting via the PREA Reporting Hotline. Dialing 777 results in a report to the DOC investigative personnel. Calls to 888 connects the offender with an agency outside the DOC.

Several posters instruct offenders how to report, including going to the DOC website and filing a report. Policy requires and staff confirmed in their interviews that employees are required to accept reports made from any source including those made verbally, in writing, anonymously and from third parties. Staff are required to immediately report this to supervisory staff and follow up with a written report prior to the end of their shift. Inmates are not detained in this facility solely for immigration purposes.

#### Interviews:

Interviews with 20 randomly selected inmates representing all of the housing units confirmed that they would know how to report sexual abuse or sexual harassment if it happened to them or others. Virtually every inmate stated they’d tell a staff, either a correctional officer, a sergeant, the unit managers or the psychological services staff. Most were aware of the hotline and a number of them indicated they could file a complaint form. All of them stated they have access to the phones, the mail and visitation. Several of the interviewed inmates stated they would use the intercom in their room to report it if it was their roommate. The majority of those interviewed believed that staff would take allegations seriously and take actions to protect the inmate.

### Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The MSDF Grievance Officer stated, in an interview, that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System are immediately redirected and referred for sexual abuse and/or sexual harassment investigation. She indicated the grievance process would cease and the complaint referred to the warden who would ensure the complaint(s) was/were investigated as required.

**Interviews:**

The grievance officer stated that grievance forms are available on all units and accessible to inmates without impediment. Grievances are then placed into a locked box and retrieved from the box by the grievance/complaint staff. She also described the entire complaint process but stated that the process stops when an allegation of sexual abuse or sexual harassment is made. These complaints, she related, are forwarded directly to the warden to handle from that point on to take whatever action he deemed appropriate at that time. Interviewed inmates rarely mentioned the Offender Complaint Process as a means that they would use to report sexual abuse or sexual harassment however when asked they did indicate that filing a grievance was an option.

**Standard 115.53 Inmate access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility provides offenders with access to outside victim advocates. Access includes providing the offenders with the mailing addresses and telephone numbers, including the toll-free hotline numbers where available. Additionally, the facility facilitates reasonable communication between offenders and outside advocacy programs and advocates in as confidential manner as possible. The Wisconsin DOC “DAI Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates, “also referred to as the “red book” by the inmates, encourages inmates who have been sexually victimized to seek assistance in recovering from the trauma and that they have ongoing, free access to medical providers for related treatment, mental health support, chaplain support and/or crisis intervention and advocacy from a local sexual assault agency. The inmates are instructed to connect with his/her facility’s Victim Services Coordinator for contact information. The booklet also states that victims may also call the toll-free national hotline for support and referrals to local resources and the toll free number is provided.

**Interviews:**

An interview was conducted with the Director/Nurse Manager for the forensic nurses at Mt. Sinai Hospital. She related she has 12 full time forensic examiners (SANES) and services would include a forensic exam, evidence collection, photographs, STI prophylaxis, including HIV prophylaxis and Plan B for female victims. She related that she also has master’s level crisis counselors who would offer services to the inmate as well as a cadre of community advocate volunteers who would be accessible to serve the inmate if he/she wanted it. The facility also has Victim Services Staff. An interview with a victim services staff indicated that she would, upon being notified that a sexual assault had occurred, talk with the victim to see if

they needed services. She stated she would also contact the psychological services staff for additional services, if needed or requested. The victim then would be provided a forensic exam and an advocate at Mt. Sinai Hospital.

#### **Standard 115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility accepts reports from any source, including third parties. Inmates are educated to understand that third parties may make reports of sexual abuse and sexual harassment on their behalf and staff are trained to accept reports from any source, including third parties. The Agency Website provides a means for any individual to make a third party report. The Website provides clear instructions on how to make a report, the information needed and to have it investigated.

#### **Interviews:**

Staff rarely mentioned third party reporting but when prompted about how they would handle a third party report stated these reports would be taken seriously and handled like any other report. In addition to a verbal report being made to their immediate supervisor staff stated they would complete an incident report immediately if possible and not later than the end of the shift. Inmates who were interviewed rarely mentioned third party reporting as one way to report allegations of sexual abuse but when asked if they could have their relatives, their attorneys or friends make a report for them they all responded in the affirmative but again the majority related they would just tell staff.

#### **Standard 115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Facility employees accept reports made verbally, in writing, anonymously, and from third parties. They are also required to promptly document any verbal reports or information related to them verbally as well as 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 DOC. They are also required to report any incidents of retaliation against offenders or employees who reported such an incident as well as any employee neglect or violation of responsibilities that might have contributed to the incident. Reviewed investigation reports and interviews with staff confirmed that staff are reporting as required.

**Interviews:**

Every interviewed staff stated that they would take all allegations, suspicions or reports seriously and report it and let someone else decide if it was valid. They also stated they would accept reports from any source. They related they would initially and immediately make a verbal report to their immediate supervisor and follow up with a written report as soon as possible while the facts were still fresh and not later than the end of the shift.

**Standard 115.62 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility takes immediate action to protect the offender when staff learn that an offender is subject to a substantial risk if imminent sexual abuse. The PAQ reported that there were not any cases during the past twelve months in which an offender reported or was determined to have been subject to a substantial risk of imminent sexual abuse.

**Interviews:**

Staff generally described, in their interviews, the same steps they would take if there was a report or allegation of an assault. They consistently stated they would separate the potential predator from the victim. They indicated they would report it immediately to their supervisors and keep the victim safe until a decision could be made regarding housing options. They also affirmed they would follow up the verbal report with a written report as soon as possible and not later than the end of the shift. The Warden related that staff would be expected to protect the offender and probably place him/her in segregation until the facts could be sorted out because the offender may actually have more than one to fear and prior to putting him/her back into the general population more facts would be needed. The potential victim could be placed in one of the less restrictive housing arrangements. The potential perpetrator would be placed in segregation until an investigation was completed or until he/she were transferred to another facility. Staff indicated that if the allegation was against a staff member, the inmate would be placed in another housing unit. The warden indicated the staff would be placed on administrative leave until an investigation was conducted.

**Standard 115.63 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Although the facility reported that they have not received any allegations during the past 12 months that an offender was the victim of sexual abuse at another facility, the MSDF requires that within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information is reported to the head of the facility where the alleged abuse occurred. Notifications are required to be documented and the warden receiving that notification ensures that the allegation is investigated.

**Interviews:**

An interview with the warden indicated that he understands the requirements of the standard and policies related to reporting to the Warden of the receiving facility. He then stated he would ensure that an investigation is conducted just like any other allegation of sexual abuse.

**Standard 115.64 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Staff at MSDF, upon learning of an allegation that an offender was sexually abused, are trained to separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and request that the victim not take actions that would degrade or destroy physical evidence, including showering or washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

**Interviews:**

Staff were generally able to describe a full range of actions they would take upon receiving information that an inmate had been sexually assaulted. All of them indicated they would report it immediately and separate the alleged perpetrator from the alleged victim and secure the scene. Although they did not often go beyond that, when asked or prompted about any actions they would take to protect the evidence, they stated they would inform the offenders not to shower, change clothes, brush their teeth or use the bathroom

**Standard 115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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



The facility provided a flow chart describing the actions to be taken by different departments and staff. Staff were trained in the coordinated response plan. They also provided, as part of the corrective action plan, the facility specific coordinated response plan.

**Interviews:**

Interviews with randomly selected staff, specialized staff, including medical and mental health, and administrators indicated that they are all aware of their roles in responding to an incident of sexual abuse.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

MSDF Staff are state employees and are not members of a union therefore the facility is not involved in collective bargaining. State employees may be removed from the facility in compliance with the Department’s Personnel Policies.

**Interviews:**

Interviews with the warden and facility staff confirmed that staff at the facility are state employees and are subject to Wisconsin DOC personnel policies and can be removed from contact with offenders as a result of an allegation of sexual abuse or sexual harassment. The warden related that in the event of an allegation of sexual abuse he would probably place the staff on administrative leave until an investigation was completed and if substantiated he would terminate the employee.

**Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

DOC Policy requires the facility to designate an employee or employees to monitor retaliation to ensure that offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected. MSDF complies with that policy and has designated the Victim Services Staff as monitors for retaliation. Policy also requires that for at least 90 days following a report of sexual abuse, the facility's retaliation monitor monitors the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who were reported to have experienced the sexual abuse to determine if retaliation occurred. For offenders, monitoring will include periodic status checks. The expectation of the facility is that monitoring will continue beyond 90 days and as long as necessary to ensure offender's and staff are not experiencing retaliation.

The facility reported that there have been no cases or times that an incident of retaliation occurred in the past twelve months.

#### **Interviews:**

The Agency's PREA Coordinator advised that victim services staff have been trained to monitor retaliation. As a result of a corrective action plan, the victim services staff will now utilize the Department of Corrections Forms for documenting the monitoring process. The facility PREA Compliance Manager stated there have been no cases involving allegations or concerns related to retaliation during the past 12 months.

#### **Standard 115.68 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility uses restricted housing to protect an offender who is alleged to have suffered sexual abuse only as a last resort when there are no other less restrictive options available at the time and then only until an alternative arrangement can be made for the offender. The facility (MSDF) has several additional options beyond administrative segregation. These include the less restrictive "step down" restrictive housing arrangements. Offenders who are at high risk for sexual victimization are not separated from the general population 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. The offender may be held involuntarily separate from the general population for less than 24 hours while an assessment is being conducted to determine more appropriate housing. The facility provided a diagram/housing plan that they use to house and protect offenders, including beds identified for potential victims and where options are limited, as in the female unit, by housing offenders with the potential to abuse on one tier and those with the potential for victimization on another tier. For male offenders who, as a result of the victimization and abusiveness screening, are identified as having potential for being a victim the options are to place offenders with the potential for victimization on the north side of the specified units and aggressors on the south side. Housing for transgender offenders is determined on a case by case basis however wherever the offender is placed, transgender offenders will be afforded a single room and be provided the opportunity to shower separately.

The facility reported that there was one inmate placed in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment.

### Interviews

The Warden stated that he does not put inmates who are victims of sexual abuse in “involuntary” segregation. He indicated that he would prefer to use any of the “step down” restrictive units that would afford protection for the inmate in a less restrictive environment. None of the interviewed inmates indicated they had ever been sexually abused in this facility so they were not aware of whether or not a victim would be placed in segregation.

### Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Executive Directive 72 requires that allegations of sexual abuse and sexual harassment require an administrative investigation by facility PREA Investigators who have received specialized training and that these are conducted promptly, thoroughly and objectively. MSDF provided documentation to confirm that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. MSDF has investigators who have been trained to conduct investigations in confinement settings however if the allegations are or are potentially criminal the Milwaukee Police Department will conduct the investigation, often in tandem with the facility investigator. Documentation was provided to confirm that the police have been involved in responding to and investigating cases at the facility. MSDF investigators have been trained to follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions. The investigative process at MSDF was explained and is consistent with DOC Policy and Executive Directive # 72. The described process requires that investigators preserve and/or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. It addresses the credibility of victims, suspects and witnesses and prohibits investigators from requiring a victim to submit to a polygraph exam or other truth-telling device as a condition for proceeding with an investigation. The interviewed facility investigator and a later interview with the agency’s Director of Special Operations and Investigations indicated that investigators have been well trained and are very knowledgeable of the investigative process. Administrative investigations include an effort to determine whether employee actions or failures to act contributed to the abuse and the Department imposes no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. Investigations are documented in a written report that is required to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years. Copies of completed investigations were provided and reviewed. The processes documented compliance with the standard. Policy prescribes a format for administrative investigative reports, including a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings. The Directive also requires that the departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, will not provide a basis for terminating an investigation. The staff of the MSDF reported that they have good relations with the Milwaukee Police Department consequently they are able to secure information related to criminal investigations.

The facility reported that seven (7) substantiated cases of conduct that appeared to be criminal were referred for prosecution since August 20, 2012. The facility provided a file containing all of the investigations conducted during the past 12 months. Six reviewed investigations contained the following format: DAI Investigation Page, Investigation Report, Evidence Log, Chronological Summary and Conclusion. One of the reviewed investigations resulted in calling in the Milwaukee Police Department. Documentation in the reports confirmed staff taking allegations seriously as well. There was documentation of staff separating the alleged victim from the alleged perpetrator. Additionally, documentation contained in a report indicated that an inmate did not feel safe and reported it to the custody staff who immediately removed the offender and placed him in the day room where he could watch and protect him until decisions could be made about housing arrangements.

**Interviews:**

Interviews with staff confirmed that they would take all allegations of sexual abuse, sexual harassment and allegations of retaliation seriously and would report to their immediate supervisor and that they would be investigated in compliance with DOC Policy. An interview with a facility investigator and the Chief of the Office of Special Operations and Investigations confirmed the investigation process. Interviewed staff, including randomly selected and specialized were aware of who would investigate administrative and criminal allegations.

**Standard 115.72 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Executive Directive # 72 requires that the DOC investigators impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated.

**Interviews:**

Interviews with staff indicated that the standard utilized for determining whether or not a case is substantiated is the preponderance of evidence. Investigators indicated the standard for substantiating an allegation would be the preponderance of the evidence (more likely than not) and nothing more stringent than that.

**Standard 115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive # 72 requires that following an investigation of an allegation that an offender suffered sexual abuse in a DOC facility, the facility informs the alleged victim as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded and documents the notification. If the MSDF investigators did not conduct the investigation relevant information from the investigative agency is requested in order to inform the alleged victim.

Staff at the MSDF reported that they have very good relations with the Milwaukee Police Department and remaining informed of the progress of an investigation is not hard to do. The DOC’s obligation to report terminates if the alleged victim is released from custody. The Executive Directive also requires that following an offender’s allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the DOC informs the alleged victim whenever the employee is no longer posted within the alleged victim’s unit; the employee is no longer employed at the facility; or the DOC learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The notification is documented. The facility provided copies of notification templates for the following: unfounded, unsubstantiated and substantiated. Each of these explains what the “term” means and advises inmates that they should be free from retaliation and should report it if it occurs. Too they are advised to contact the Victim Services Staff for additional information if needed. The facility, as part of corrective action, provided the auditor with a memo to each of the victim services staff advising them to ensure they are using the Wisconsin DOC notification form when advising offenders of the results of an investigation.

#### **Interviews:**

Interviews with staff confirmed that inmates are notified of the outcomes of investigations in compliance with the PREA Standards.

#### **Standard 115.76 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Staff members who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions up to and including termination. Executive Directive # 72 requires that the sanction is commensurate with the nature and circumstances of the violation, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. At MSDF, termination is the presumptive sanction for a staff member who engaged in sexual abuse. Terminations, including resignations for violations of DOC sexual abuse and sexual harassment policies are required to be reported to relevant licensing bodies as well as resignations that would have resulted in termination if not for the resignation, are reported to relevant licensing bodies.

Volunteers or contractors who engage in sexual are prohibited from contact with offenders and are reported to relevant licensing bodies.

The facility PAQ documented that there were no allegations in the past 12 months in which staff have violated agency sexual abuse or sexual harassment policies. There were also none reported who were disciplined short of termination and none reported to law enforcement or to any relevant licensing boards.

**Interviews:**

The warden indicated in an interview that staff committing sexual abuse would be terminated. He also related that his staff are not union employees and he can impose any sanction authorized by the Department. It was evident from the interview the Warden is serious about PREA and that he would take the appropriate actions permissible by his department.

**Standard 115.77 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Executive Directive # 72 and MSDF requires that any volunteer or contractor who engages in sexual abuse be prohibited from contact with offenders and reported to relevant licensing bodies. Appropriate remedial measures are required to be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors. The facility reported on the PAQ that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

**Interviews:**

The facility’s warden stated that any contractor involved in sexual abuse or sexual harassment would be barred from the facility until an investigation could be completed. He also related that he cannot terminate a contract employee but he can stop them from coming into the facility. He also related that he would contact the contractor’s employer and if he did not terminate the employee he would stop using the contractor.

**Standard 115.78 Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

MSDF requires that any offender who has committed offender-on-offender sexual abuse is subject to disciplinary sanctions pursuant to a formal disciplinary process and that the sanctions are commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories. Executive Directive # 72 requires that juveniles who have been removed from general population are not denied daily large-muscle exercise, access to educational programming or special education services and should include, to the extent possible, access to other programming and work opportunities. They are also required to receive daily visits from a medical or mental health clinician. The directive also required that the disciplinary process consider whether a perpetrating offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence to substantiate the allegation. The facility reported 8 administrative findings of guilt for inmate on inmate sexual abuse that have occurred in the facility during the past 12 months. None of those were criminal findings. As a part of corrective actions, the facility provided samples of conduct reports documenting that offenders were being disciplined and held accountable for violations of the facility's sexual abuse and sexual harassment and sexual misconduct policies and procedures.

**Interviews:**

Interviews with staff confirmed that offenders would be disciplined in compliance with DOC policy.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Wisconsin Executive Directive # 72 requires that If either the initial or follow-up screening indicates an offender has previously experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in a community setting, employees ensure the offender is offered a follow-up meeting with a mental health provider within 14 days of the initial or follow-up screening. MSDF in compliance with DOC Policy has placed controls on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders. Staff related that information related to sexual victimization or abusiveness occurring in an institutional setting is treated as confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law. Medical and mental health practitioners are required by Executive Order # 72 to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

**Interviews:**

A staff who conducts the victimization/aggressor screening related that all screenings are completed within 72 hours of admission. Information staff would consider in the screening include reviewing the offender's present and past offenses, present and past involvement in crimes with violence, mental health and medical screening. Staff related they would access the Department's Database to review the offender's crimes, any previous institutional behavior, incident reports and a statewide data base which has information input into the system from Wisconsin Law Enforcement as well as Probation and Parole case notes. None of the reviewed assessments documented prior sexual abuse and none of the 20 interviewed offenders related, when asked, if they had reported prior victimization. Staff related that if an offender disclosed prior victimization during a medical screening, the nurse conducting the screening would contact the PSU (Psychological Services Unit) to get them engaged with the offender "right away".

**Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Offenders at the Milwaukee Secure Detention Facility have access to emergency medical and mental health. The facility is well staffed with mental health professionals on each floor as well as a number of medical staff including a health services administrator, registered nurses, nurse practitioners and a medical doctor. The physician is at the facility Monday through Friday. Another physician provides services on Wednesday. Emergency services are available on site 24/7 or through the Mt. Sinai Hospital located close to the facility in downtown Milwaukee. Emergency and forensic services are provided at Mt. Sinai Hospital. All medical and mental health treatment services at the Milwaukee Secure Detention Facility are provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care. The facility uses Mt. Sinai Hospital for emergency treatment services and forensic exams (See interview below).

**Interviews:**

The health services administrator for MSDF related that medical's role in a sexual assault would be to render any first aid to stabilize the inmate and prepare him/her for transport to the hospital for treatment and a forensic exam. The facility would send the offender to Mt. Sinai Hospital located close to the MSDF. An interview with the Director of Forensic Services at the hospital confirmed that they are aware of the MSDF and would readily provide services to the inmates from there. She explained that she has 12 full time forensic examiners on staff to conduct the exams, take photos of any injuries and collect any forensic evidence. She stated they would also provide STI/HIV prophylaxis and Plan B for female victims. Additionally, she related she has masters level counselors on staff as well as advocates who would accompany the inmate throughout the entire process if he/she requested it. The MSDF Health Services Administrator indicated that following the offender's release from the hospital the facility would provide follow-up care based on orders from the hospital. The facility then would provide follow-up mental health services with the offender as well.

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

- Exceeds Standard (substantially exceeds requirement of standard)



- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

MSDF staff offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of victims includes, 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.

**Interviews:**

Mental health staff and medical staff confirmed that they would provide on-going care and provide services for victims of sexual abuse. (See interview at 115.82).

**Standard 115.86 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

MSDF conducts a review within 30 days of the conclusion of a sexual abuse investigation unless the allegation was determined to be unfounded. The team consist of upper level management officials with input from supervisors, investigators and medical and mental health practitioners. The review team considers all of the items required in the PREA standards.

**Interviews:**

Interviews with the Warden and PREA Compliance Manager indicated the facility reviews all major incidents and all sexual abuse incidents following the conclusion of an investigation. The review is conducted within 30 days of the concluded investigation.

**Standard 115.87 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The Wisconsin DOC collects accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The extracted data, at minimum, includes the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data is aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.

### **Standard 115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

As with all major incidents the facility and the agency reviews the data they collect to determine if there are actions the facility or agency needs to take to improve its approach to prevention, detection, response and reporting of sexual abuse. The Warden and administrative staff related how that information would be used to develop corrective action plans as needed.

### **Standard 115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility complies with the PREA Standards related to storing data and destroying it. The agency makes annual reports available on the agency’s website.

Sexual abuse data is retained and maintained for at least 10 years after the date of the initial collection.

**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.

Robert Lanier

December 22, 2016

Auditor Signature

Date