

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: November 10, 2015

Auditor Information	
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Telephone Number:	505-977-7607
Date of Facility Visit:	August 10-12, 2015
Facility Information	
Facility name:	Wisconsin Secure Program Facility (WSPF)
Facility physical address:	1101 Morrison Drive, Boscobel, WI 53805
Facility mailing address:	PO Box 1000
Facility telephone number:	608-375-5656
The facility is:	<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
Facility type:	<input checked="" type="checkbox"/> Prison <input type="checkbox"/> Jail
Name of facility's Chief Executive Officer:	Warden Gary Boughton
Number of staff assigned to the facility in the past 12 months:	251
Designed facility capacity:	501
Current population of facility:	430
Facility security levels/inmate custody levels:	High Security and Segregation
Age range of population:	18 and above
Name of PREA Compliance Manager:	Mark Kartman Title: Security Director
Email address:	Mark.Kartman@Wisconsin.gov Telephone number: 608-375-5656 ext. 3200
Agency Information	
Name of Agency:	Wisconsin Department of Corrections.
Governing authority or parent agency:	(If applicable)
Physical address:	3099 East Washington Avenue, Madison, WI 53707
Mailing address:	(If different from above) SAA
Telephone number:	608-240-5000
Agency Chief Executive Officer	
Name	Edward Wall Title: Secretary
Email address:	Edward.Wall@wisconsin.gov Telephone Number: 608-240-5065
Agency-Wide PREA Coordinator	
Name:	Christine Preston Title: PREA Director
Email address:	Christine.Preston@wisconsin.gov Telephone Number: 608-240-5113

AUDIT FINDINGS

NARRATIVE: On August 10-12, 2015 Shannon McReynolds, a USDOJ certified PREA auditor, conducted an on-site visit as part of PREA audit of the Wisconsin Secure Program Facility (WSPF) in Boscobel, Wisconsin. The facility point of contact was Mark Kartman, Security Director and PREA Coordinator for the Wisconsin Secure Program Facility and the agency contact was Christine Preston. The pre-audit activities included a review of facility policy, and documentation reflecting that processes were actually employed to prevent, detect, and respond to sexual victimization. Ms. Christine Preston supplied the documentation provided for pre-audit reviews and activities, and subsequently provided additional documentation necessary to make conclusive findings for the audit. The on-site visit consisted of an inspection of every housing unit, all critical service areas, program areas, maintenance buildings, and administrative offices.

In addition to document reviews and facility inspection, six random staff members were interviewed, including senior management, case managers, medical staff, behavioral health staff, members of the sexual abuse fifteen inmates were interviewed as part of the audit, including those who self-identified as part of the LGBTI community at the facility, LEP inmates, and inmates who were screened as being at high risk for sexual victimization. Further, Paula Schoenberg from Family Advocacy Inc., a rape crisis center was interviewed. The mission of the Wisconsin Secure Program Facility is to safely and humanely house, manage and control inmates in a secure setting. The Wisconsin Secure Program Facility also provides inmates with the opportunity to acquire skills needed for their eventual progression into less secure correctional environments. The facility has 501 beds and an average daily population of 430.

Unique features of the WSPF include:

1. Single-bunk cells;
2. A relatively stable inmate population with an average length of stay of 953 days;
3. A 180 bed segregation unit for high risk inmates.

The facility reports that there have been 40 reports of sexual abuse by inmates at the facility within the past 12 months. Criminal investigations are conducted by the Grant County Police Department.

DESCRIPTION OF FACILITY CHARACTERISTICS:

WSPF is comprised of five buildings with five housing units of predominantly single-bed cells. The building is equipped with video monitoring cameras to supplement rounds by security staff at the entrances to each building as well as in the corridors of each building. The physical plant also includes a food service facility, maintenance storage buildings, and administrative offices.

WSPF also has education and substance abuse programs available to inmates.

SUMMARY OF AUDIT FINDINGS:

Inmates who were interviewed all cooperated with the interview process and those who alleged victimization freely disclosed those allegations of sexual abuse. Most inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they had received education on PREA through printed material. No inmates had been through the formal PREA screening process, though corrective action has since been taken to ensure the screening of all inmates. All inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they knew the various mechanisms for reporting sexual abuse.

WSPF staff cooperated with the interviews and all expressed support for the goals of PREA. All staff indicated that they had received training on PREA, which was delivered through an on-line training module, and which was corroborated by training logs. WSPF relies on Family Advocacy Inc. to provide advocacy services to victims of sexual abuse. Paula Schoenberg of Family Advocacy Inc. indicated that their protocol for SANE exams and victim advocacy are based on the National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents.

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

Standard**Number here: 115.11,** Zero Tolerance of sexual abuse and sexual harassment; Prison Rape Elimination Act (PREA) coordinator

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.11 has three elements that the facility must meet for a finding of "meets standard".

The first element requires a written policy mandating zero tolerance towards all forms of sexual abuse and harassment and an outline of the agency's approach to preventing, detecting, and responding to such conduct. Executive Directive #72, Section V, page 4 establishes the zero tolerance policy for all forms of sexual abuse and harassment and outlines the facility's approach to preventing, detecting, and responding to such conduct by mandating training for staff (including first-responder training) and inmates, screening staff and inmates, and providing a multi-route reporting mechanism. Further, WSPF has a written MOU with a local sexual assault advocacy group through whom inmates can receive services. Thus the facility meets this element.

The second element requires that the agency employ an upper-level agency-wide PREA coordinator with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. WSPF produced documentation showing PREA Director Christine Preston as the Agency's PREA coordinator, who reports directly to the Deputy Secretary. Ms. Preston reported in her interview that she has sufficient time to develop, implement, and oversee efforts to comply with PREA. Thus the facility meets this element. The third element requires that each facility designate a PREA Compliance Manager with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. WSPF produced documentation showing Security Director Mark Kartman as the PREA Compliance Manager for WSPF. In his interview, he indicated that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

RECOMMENDATION: None

Standard**Number here: 115.12** Contracting with other entities for the confinement of Inmates.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.12 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that contracts with private agencies or other entities include the entities obligation to adopt and comply with the PREA standards. Information provided in an interview with Mr. Kartman and an email provided by Ms. Preston indicate that the Wisconsin Department of Corrections does not contract with any private facilities or other entities to house inmates, so the audit tool shows "N/A". Thus the facility meets with this element.

The second element requires that new contracts or contract renewals provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. As previously noted, the interview with Mr. Kartman and the email provided by Ms. Preston indicate that the Wisconsin Department

of Corrections does not contract with any private facilities or other entities to house inmates, and in that case, the audit tool instructs that the standard is "N/A". Thus the facility meets this element.

RECOMMENDATION: None

Standard

Number here: 115.13 Supervision and monitoring

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.13 has four elements that a facility must meet for a finding of "meets standard". The first element requires that the facility develop, document, and make best efforts to comply on a regular basis with a staff plan that provides for adequate staffing and video monitoring, and take into consideration 11 conditions. The facility produced a staffing schedule and a plan that specifically addressed each of the 11 conditions consistent with the facility's mission and population size. The tour of the facility confirmed that assigned staff and supervisors were actually at their assigned post. The second element requires that where the staffing plan is not complied with, the facility documents and justifies the deviation. WSPF reports that there have been no deviations from staffing plan and that staffing shortages are addressed through the use of overtime. Thus the facility meets this element. The third element requires that at least once each year, the agency, in consultation with the PREA Coordinator, assess, determine, and document where adjustments are needed to the staffing plan, technology assets, and resources to ensure adherence to the staffing plan. The facility produced their first Annual Review of Staffing. Thus the facility now meets this element. The fourth element requires that the facility have a policy requiring supervisors to conduct and document unannounced rounds for all shifts and that staff are prohibited from alerting other staff that these supervisor rounds are occurring. Executive Directive #72, Section IX.D has these requirements, and logs provided by WSPF show that unannounced supervisor rounds are occurring on each of the three shifts. In an interview with a supervisor, the supervisor indicated that he makes unannounced rounds on a random basis in order to prevent staff from alerting other staff that he is making those unannounced rounds. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.14 Youthful inmates

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.14 has three elements that a facility must meet for a finding of "meets standard". The first element requires that youthful inmates will not be placed in a housing unit where they will have sight, sound, or physical contact with adult offenders through the use of shared day rooms, shower areas,

or sleeping quarters. WSPF reports that they have no youthful offenders and the audit tool instructs that in this case, the element is non-applicable. Thus the facility meets this element.

The second element requires that outside of the housing unit sight and sound separation is maintained for your offenders or that there is direct supervision when youthful inmates have contact with adult offenders. WSPF reports that they have no youthful offenders and the audit tool instructs that in this case, the element is non-applicable. Thus the facility meets this element.

The third element requires that agencies make its best efforts to avoid placing inmates in isolation and do not deny youthful inmates daily large muscle exercise or legally required education services. WSPF reports that they have no youthful offenders and the audit tool instructs that in this case, the element is non-applicable. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.15 Limits to cross-gender viewing and searches.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.15 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility shall not conduct cross-gender strip searches or cross gender body cavity searches except in exigent circumstances or when performed by medical practitioners. DAI Policy #306.17.02 has language prohibiting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by medical practitioners. Thus the facility meets this element. The second element in the standard has a date parameter starting August 20, 2015 and it requires a prohibition on cross-gender pat searches of female inmates, absent exigent circumstances, and that female inmates will not have access to programs restricted in order to comply with this element. DAI Policy # 306.17.02 reflects this requirement. Additionally, WSPF is a facility that houses male inmates exclusively. Thus the facility meets this element.

The third element in the standards requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. DAI Policy # 306.17.02 reflects this requirement. Interviews with staff and inmates established that cross-gender strip searches and visual body cavity searches have not occurred at WSPF. Thus the facility is determined to be meeting the intent of this element.

The fourth element requires that the facility have policies and procedures that enable inmates to shower, perform bodily functions and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances, and that opposite gender staff announce themselves when entering the housing unit. Executive Directive 72, Section IX, page 6 prohibits cross-gender viewing and requires opposite gender staff to announce their presence when entering a housing unit. A tour of the shower and toilet areas in the housing units indicates that there are adequate visual barriers to prevent opposite gender viewing. The tour of the facility also evidenced a unique protocol for announcing a staff member of the opposite gender in the unit, in that when the female staff enter the unit, they a ring tone over the intercom system announces their entrance. Interviews with inmates confirm that when opposite gender staff enter the unit, the ring tone alerts them of the staff member's presence. Thus the facility meets this element.

The fifth element in the standard requires that the facility shall not perform strip-searches or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. DAI Policy # 306.17.02 prohibits such searches. The interviews with the intake staff indicate that they do

not perform such searches. The auditor identified one inmate who identifies as a transgender inmate in the facility. During the interview with that inmate, he identified as being transgendered and indicated that he had not been stripped searched while at WSPF for the sole purpose of determining his genital status. Thus the facility meets this element.

The sixth element requires that security staff receive training in conducting cross-gender pat down searches and searches of transgender and intersex inmates in the least intrusive manner possible, consistent with security needs. The lesson plan on searches includes training on cross gender searches and searches of transgender and intersex inmates. Interviews of staff establish that staff have received this training. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.16 Inmates with disabilities and Inmates who are limited English proficient.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.16 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency shall take *appropriate* steps to ensure inmates with disabilities have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse, including the use of written materials, interpreters, etc. DAI Policy # 300.00.35 has this requirement. The facility also provided written materials available for hearing impaired inmates. However, no material was provided to show that those with developmental disabilities or who are sight impaired received information on preventing, detecting, and responding to sexual abuse. As corrective action, the facility has since acquired material for inmates with developmental disabilities and who are sight impaired. Thus the facility now meets this element of the standard.

The second element of the standard requires that the agency shall take *appropriate* steps to ensure meaningful access to the facility's efforts for inmates who are limited English proficient, including the use of interpreters. A tour of the facility revealed PREA posters in Spanish. The facility also has an LEP Office that can provide interpreter services to inmates. DAI Policy # 300.00.61 also reflects these requirements. The facility identified inmates who were LEP, and interviews with them confirmed that they had received PREA information in a format that they could understand. Thus the facility meets this element.

The third element of the standard requires that the facility shall not rely on inmate interpreters except in limited circumstances. Executive Directive #72, section XVI.A.4 reflects this requirement, and the facility identified an employee who serves as an interpreter for inmates. Staff indicated in interviews that in the case of a sexual assault, they do not use other inmates to interpret for the victim. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard**Number here: 115.17** Hiring and promotion decisions.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.17 has eight elements that a facility must meet for a finding of "meets standard".

The first element of the standard requires that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates and who have engaged in certain prohibited behaviors. A review of Executive Directive #72, Section VI.A.3 has language prohibiting the hiring or promotion of those who have engaged in those prohibited behaviors. The Human Resources Director indicated in her interview that the facility does not hire or promote anyone who has engaged in the prohibited behaviors. Thus the facility meets this element.

The second element requires that the agency consider incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. Executive Directive #72, Section VI.A.3 has language that requires considering incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. In an interview, the Human Resources Director confirmed that the facility considers incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. Thus the facility meets this element.

The third element requires that the agency conduct a criminal background check on new employees and make best efforts to contact prior institutional employers for information of substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation. Executive Directive #72, Section VI.A.3 requires such reviews, and a review of the documentation provided and of personnel documents indicated that criminal background checks are being conducted on new employees. In an interview, the Human Resources Director indicated that prior institutional employers are contacted to acquire information related to substantiated allegations of sexual abuse or any resignation. Thus the facility meets this element.

The fourth element requires that criminal background checks are conducted on contractors. There was no policy statement requiring background checks on contractors. However, the pre-audit questionnaire indicates that 34 contractors had background checks performed on them. The Department's policy on background checks defines contractors as employees on whom background checks are performed, thus the facility meets this element

The fifth element requires that the facility conduct criminal background checks on employees at least every five years, or have some other system of capturing such information. Executive Directive #72 Section VI.A.3 has language requiring background checks on employees at least every five years. Because the standards requiring the 5-year background check went into force only three years ago there has not been a sufficient passage of time to measure whether the 5-year background checks have been performed. Nevertheless, due to the policy statement, the facility is determined to be meeting the intent of this element.

The sixth element requires that the agency ask all applicants and employees about misconduct in written applications or interviews or self-evaluations, and that employees have an affirmative duty to disclose misconduct. The initial review of documentation provided by WSPF did not include a policy statement that supports this requirement. Executive Directive #72 was updated to include a policy statement requiring that employees are required to disclose instances of sexual misconduct and that failure to disclose such information is grounds for termination. Thus the facility now meets this element of the standard.

The seventh element requires that material omissions or false information are grounds for termination. A review of documentation provided did not reveal a policy statement that material omissions or false

information are grounds for termination. The corrective action on this element was that policy needed to be revised to include language that supports this element. The facility now meets this element of the standard.

The eighth element requires that unless prohibited by law, the agency shall provide information on substantiated allegations involving former employees upon receiving a request from an institutional employer for whom the employee has applied to work. Executive Directive #72 Section VI.A.3 has language supporting this requirement. Thus the facility meets this element of the standard.

RECOMMENDATION: None

Standard

Number here: 115.18 Upgrades to facilities and technologies.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.18 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that when designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect on the agency's ability to protect inmates. WSPF has had a substantial expansion or modification since August 20, 2012. However, no analysis was provided to show the consideration of the impact of modifications to the facility. Warden Broughton Security Director Kartman indicated in their interviews the considerations of how the upgrade would enhance the protection of inmates. As corrective action, the facility has since produced the written analysis of the impact of modifications to the facility. Thus the facility now meets this element of the standard.

The second element requires that when installing or updating a video monitoring system or other monitoring technology, the agency must consider how it will enhance the agency's ability to protect inmates from sexual abuse. WSPF has enhanced its video monitoring capability but did not provide documentation showing that consideration was given to how the upgrade would enhance the protection of inmates. However, both Warden Broughton Security Director Kartman indicated in their interviews the considerations of how the upgrade would enhance the protection of inmates. As corrective action, the facility has since produced the written analysis of how the modifications to the monitoring system will enhance the agency's ability to protect inmates from sexual abuse. Thus the facility now meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.21 Evidence protocol and forensic medical exams.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.21 has eight elements that a facility must meet for a finding of "meets standard".

The first element requires the facility follow a uniform evidence protocol. DAI Policy # 300.00.14 contains the facility's evidence collection protocol. Interviews with an investigator, Mr. Broadbent, show that he is familiar with the protocol. Thus the facility meets this element.

The second element requires that the protocol be based on or adapted from the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. A review indicated that the evidence protocol they use is materially compliant with "A National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents. Thus the facility meets this element.

The third element requires that the agency shall offer all victims access to forensic medical exams without cost where medically or evidentiarily appropriate performed by a SANE or SAFE and that the facility shall document efforts to provide SANEs or SAFEs. Executive Directive #72 requires that victims receive SANE exams. Thus the facility meets this element.

The fourth element requires that the facility attempt to make available to the victim a victim advocate from a rape crisis center and if unavailable, the facility shall document its attempts to make one available. WSPF provided a copy of an MOU with Family Advocacy Inc., a Rape Crisis Center providing service in Boscobel. A telephonic interview with Paula Schoenberg of Family Advocacy Inc. confirmed that they provide victim advocates to the facility. Thus the facility meets this element.

The fifth element requires that, as requested by the victim, the victim advocate shall accompany and support the victim through the exam process and the investigatory process and provide emotional support, crisis intervention, information and referrals. The MOU with Family Advocacy Inc. requires the facility to allow the victim advocate to support the victim throughout the exam and investigation, and a telephonic interview with Paula Schoenberg confirms that a victim advocate may accompany the victim through the exam process and investigatory process if the victim requests. Interviews with inmates confirm that they are aware that they can have access to a victim advocate. In view of the policy requirement, the MOU, and the interview with Ms. Schoenberg, the facility is meeting the intent of this element.

The sixth element requires the agency request that outside investigating agencies follow the requirements enumerated thus far. DAI Policy #300.00.14 requires the facility to do this. An interview with Paula Schoenberg confirms that in the event of a sexual abuse investigation, the Grant County Police Department complies with elements a through e. Thus, the facility is meeting the intent of this element.

The seventh element requires that outside state agencies or DOJ component that conduct investigations comply with all the elements of this standard. However, guidance from the PRC indicates that this element is to be counted as N/A.

The eighth element requires that those persons providing advocacy services be screened for appropriateness and received education concerning sexual assault and forensic exams. However, guidance from the PRC indicates that this element is to be counted as N/A.

RECOMMENDATIONS: None.

Standard

Number here: 115.22 Policies to ensure referrals for investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.22 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that an administrative or criminal investigation be completed for all allegations. DAI Policy # 300.00.147 requires that an investigation be completed for all allegations of sexual abuse and

sexual harassment. A review of investigation records shows that investigations are completed on all allegations. Based on the policy statement and review of investigation records, the facility meets this element.

The second element requires that the agency shall have a policy that all allegations rising to the level of criminal violations are referred for investigation by an agency with legal authority to conduct criminal investigations and that the referral is documented, and that policy is on the website. DAI Policy # 300.00.14 addresses referrals for criminal investigations. However, the policy was not available on the Wisconsin DOC website. The Policy has since been placed on the Department's website, thus the facility now meets this element of the standard.

The third element requires that if a separate entity is responsible for criminal investigations, that the policy describes the responsibilities of the agency and the investigating entity. DAI Policy # 300.00.14 includes a description of the role of the investigating entity for a finding of meets for this element. Thus the facility meets this element.

The fourth element requires that any state entity responsible for investigations in a prison or jail shall have a policy governing the conduct of investigations. The audit tool designates this element as N/A.

The fifth element requires that any DOJ component responsible for conducting criminal investigations or administrative investigations have in place a policy governing the conduct of such investigations. The audit tool designates this element as N/A.

RECOMMENDATIONS: None.

Standard

Number here: 115.31 Employee Training

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.31 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency train all employees on 10 different topics related to PREA. Executive Directive #72, Section XI.A.1 requires employees to receive training. A review of the lesson plan determined that the topics are covered. A review of training logs determined that staff are receiving the training. Interviews with staff confirm that they and received and understand the training. Thus the facility meets this element

The second element requires that training is tailored to the gender of the inmates at the employee's facility and that if an employee is re-assigned to a facility that houses a different gender then they will receive additional training. WSPF houses only male inmates and a review of the lesson plan shows that it is consistent for the population. However, the training includes modules that are gender specific. A review of training logs accounted for all staff as having received the training. Management reports that the new staff that have been transferred from another facility in the past 12 months have received training, so no additional training has been required. Thus the facility meets this element.

The third element requires that all current employees who have not received training shall be trained within one year of the effective date of PREA and shall receive refresher training every two years, and the facility provides refresher information in years when refresher training is not given. An interview with the PREA Compliance Manager and with random facility staff indicates that all staff have received the training and are scheduled for refresher training. Additionally refresher information on sexual abuse and sexual harassment policies is available for staff through reviews of policy and directives.

The fourth element requires that the agency document through employee signature or electronic verification that employees understand the training they have received. The computerized PREA training module included a button for trainees to press and acknowledge that they understand the material being presented before being credited with having completed the course. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.32 Volunteer and contractor training.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.32 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that all volunteers and contractors receive training on their responsibility under the agency's PREA policy. WSPF provided a copy of their PowerPoint training presentation for contractors and volunteers, and noted that 20 contractors/volunteers have completed the training. Thus the facility meets this element of the standard.

The second element requires that the level and type of training received by volunteers and contractors is based on the level of contact they have with inmates and includes the agency's zero-tolerance policy and how to report sexual abuse. The PowerPoint training presentation provided by WSPF includes the agency's zero-tolerance policy and how to report sexual abuse. Thus the facility meets this element.

The third element requires that the facility maintain documentation confirming that contractors/volunteers understand the training they have received. Initially, WSPF did not provide documentation confirming that contractors/volunteers understand the training they have received. As corrective action, the facility has since provided signed documentation showing that contractors/volunteers acknowledge that they understand the training they receive. Thus the facility now meets this element of the standard.

RECOMMENDATION: None

Standard

Number here: 115.33 Inmate Education

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.33 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that inmates are informed at intake of the agency's zero tolerance policy and how to report. Inmates receive and this information at intake and sign documentation acknowledging their understanding of it. Interviews with inmates confirmed that they are aware of the zero-tolerance policy and that they know how to report. The facility also reported that since in the past 12 months, 125 inmates have received PREA training.

The second element requires that within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video on their right to be free from sexual abuse and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Agency policy requires that inmates receive comprehensive training within 30 days of intake. However, this training was not delivered in person or by video. As corrective action the facility acquired and delivered video training for inmates. Thus the facility now meets this element of the standard

The third element requires that current inmates who have not received the training receive it within one year of the effective date of the standards and receive training upon transfer to another facility to the extent that the policies and procedures of the new facility differ from the previous facility. Executive Directive #72, Section XI.B.3 has this requirement. Interviews with a sample of inmates confirmed that they had received the training materials, known as the "Red Book". However, materials for visually impaired inmates and for inmates who were developmentally disabled were not provided. As corrective action for this element the facility acquired a DVD and written materials for LEP inmates, as well as written material for developmentally disabled inmates, along with permission from American University to use the material and make them available to inmates. Thus the facility now meets this element.

The fourth element of the standard requires that the agency provide inmate education in formats accessible to all inmates including those who are LEP, deaf, visually impaired, or otherwise disabled. The material provided did not include materials for visually impaired inmates or inmates who are developmentally disabled. WSPF has since acquired graphic novels for those inmates who are LEP, a pamphlet in Braille, and a DVD presentation for those inmates who are visually impaired or otherwise disabled. Thus the facility now meets this element of the standard.

The fifth element of the standard requires the facility to maintain documentation of inmate participation in these education sessions. The facility did not produce any documents signed by inmates showing that they received the training. As corrective action for this element the facility provided rosters of inmates who had received the training. Thus the facility now meets this element of the standard.

The sixth element requires that the facility shall ensure that key information is continuously available to inmates through posters, inmate handbooks, and other written formats. The facility produced tri-fold flyers available to inmates, and a tour of the facility confirmed that posters are posted in the units. Inmates stated that they had received PREA pamphlets the facility has provided to them. Thus the facility meets this element

RECOMMENDATION: None.

Standard

Number here: 115.34 Specialized training: investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.34 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that investigators received training in conducting sexual abuse investigations in confinement settings. The facility produced a lesson plan, sign-in rosters, and training certificates. Thus the facility meets this element.

The second element requires that the training include techniques for interviewing, Miranda/Garrity warnings, evidence collection and the criteria and evidence required to substantiate a case. The lesson plan included all these topics. Thus the facility meets this element.

The third element requires that the facility maintain documentation that the investigators have completed the training. The facility provided a roster showing that the two investigators at WSPF have completed the training. Thus the facility meets this element.

The fourth element requires that any state entity that investigates sexual abuse in confinement settings provides training to its agents and investigators. Under interpretive guidelines promulgated by the PRC, the facility cannot be held accountable for agents not under its direct control. Thus the facility meets this element.

RECOMMENDATIONS: None

Standard

Number here: 115.35 Specialized training: medical and mental health care

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.35 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that medical and mental health staff received training in detecting and assessing signs of sexual abuse, preserving evidence, responding to victims, and how to report allegations or suspicions of sexual abuse. Executive Directive #72, Section XI.A.5 requires that medical and mental health staff receive such training. The documentation provided by WSPF indicates that 18 medical or mental health staff employed by the facility received training in the above topics. Additionally, interviews with the Health Services Administrator confirm that the medical and mental health staff have received the training. Thus the facility meets this element.

The second element requires that *if* medical staff conduct forensic exams, that they shall receive the training referenced in this standard. Forensic exams are performed at the local medical clinic by SANE nurses employed there. The audit tool indicates that if this is the case, the element is N/A.

The third element requires that the agency maintain documentation that medical and mental health staff received the training. WSPF did not provide documentation that medical and mental health staff received the specialized training required by this standard. As corrective action, WSPF has since provided documentation that medical and mental health staff have received the training. Thus the facility now meets this element.

The fourth element requires that medical and mental health staff also receive the training mandated for employees. The documentation provided by WSPF demonstrates that the medical and mental health staff at WSPF received this training.

RECOMMENDATIONS: None.

Standard

Number here: 115.41 Screening for risk of victimization and abusiveness.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.41 has nine elements that a facility must meet for a finding of "meets standard".

The first element requires that all inmates are screened during the intake process and upon transfer to another facility. Executive Directive #72, Section XIII has this requirement. Thus the facility meets this element.

The second element requires that the screening take place within 72 hours of arrival. The facility reported on the pre-audit questionnaire that none of the inmates at WSPF have been through the 72-hour screening process. WSPF provided documentation that they are screening inmates at intake. Thus the facility now meets this element of the standard.

The third element requires that the assessments shall be conducted using an objective screening instrument. A review of the screening instrument confirms that it uses objective criteria for screening inmates developed by the state agency that provides oversight to community corrections facilities. Thus the facility meets this element.

The fourth element requires that the screening consider 10 criteria for the risk of sexual victimization. A review of the screening instrument shows that it uses the 10 criteria. Thus the facility meets this element.

The fifth element requires that the screening consider three criteria to measure an inmate's the risk of sexual abusiveness. A review of the screening instrument shows that it uses four criteria. Thus the facility meets this element.

The sixth element requires that inmates are re-screened within 30 days. The facility reported on the pre-audit questionnaire that none of the inmates at WSPF have been through the 30-day screening process. As corrective action, WSPF provided documentation that they are now screening inmates 30 days after intake. Thus the facility now meets this element of the standard

The seventh element requires that an inmate's risk level will be re-assessed when warranted, requested, or additional information is received. Executive Directive #72, Section XII governing PREA Victim/Predator Screening has language that supports this element. Thus the facility meets this element.

The eighth element mandates that inmates may not be disciplined for refusal to answer questions or disclose information during screening. Executive Directive #72, Section XII prohibits disciplining inmates for refusing to disclose or answer questions. No evidence was produced that inmates had been disciplined for refusing to answer or disclose, and no inmates indicated in their interviews that they had received such disciplinary action. Thus the facility meets this element.

The ninth element requires that the agency implement controls on the dissemination within the facility to ensure sensitive information is not exploited to the inmate's detriment. Executive Directive #72, Section XII requires that the screening tool and information is kept confidential in the inmate files, restricts access to areas where files are stored, and limits authorized access to designated staff. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here 115.42: Use of screening information.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.42 has seven elements that the facility must meet for a finding of "meets standard".

The first element requires that the agency shall use screening information to inform housing and program decisions with regard to inmates' safety. Executive Directive #72, Section XIII.A includes language that the information is to be used to inform housing and program decisions with regard to the inmates' safety. Thus the facility meets this element.

The second element requires that the agency makes individualized determinations to ensure the safety of each inmate. Executive Directive #72, Section XIII.A requires that decisions are made on an individualized basis. However, the facility reported on the pre-audit questionnaire that none of the inmates at WSPF have been through any screening process. As corrective action, WSPF has provided documentation that they are now screening inmates and making individualized determinations to ensure the safety of each inmate. Thus the facility now meets this element.

The third element requires that decisions are made on a case-by-case basis regarding the placement of transgendered inmates in male or female facilities. Executive Directive #72, Section XIII.A includes language that supports this element. Additionally, the screening tool and classification tool are specific to individual inmates. An interview with the one inmate identified as transgendered also confirmed that decisions for inmates occur on a case-by-case basis. Thus the facility meets this element.

The fourth element requires that placement and programming assignments for each transgender or intersex inmate be reassessed at least twice each year to review any threats to safety experienced by the inmate. DAI Policy #500.70.27 has this requirement. The facility has provided documentation that transgender and intersex inmates are being reviewed twice each year. Thus the facility now meets this element of the standard.

The fifth element requires that a transgender or intersex inmate's views are given consideration. Inmates receive due process in the classification and programming process, receiving the opportunity to know the justification for placement decisions and the opportunity to rebut the reasons, and Executive Directive #72, Section XIII.E.2 has this requirement. However, WSPF did not provide any documentation of such reviews actually having happened. The corrective action taken by WSPF was to provide copies of screening forms showing that inmates are given the opportunity to express their views concerning their own safety at screening.

The sixth element requires that transgender and intersex inmates can shower separately from other inmates. DAI Policy #500.70.27 has this requirement. A physical inspection of the shower facilities confirmed that each cell has a shower that can only be used by one inmate at a time, providing the ability for transgender and intersex inmates to shower separately from the rest of the inmate population. Thus the facility meets this element.

The seventh element requires that the agency does not place LGTBI inmates in dedicated facilities, wings, or units based solely on such identification or status. The Warden indicated in his interview that no such units exist in the facility. A review of the cell roster shows that the one inmate identified as LGTBI is not confined in a dedicated unit, and the one inmate identified as transgendered indicated in the interview that he is not housed in segregated units designated for them. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.43 Protective custody

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Both DAI Policy #500.70.13 and Executive Directive #72, Section XIII.B.1 have a prohibition on placing inmates in involuntary segregation based solely for scoring as at risk for sexual victimization require an assessment of all alternative placements. Thus the facility meets this element.

The second element requires that inmates placed in segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Even though DAI Policy #500.70.13 requires that inmates placed in segregation have access to privileges and programs, it does not require the documentation of opportunities that have been limited, the duration of the limitation, or the reason for the limitation. The site visit to the segregation unit confirmed that inmates in the unit have visiting opportunities, recreation opportunities, library access, and access to a phone. Executive Directive #72 did not meet this element of the standard. As corrective action, Executive Directive #72 was revised to require the documentation of opportunities that have been limited, the duration of the limitation, or the reason for the limitation.

The third element requires that inmates are only placed in segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. The facility indicated in the Pre-Audit Questionnaire that no inmates at risk of sexual abuse are in involuntary segregation for solely for their protection. However, there is no policy statement that requiring that involuntary placements into segregation be restricted to 30 days until alternative placements can be identified. As corrective action Executive Directive #72 was revised to require that placement in involuntary segregation for protection would not ordinarily exceed 30 calendar days until alternative placements can be identified. Thus the facility now meets this element

The fourth element requires that if such an inmate is placed in segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Executive Directive #72 was amended to require documenting the basis for placement and the reason no alternative placement exists.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. DAI Policy #500.70.13 establishes this requirement. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.51 Inmates reporting

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.51 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency provide multiple ways for inmates to privately report sexual abuse and harassment, retaliation, or staff neglect. The inmates at WSPF have multiple ways to report sexual victimization, including a reporting hotline, telling any staff person, reporting it outside of WIDOC, submitting a complaint, making a third party report, or calling local law enforcement. The inmate

information form also include addresses and phone number for making reports of sexual abuse. Thus the facility meets this element.

The second element requires that the facility provide at least one way for inmates to report to a private entity or office that is not part of the agency and that is able to immediately forward reports to agency officials, allowing the inmate to remain anonymous. Inmates can call the Grant County Police Department as the outside agency to which they may report sexual victimization. Thus the facility meets this element.

The third element requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Executive Directive #72, Section XIV requires staff to accept verbal, written, and anonymous reports, document verbal reports, and that third party reports will be accepted. Thus the facility meets this element.

The fourth element requires that the agency provide a method for staff to privately report sexual abuse and harassment of inmates. Interviews with facility staff indicate that they have several options for reporting incidents of sexual misconduct in a confidential manner that do not require following the chain of command, and include reporting directly to the Warden's office. Thus the facility meets this element.

RECOMMENDATION: None

Standard

Number here: 115.52 Exhaustion of administrative remedies.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.52 has six elements that a facility must meet for a finding of "meets standard".

The second element requires that the agency shall not impose a time limit on when an inmate may submit a grievance alleging sexual abuse and that an inmate is not required to first use an informal grievance process. Executive Directive #72, Section XV and DAI Policy #310.00.01 do not impose a time limit and specifically state that an inmate is not required to first use an informal grievance process. Thus the facility meets this element.

The third element requires that an inmate may submit a grievance without submitting it to a staff member who is the subject of the complaint and that the grievance is not submitted to the staff member who is the subject of the complaint. Executive Directive #72, Section XV specifically states that an inmate may submit a grievance without submitting it to a staff member who is the subject of the complaint and that the grievance is not submitted to the staff member who is the subject of the complaint. In interviews with inmates, they indicated that they did not have to submit the grievance to the staff member who is the subject of the complaint, and that the complaint would not be submitted to the staff member who is the subject of the complaint. Thus the facility meets this element of the standard.

The fourth element requires that the facility shall make a decision on the grievance within 90 days, that the 90 days does not include time used by inmates to prepare an appeal, that the facility can claim an extension of up to 70 days and shall notify the inmates in writing of the extension, and that if the inmates does not receive an answer to his grievance within the time limits, the inmates may consider the grievance to be denied. Executive Directive #72, Section XV limited the time for the facility to respond to a grievance of sexual abuse to 90 days. Executive Directive #72, Section XV also does not allow WSPF to claim an extension of time to answer the grievance. Because there was no provision for the claim of an extension, the facility is meeting the intent of this portion of the element. However, there was no language in the policy allowing an inmate to regard is grievance as denied if the facility does not meet the 90-day limit. In

subsequent discussion with the PREA Coordinator's office, policy was clarified as requiring that administrative PREA complaints were immediately diverted from the administrative complaint process for an investigation that is concluded within a 30-day time limit and that WI DOC does not deny the inmate a response to sexual abuse or harassment complaints processed through this system. In view of this explanation, the facility is determined to be meeting the intent of this element of the standard.

The fifth element requires that third parties are allowed to assist inmates in filing requests for administrative remedies and can file such requests on behalf of inmates, and that if a third party files a request on behalf of an inmate, the facility may require that the inmates agree to have the request file for processing, and that if the inmates declines to have the request processed, it shall be documented in writing. Interviews with staff and inmates established that third party reports are received by the facility, and inmates are required to agree to a third party report on their behalf. Policy also included language requiring the facility to document an inmate's refusal to have a third party report processed on their behalf. Thus the facility meets this element.

The sixth element requires that the facility establish a procedure for filing an emergency grievance of imminent sexual abuse and that the procedure include immediate corrective action, initial response within 48 hours and a documented final response within five days. Executive Directive #72 did not have a provision for emergency grievances. In subsequent discussion with the PREA Coordinator's office, they indicated that because of the nature of the allegation and the process of diverting allegations of sexual abuse/harassment for immediate investigation, they felt they were treating all allegations of sexual abuse/harassment as emergency grievances. A review of investigation documentation related to allegations of sexual abuse/harassment, supports a finding that investigations are performed immediately and that steps are taken to protect inmates alleging that they are at risk of sexual abuse/harassment. Thus the facility is determined to be meeting the intent of this element of the standard.

The seventh element requires that the facility may discipline an inmate for filing a grievance related to alleged sexual abuse only when the facility demonstrates that the inmates filed the grievance in bad faith. Executive Directive #72, Section XV has language that supports this element. Thus the facility meets this element

RECOMMENDATION: None.

Standard

Number here: 115.53 Inmates access to outside confidential support services.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.53 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility shall give inmates access to outside victim advocates by providing mailing addresses and telephone numbers of local, state, or national advocacy programs and that the facility shall enable reasonable communication in as confidential manner as possible. The printed material given to inmates lists phone numbers and mailing addresses to outside groups. Thus the facility meets this element.

The second element requires that facility inform the inmates the extent to which their communication will be monitored and the extent to which the report will be forwarded to authorities in accordance with mandatory reporting laws. The printed material distributed to inmates provides this information. Thus the facility meets this element.

The third element requires that the facility enter into or attempt to enter into MOUs with community service providers who can provide inmates with confidential emotional support services. The Facility Director produced an MOU with Family Advocacy Inc., a local service provider. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.54 Third-party reporting.

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

Auditor comments, including corrective actions needed if does not meet standard.

Standard 115.54 has one element that a facility must meet for a finding of "meets standard".

The standard requires that the facility shall establish a method to receive third-party reports of sexual abuse and harassment and publicly distribute information on how to report on behalf of an inmate. Executive Directive #72, Section XV authorizes third party reports. During interviews, inmates also indicated that they were informed about third-party reports. The Department's Webpage included information on making a third-party report. Thus the facility meets this standard.

RECOMMENDATION: None.

Standard

Number here: 115.61 Staff and agency reporting duties

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.61 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that staff are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Executive Directive #72, Section XIV.C requires staff to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Interviews with staff confirm that this is practice at the facility. Thus the facility meets this element.

The second element requires that staff shall not reveal information to anyone other than make treatment, investigation, and other security/management decisions Executive Directive #72, Section XIV.C establishes this requirement. Interviews with staff confirm that this is practice at the facility. Thus the facility meets this element.

The third element requires that medical and mental health practitioners are required to report sexual abuse pursuant to this standard and that they are required to inform the inmate of this duty. Executive Directive #72, Section XIV.C has this requirement. Thus the facility meets this element.

The fourth element requires that if a victim is under the age of 18 or is considered a vulnerable person under statute, the agency shall report the allegation to the designated state or local services agency. Executive Directive #72, Section XIV.C has this requirement. Thus the facility meets this element.

The fifth element requires that all third-party reports are reported to the designated investigators. Executive Directive #72, Section XIV.C contains this requirement and interviews with investigators confirm that this is the practice at the facility. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.62 Agency protection duties

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.62 has one element that a facility needs to meet for a finding of "meets standard". The standard requires that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmates. Executive Directive #72, Section XVI has this requirement. Interviews with facility staff indicate that this is the established practice at WSPF that the inmate is separated from the potential threat. Thus the facility meets this standard.

RECOMMENDATION: None

Standard

Number here: 115.63 Reporting to other confinement facilities.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.63 has four elements that a facility must meet for a finding of "meets standard". The first element requires that upon receiving an allegation that an inmate was sexually abused at another facility, the head of the facility shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. Executive Directive #72, Section XIV.C contains this requirement, thus the facility meets this element. The second element requires that such notification is provided as soon as possible but no later than 72 hours after receiving the allegation. Executive Directive #72, Section XIV.C contains this requirement, thus the facility meets this element. The third element requires that the agency shall document that it has provided such notification. Executive Directive #72, Section XIV.C has this requirement. Thus the facility is meeting the intent of this element. The fourth element requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Executive Directive #72, Section XIV.C contains this requirement. Thus the facility meets this element.

RECOMMENDATION: None.

Standard**Number here: 115.64** Staff first responder duties.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.64 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that upon learning that an inmate was sexually abused the victim and the abuser are separated, the crime scene is preserved, and that the victim is requested to take no actions that could destroy evidence. Executive Directive #72, Section XVI.A.1 includes the requirement to preserve the crime scene, and the victim is requested to take no actions that could destroy evidence. The staff training lesson plan confirms that staff are trained to do this. Interviews with inmates and staff show that this is the practice at the facility. Thus the facility meets this element.

The second element requires that if the first staff responder is not a security staff member, the responder is required to request that the victim not take any action that could destroy evidence and then notify security staff. Executive Directive #72, Section XVI.A.1 and the lesson plan given to staff show that staff are informed of this requirement. Interviews with non-custody employees confirm that this is the practice at this facility. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard**Number here: 115.65** Coordinated response.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.65 has one element that a facility must meet for a finding of "meets standard".

This standard requires that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Sexual Abuse Response Team Protocol dated 9-9-15 documents such a plan with an extensive narrative and multiple flowcharts for differing circumstances. Interviews with facility staff confirms that they are familiar with this plan. Thus the facility exceeds this standard.

RECOMMENDATION: None.

Standard**Number here: 115.66** Preservation of ability to protect Inmates from contact with abusers.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.66 has two elements that a facility must meet for a finding of "meets standard". The first element requires that agency not enter into any collective bargaining agreement that limits the agency's ability to remove alleged staff abusers from contact with inmates pending the outcome of an investigation. In their interviews, both Warden Broughton and PREA Coordinator Preston indicated that the Wisconsin Department of Corrections no longer had a collective bargaining agreement with a union, and that there was no limit on the agency's ability to remove alleged staff abusers from contact with inmates. Thus the facility meets this element.

The audit tool marks the second element as non-applicable.

RECOMMENDATION: None

Standard**Number here 115.67** Agency protection against retaliation.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.67 has six elements that a facility must meet for a finding of "meets standard".

The first element requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other inmates or staff, and designates staff members or departments with monitoring retaliation. Executive Directive #72, Sections XVIII.A and B protect inmates and staff from retaliation. Tania Clark is designated as the person who monitors for retaliation. In her interview Ms. Clark indicated that she monitors for retaliation. Thus the facility meets this element.

The second element requires the agency to employ multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating. DAI Policy #500.70.13 expressly prohibits retaliation and includes instructions for the protection of those who fear retaliation, including housing changes and transfers to another facility. Both Warden Broughton and Ms. Clark outlined in their interviews the multiple measures used at WSPF to protect inmates and staff who fear retaliation, including reassignment and monitoring. Interviews with staff and inmates confirms that they know what these steps are. Thus the facility meets this element.

The third element requires monitoring those staff or inmates who make reports or cooperate with investigations for retaliation for 90 days. Executive Directive #72, Sections XVIII.A and B includes language to support this element. Both Warden Broughton and Ms. Clark indicated that monitoring extends for at least 90 days. Thus the facility meets this element.

The fourth element requires that monitoring includes periodic status checks. Executive Directive #72, Sections XVIII.A and B did not contain language that establishes periodic status checks. Executive Directive #72, Sections XVIII.A and B was revised to include periodic status checks. Thus the facility now meets this element of the standard.

The fifth element requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Executive Directive #72, Sections XVIII.A and B did specify protection for "other individuals". However, in interviews with the PREA Coordinator, "other individuals" are interpreted to include contractors and volunteers, who within the Department's policies are referred to as "employees", and receive the same protections and rights as those persons who are designated as "employees". Thus the facility now meets this element of the standard

RECOMMENDATIONS: None.

Standard

Number here: 115.68 Post-allegation protective custody.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.68 has one element that the facility must meet for a finding of "meets standard".

The standard requires that the use of segregation to house inmates who are alleged to have suffered sexual abuse shall be subject to the requirements of 115.43.

Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Both DAI Policy #500.70.13 and Executive Directive #72, Section XIII.B.1 have a prohibition on placing inmates in involuntary segregation based solely for scoring as at risk for sexual victimization require an assessment of all alternative placements. Thus the facility meets this element.

The second element requires that inmates placed in segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Even though DAI Policy #500.70.13 requires that inmates placed in segregation have access to privileges and programs, it does not require the documentation of opportunities that have been limited, the duration of the limitation, or the reason for the limitation. The site visit to the segregation unit confirmed that inmates in the unit have visiting opportunities, recreation opportunities, library access, and access to a phone. Executive Directive #72 did not meet this element of the standard. As corrective action, Executive Directive #72 was revised to require the documentation of opportunities that have been limited, the duration of the limitation, or the reason for the limitation.

The third element requires that inmates are only placed in segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. The facility indicated in the Pre-Audit Questionnaire that no inmates at risk of sexual abuse are in involuntary segregation for solely for their protection. However, there is no policy statement that requiring that involuntary placements into segregation be restricted to 30 days until alternative placements can be identified. As corrective action Executive Directive #72 was revised to require that placement in involuntary segregation for protection would not ordinarily exceed 30 calendar days until alternative placements can be identified.

The fourth element requires that if such an inmate is placed in segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Executive Directive #72 was amended to require documenting the basis for placement and the reason no alternative placement exists.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. DAI Policy #500.70.13 establishes this requirement. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.71 Criminal and administrative agency investigations

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.71 has twelve elements that a facility must meet for a finding of "meets standards".

The first element requires that when an agency conducts its own investigations, it does so promptly. Executive Directive #72, Section XVII requires that investigations are initiated promptly for all allegations, including third-party and anonymous reports. A review of investigation documents confirms that allegations are promptly investigated. Thus the facility meets this element.

The second element requires that the facility uses investigators that have received the specialized training required by 115.34. WSPF provided a copy of the lesson plan, a roster of training participants, and training certificates to support this element. Thus the facility meets this element.

The third element requires that investigators collect evidence, interview those named in the investigation, and review prior complaints against the suspected perpetrator. The Sexual Abuse Response Team Protocol dated 9-9-15 contains the investigative protocol required by this element of the standard. An interview with Mr. Broadbent indicated that the investigators collect evidence, conduct interviews, and review prior complaints. Thus the facility meets this element.

The fourth element requires that when the quality of evidence supports criminal prosecution, the investigators conduct interviews only after consulting with prosecutors. Mr. Broadbent stated in his interview that if the evidence supports a criminal investigation, that interviews for administrative investigations are suspended. The Executive Directive included language that supports this element.

The fifth element requires that the credibility of a person is not determined by their status as an inmate or staff member and that there is no requirement that a person submit to a truth telling device as a condition for proceeding with the investigation. Mr. Broadbent indicated that there is no requirement that a person submit to a truth-telling device as a condition of proceeding with the investigation. Policy included a statement that no person is required to submit to a truth telling device as a condition for proceeding with the investigation. Thus the facility meets this element.

The sixth element requires that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. Mr. Broadbent and the members of the incident review panel indicated that these factors are considered in the investigation of an incident. Executive Directive #72, Section XVII has a policy statement to support this element. Thus the facility meets this element.

The seventh element requires that criminal investigations shall be documented in a written report with thorough descriptions of evidence. Executive Directive #72, Section XVII has a policy statement to support this element. Mr. Broadbent indicated in his interview that criminal investigations are documented by the Grant County Sheriff's Department investigators. Thus the facility meets this element.

The eighth element requires that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Mr. Broadbent indicated in his interview that substantiated allegations of conduct that appear to be criminal are referred for prosecution. A review of investigative documentation shows that allegations of conduct that appear to be criminal are referred for prosecution. An internet search also revealed cases where substantiated cases at WSPF resulted in an indictment. Thus the facility meets the intent of this element.

The ninth element requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. allegations of conduct that appear to be criminal are referred for prosecution has a policy statement to support this element. However, the audit cycle has not yet gone far enough to unequivocally say that records are kept for five years beyond the subject's exit date. Thus the facility is determined to be meeting the intent of this element.

The tenth element requires that the departure of accused employees from employment does not provide a basis for terminating the investigation. Executive Directive #72, Section XVII has a policy statement to support this element. A review of a recent investigation demonstrated that the departure of an accused employee from employment did not provide a basis for terminating the investigation.

The eleventh element requires that any State component that conducts investigations shall do so pursuant to the above requirements. Pursuant to the interpretive guidelines promulgated by DOJ, The facility is not held accountable for other State investigation components.

The twelfth element requires that when outside agencies investigate, the facility cooperates with outside investigators and remain informed of the progress of the investigations. Executive Directive #72, Section XVII has a policy statement to support this element. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.72 Evidentiary standard for administrative investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.72 has one element that the facility must meet for a finding of 'substantial compliance'. The standard requires that the agency impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated. Executive Directive #72, Section XVII establishes preponderance of evidence as the standard of evidence in administrative investigations. Interviews with Mr. Broadbent confirm that this is the standard of evidence used to make a finding of substantiated. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard**Number here: 115.73** Reporting to inmates.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.73 has six elements a facility must meet for a finding of "meets standard".

The first element requires that at the completion of an investigation, the facility must inform the inmate whether the allegations were substantiated, unsubstantiated, or unfounded. Executive Directive #72, Section XVII has a policy statement to support this element, and a review of investigation documentation evidenced that inmates were informed of the outcomes of the investigations into their allegations. The facility also had documents showing that inmates were informed of the outcome of the investigations Thus the facility meets this element. In interviews, inmates also indicated that they were informed of the outcome of investigations. Thus the facility meets this element.

The second element requires that if the agency did not conduct the investigation, it will request relevant information in order to inform the inmate. Executive Directive #72, Section XVII has a policy statement to support this element. An interview with Mr. Broadbent evidenced that WSPF requests relevant information in order to inform inmates. Thus the facility now meets this element.

The third element requires that inmates must be informed when an accused staff member is no longer posted in the inmate's unit, no longer employed, has been indicted, and has been convicted. Executive Directive #72, Section XVII has a policy statement to support this element. A review of investigation reports included supporting documentation for this element. Thus the facility meets this element.

The fourth element requires that when another inmate is indicted or convicted on a charge of sexual abuse, the facility will inform the victim. Executive Directive #72, Section XVII has a policy statement to support this element. Thus the facility meets this element.

The fifth element requires that all such notifications are documented. Executive Directive #72, Section XVII has a policy statement to support this element. The facility produced supporting documentation for this element. Thus the facility meets this element.

The sixth element requires that an agency's obligation to report the above is terminated if the inmate is released from the agency's custody. No finding is required for this element.

RECOMMENDATION: None.

Standard**Number here: 115.76** Disciplinary sanctions for staff.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.76 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that staff who engage in sexual abuse or harassment are subject to discipline up to and including termination. Executive Directive #72, Section XIX has a policy statement to support this element. A review of investigation reports included supporting documentation for this element. Based on the policy statement and the available documentation, the facility is determined to have met the intent of this element.

The second element requires that termination is the presumptive disciplinary sanction for staff who have engaged in sexual touching. Executive Directive #72, Section XIX includes this requirement. Based on the policy statement, the facility is determined to have met the intent of this element.

The third element requires disciplinary sanctions for violations of agency policy shall be commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses by other staff. Executive Directive #72, Section XIX reflects the requirements of this element. Based on the available policy documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

The fourth element requires that all terminations or resignations for violations of the agency's policies are reported to law enforcement agencies and relevant licensing bodies unless the activity was not criminal. Executive Directive #72, Section XIX has a policy statement to support this element. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.77 Corrective actions for contractors and volunteers.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.77 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was not criminal, and to relevant licensing bodies. Executive Directive #72, Section XIX.A has a policy statement to support this element. Thus the facility is meeting the intent of this element.

The second element requires that facilities take remedial measures and consider whether to prohibit further contact with inmates when contractors or volunteers violate sexual abuse or harassment policies. Executive Directive #72, Section XIX.A has a policy statement to support this element. Thus the facility is meeting the intent of this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.78 Disciplinary sanctions for Inmates

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.78 has seven elements that a facility must meet for a finding of "meets standard".

The first element requires a formal disciplinary process for inmates who engage in sexual abuse. Executive Directive #72, Section XIX.B has a policy statement requiring a formal disciplinary process used for inmates who engage in sexual abuse. Thus the facility meets this element.

The second element requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates. A review of inmate disciplinary handbook supports this element. Thus the facility meets this element.

The third element requires that the disciplinary process consider an inmate's mental disabilities or mental illness when determining what type of sanction is imposed. Executive Directive #72, Section XIX.B has a policy statement that supports this requirement. Thus the facility meets this element.

The fourth element requires that if the facility offers interventions to address the abuse, the facility shall consider requiring the inmate to participate in such interventions as a condition of access to programming or other benefits. Executive Directive #72, Section XIX.B has a policy statement that contains this requirement, thus the facility meets this element.

The fifth element requires that inmates are sanctioned for contact with staff only if staff did not consent to it. Executive Directive #72, Section XIX.B has a policy statement that meets this requirement. An interview with the Warden Broughton confirmed that this is also the practice at this facility. Thus the facility meets this element.

The sixth element requires that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. Executive Directive #72, Section XIX.B has a policy statement that supports this requirement. Thus the facility meets this element.

The seventh element requires that a facility may prohibit all sexual activity between inmates, but that non-coerced activity does not constitute sexual abuse. Executive Directive #72, Section XIX.B has a policy statement that supports this requirement. Interviews with staff and inmates indicate that this is the practice at WSPF. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.81 Medical and mental health screenings; history of sexual abuse.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.81 has five elements that a facility must meet for a finding of "meets standard".

The first and third elements require that inmates who disclose past sexual abuse during screening shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. WSPF did not provide a policy statement to support this requirement. Additionally, the Pre-Audit Questionnaire states that WSPF is not conducting the screening of inmates. However, WSPF subsequently did provide a policy statement to require that inmates who disclose past sexual abuse during screening are offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. Thus the facility meets this element of the standard.

The second element requires that if intake screening indicates that a prison inmate has perpetrated sexual abuse, staff shall ensure that the inmate is offered a follow up meeting with a mental health practitioner within 14 days of the screening. WSPF provided a policy statement to support this requirement. Thus the facility meets this element of the standard.

The fourth element requires that any information related to sexual victimization or abuse shall be strictly limited to staff as necessary to inform treatment plans, and security and management decisions. Executive Directive #72, Section XII includes language that supports this element of the standard. Thus the facility meets this element.

The fifth element requires that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Executive Directive #72, Section XIV has language that meets this element of the standard. Thus the facility meets this element.

RECOMMENDATIONS: None

Standard

Number here: 115.82 Access to emergency medical and mental health services.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.82 has four elements a facility must meet for a finding of "meets standard".

The first element requires that victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined appropriate by practitioners according to their professional judgment. Interviews with medical and mental health staff from WSPF and Family Advocacy Inc. indicate that inmates at WSPF have unimpeded and timely access to medical and mental health services as determined by their professional judgment. The first responder protocol also requires that victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined appropriate by practitioners according to their professional judgment. WSPF also provided logs that support this element. Thus the facility meets this element.

The second element requires that if no qualified medical or mental health staff are on duty, first responders take steps to protect the victim and notify medical and mental health staff. An un-numbered policy provided by WSPF has this requirement, and the first responder protocol also has this requirement. Thus the facility meets this element.

The third element requires that inmates are offered timely information about pregnancy related medical services and sexually transmitted infections prophylaxis. An interview with Jolinda Waterman, the Health Service Manager, confirms that this is the practice at WSPF. Additionally, the un-numbered policy provided by WSPF has this requirement. Thus the facility meets this element.

The fourth element requires that treatment services are provided to victims without cost regardless of whether they name the abuser. Executive Directive #72, XVI.B.2 has a policy statement to support this element and the interview with Ms. Waterman confirmed that this is the practice at WSPF. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.83 has eight elements that the facility must meet for a finding of "meets standard".

The first element requires that ongoing medical and mental health evaluations and treatment are offered to victims who, during the time of their current incarceration have been victimized. Executive Directive #72, Section XVI.B.6 has a policy statement to support this element. In her interview, Ms. Waterman also indicated that this is the practice at WSPF. Thus the facility meets this element.

The second element requires that evaluation and treatment include follow up services, treatment plans, and referrals for continued care following transfer, placement in, or release from custody. An interview with Ms. Waterman confirmed that evaluations, treatment, and referrals are made by WSPF. Thus the facility meets this element.

The third element requires that the level of care provided is consistent with community levels of care. Executive Directive #72, Section XVI.B.2 has a policy statement to support this element. The interview with Ms. Waterman establishes that this is their practice. Thus the facility meets this element.

The fourth element requires that victims of vaginal penetration are offered pregnancy tests. The audit tool indicates that if the facility is an all-male facility that this element is to be marked N/A. Thus the facility now meets this element.

The fifth element requires that if pregnancy results from the conduct described in paragraph (d) of this section, such victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. The audit tool indicates that if the facility is an all-male facility that this element is to be marked N/A. Thus the facility now meets this element.

The sixth element requires that victims are offered tests for STIs as medically appropriate. DAI Policy # 500.30.19 has a policy statement to support this element. The interview with Ms. Waterman indicates that this is the practice. Thus the facility meets this element.

The seventh element requires that on-going treatment is provided without cost. Executive Directive #72, Section XVI.B.2 has this requirement. Interviews with inmates also indicate that this is the information they received at this facility. Thus the facility meets this element.

The eighth element requires that known inmate abusers have a mental health evaluation within 60 days of learning of such abuse history and are offered treatment. Executive Directive #72, Section XVI.B.2 has a policy statement to support this element. The interview with Ms. Waterman indicates that this is the practice at WSPF. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard**Number here: 115.86** Sexual abuse incident reviews.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.86 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the facility conducts an incident review at the conclusion of every investigation, including where the finding is unsubstantiated, unless the finding is unfounded. The un-numbered WSPF policy provided by the facility has a policy statement to support this element. A review of incident reviews evidence that this is the practice at WSPF. Thus the facility meets this element of the standard.

The second element requires that such reviews occur within 30 days of the conclusion of the investigation. The policy statement to support this element was verbatim from the standard. Thus the facility meets this element of the standard.

The third element requires that the review team include upper management officials with input from line supervisors, investigators, and medical or mental health practitioners. The un-numbered WSPF policy provided by the facility has a policy statement to support this element. Thus the facility meets this element of the standard.

The fourth element requires the incident review team to include six specific requirements in the incident review. Executive Directive #72, Section XX has a policy statement to support this element. In the interview with the Incident Review Team, they indicated that they review the six specific requirements. Thus the facility meets this element of the standard.

The fifth element requires that the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. The policy statement to support this element was verbatim from the standard. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.87** Data Collection

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.87 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the agency collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions, and that it shall include at a minimum all the data necessary to answer all the questions from the most recent version of the Survey of Sexual Victimization (SSV). Executive Directive #72, Section XXI.A.1 requires the facility to collect data, and the facility provided documents demonstrating that they were gathering all the data necessary to answer all the questions from

the most recent version of the Survey of Sexual Victimization (SSV). Thus the facility meets this element of the standard.

The second element requires that the agency shall aggregate incident based data annually. Executive Directive #72, Section XXI.A.1 has a statement to support this element. Thus the facility meets this element of the standard.

The third element requires that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. A review of reports shows that the collected data goes from all incidents goes back to 2010. Additionally, an interview with Christine Preston, the Agency-Wide PREA Coordinator confirmed that the agency is collecting, reviewing, and maintaining data. Thus the facility meets this element of the standard.

The fourth element requires that the agency collect information from every privately operated facility with which it contracts to hold inmates. WSPF does not contract with privately operated facilities, so this element is N/A.

The fifth element requires that the agency provides upon request all such data to the DOJ no later than June 30. The DOJ has not made this request and the instructions from the audit tool indicate that in the case where the DOJ has not made the request, this element is to be considered N/A.

RECOMMENDATIONS: None.

Standard

Number here: 115.88 Data review for corrective action.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.88 has four elements a facility must meet for a finding of "meets standard".

The first element requires that the agency review aggregated data to identify problem areas, take corrective action, and prepare a report of its findings and corrective action. The reports on the Department's website do not show that the agency reviewed aggregated data to identify problem areas, take corrective action, and prepare a report of its findings and corrective action. As corrective action, WI DOC prepared a report for 2014 identifying problem areas and the corrective action taken. Thus the facility now meets this element of the standard.

The second element requires that the report contain a comparison to the data of the previous year and provide an assessment of the agency's progress in addressing sexual abuse. The report from the Department's website shows a comparison to the data of the previous year. Thus the facility is determined to have met the intent of this element.

The third element requires that the report be approved by the agency's head and that it is made readily available to the public through its website. The report appears on the Department's website; however there was no indicator that the Department Secretary has approved the report. WI DOC provided an annual report for 2014 with an indicator that the Department Secretary has approved the report. Thus the facility now meets this element of the standard.

The fourth element requires that the agency redact information that, if published, would present a clear and specific threat to the safety and security of the facility and that the nature of the redacted material is indicated. The report contained no victim or perpetrator identifiers or other information that, if released, would present a clear and specific threat to the safety and security of the facility that needed to be redacted from the report, thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.89 Data storage, publication, and destruction.

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

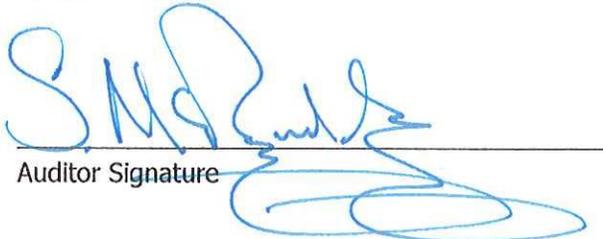
Auditor comments, including corrective actions needed if does not meet standard

Standard 115.89 has four elements that a facility must meet for a finding of 'meets standard'. The first element requires that the agency ensure that the data collected is securely retained. Executive Directive #72, Section XXI.A.3 requires that data is securely retained in a designated area with restricted access. Thus the facility meets this element of the standard. The second element requires that the agency makes aggregated data available to the public at least annually through its website. The report on the agency website did not include the aggregated data in its annual report. As corrective action, the agency updated the report data to include all the aggregated data in its report. Thus the facility now meets this element of the standard. The third element requires the agency to remove all personal identifiers before making the data publicly available. The Department has posted the report on its webpage without any personal identifiers. Thus the facility meets this element of the standard. The fourth element requires that the agency maintain the data for at least 10 years after the date of its initial collection unless Federal, State, or local law require otherwise. The data collected by the agency only goes back to 2010, so the ten-year threshold has not yet been met. Having determined that the data goes back to at least 2010, the date when the facility began gathering data, WSPF meets the intent of this element of the standard.

RECOMMENDATION: None.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature

May 4, 2016

Date