

PREA Facility Audit Report: Final

Name of Facility: Oakhill Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 12/16/2018

Date Final Report Submitted: 07/14/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Wendy Jean Hart	Date of Signature: 07/14/2019

AUDITOR INFORMATION	
Auditor name:	Hart, Wendy
Address:	
Email:	HartW2@michigan.gov
Telephone number:	
Start Date of On-Site Audit:	10/15/2018
End Date of On-Site Audit:	10/17/2018

FACILITY INFORMATION	
Facility name:	Oakhill Correctional Institution
Facility physical address:	5212 County Highway M, Oregon, Wisconsin - 53575
Facility Phone	608-835-3101
Facility mailing address:	5212 County Highway M, P.O. Box 140, Oregon, - 53575
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input checked="" type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
Name:	Beckie Blodgett	Title:	Security Director
Email Address:	Rebecca.Blodgett@wisconsin.gov	Telephone Number:	608-835-6040

Warden/Superintendent			
Name:	Cheryl B. Eplett	Title:	Warden
Email Address:	cheryl.eplett@wisconsin.gov	Telephone Number:	608-835-6001

Facility PREA Compliance Manager			
Name:		Email Address:	
Name:	Beckie Blodgett	Email Address:	rebecca.blodgett@wisconsin.gov

Facility Health Service Administrator			
Name:	Michelle Burton	Title:	Interim - Health Services Manager
Email Address:	michelle.burton@wisconsin.gov	Telephone Number:	608-835-6070

Facility Characteristics		
Designed facility capacity:	344	
Current population of facility:	758	
Age Range	Adults: 18-76	Youthful Residents:
Facility security level/inmate custody levels:	Minimum	
Number of staff currently employed at the facility who may have contact with inmates:	243	

AGENCY INFORMATION	
Name of agency:	Wisconsin Department of Corrections
Governing authority or parent agency (if applicable):	State of Wisconsin
Physical Address:	3099 East Washington Avenue, Madison, Wisconsin - 53707
Mailing Address:	PO Box 7925, Madison, Wisconsin - 53707
Telephone number:	(608) 240-5000

Agency Chief Executive Officer Information:			
Name:	Kevin Carr	Title:	Secretary
Email Address:	Kevin.Carr@wisconsin.gov	Telephone Number:	(608) 240-5065

Agency-Wide PREA Coordinator Information			
Name:	Leigha Weber	Email Address:	Leigha.Weber@wisconsin.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Introduction

A PREA Audit of the Oakhill Correctional Institution, 5212 County Highway M, Oregon, WI, Wisconsin Department of Corrections (WIDOC), was conducted October 15 through 17, 2018. The audit was conducted through a multi-state consortium that includes Michigan, Pennsylvania, Wisconsin and Maryland state correctional agencies. For this audit, the team members were provided through the Michigan Department of Corrections (MDOC). The team was comprised of DOJ-certified lead auditor Wendy Hart, DOJ-certified auditor Yvonne Gorton and Sergeant Pam Basal. A previous PREA audit was conducted for this facility on May 24 and 25, 2016, with a final report issued December 19, 2016, finding full compliance with the standards.

Contract Procurement Process

The audit was carried out as part of a multi-state consortium agreement based on the Memorandum of Understanding, between the States, completed prior to the beginning of the audit cycle.

Barriers to Completing the Audit

The facility was originally built to be a girls' school, so the layout is different from that of a traditional correctional facility. There are more housing units than is typical, with fewer offenders residing in each, but still requiring multiple informal interviews in each unit. This made the onsite review more lengthy than usual, and more time consuming. While this might not be considered an actual barrier to conducting the audit, it did draw the onsite review out longer than usual and delayed the start of the formal interview process. The audit team found it necessary to split up part-way through the onsite review, with one team member reviewing the remaining areas the next day.

The WIDOC PREA Director requested on June 27, 2018 for this facility audit to be conducted the week of October 15, 2018. However, this auditor was not assigned the audit until Friday, August 17th. The WIDOC PREA Director received confirmation of assignment of the auditor for the requested audit dates early the week of August 21, 2018 so was then able to initiate the Online Audit System Pre-Audit Questionnaire that week. Once they received notice that the audit was scheduled, agency and facility staff completed the PRE-Audit Questionnaire (PAQ) within three weeks. It was released to the auditor on September 21, 2018, following coordination between the auditor, facility PREA Compliance Manager and the agency PREA Director, allowing the auditors three weeks to review the PAQ and its documentation prior to Audit Day 1.

Pre-Onsite Audit Phase

Prior to the onsite review, the lead auditor communicated by telephone and e-mail with the Agency PREA Coordinator for the Wisconsin Department of Corrections (WIDOC), and the facility PREA Compliance Manager to discuss the audit process and purposes, and the role of auditors. It was agreed that the team would arrive at 8:00 am, on Audit Day 1, for introductions and an opening meeting with the Warden and

pertinent staff, including the Security Director, Director of Health Services, Director of Psychological Services, Investigators, and other facility leadership, to review the plan for the audit. It was explained that the onsite review would commence upon the closure of the opening meeting, and that interviews would begin immediately upon the completion of the onsite review. It was also noted that the team expected the Facility to provide an interview room for each auditor, where confidential interviews of both offenders and staff could be conducted and auditors could work. The conversations also included discussing the date that the PAQ would be available and that auditors would likely be requiring additional documentation after they had the opportunity to review the PAQ.

The audit team provided large-print notices of the audit dates and auditor contact information in English and Spanish. These were sent via e-mail to the Agency PREA Coordinator, who immediately passed them along to the facility compliance manager, along with the team's request for date-stamped photographs of the posted notices in each housing unit and various locations where staff and inmates gather. The audit team was provided with a copy of the PREA Coordinator's instructions regarding posting the notices, which included placing them in housing units and other areas as requested, and printing the notices on colored paper. The purpose for the notices was to provide staff and inmates an opportunity to write the auditor, in advance of the audit, should they so desire. On August 31, 2018, the auditor received photographs verifying the postings, via e-mail, and confirmed that the notices were posted in visible areas in housing units and areas such as the visiting room, dining facility and other common areas, in both English and Spanish, and in large text. As a result of the postings, four letters from inmates housed at the facility were received by the auditor beginning in mid-September. Included in her instructions to staff regarding the postings, the agency PREA Director ensured staff knew that the mail was to be treated as legal mail. Upon receipt, the letters were reviewed and kept confidential, shared only with the other certified auditor on the audit team. Guidance provided also explained that most facilities do have at least some areas where corrective action is needed, and that it should be expected and should not be considered a negative, but, rather, as assistance, and guidance, from the audit team.

Background check request forms, for auditors entering the facility, were provided by the agency PREA coordinator and completed, as requested, by audit team members, in compliance with the requirement for background checks for those entering the facility and having contact with inmates. The auditor requested, and received, contact information for the facility PREA Compliance Manager on September 6, 2018 and initial contact was made. The audit team met September 25, 2018 to review information received in the Pre-Audit Questionnaire (PAQ) and to plan strategy for the audit. Two of the three auditors on the team were able to access the OAS in order to review documentation in preparation for the audit. Auditors also highlighted additional documentation they would need to review both prior to, and during, the onsite audit phase. A list of additional documentation was formulated and provided to the WIDOC Agency PREA Coordinator who provided the documentation requested. This process was continued, with more review of the PAQ, by auditors, taking place on a daily basis, leading up to the audit. The PREA Coordinator and facility PREA Compliance Manager provided all information as requested.

Prior to the onsite portion of the audit, the lead auditor asked that a roster of the offender population by housing unit be provided, and also that a similar staff roster be provided, so that auditors could review them to note such things as the total number of housing units, the number of offenders housed in each unit, the security levels of each unit, and the number of custody versus non-custody staff, in order to construct an appropriate timeline for each aspect of the onsite portion of the audit. Other rosters requested to be provided the first day of the audit included rosters that identified inmates with disabilities, those with limited English proficiency, inmates who reported sexual abuse, those who reported sexual

victimization during risk screening and those who are identified as LGBTI inmates. The facility does not house female or youthful offenders.

The auditor requested that the staff roster identify staff by their work titles and also identify staff who were responsible for such tasks as intake, orientation, risk screening, and retaliation monitoring. It was explained that the lists should include all contracted staff and volunteers who have contact with inmates. Those rosters were provided as requested and auditors were able to review them and make definite plans for scheduling both inmate and staff interviews prior to the commencement of the onsite audit.

Documentation on the PAQ included the number of allegations of sexual harassment and sexual abuse made in the prior 12 months, the number of administrative investigations carried out and the number of investigations referred to the local law enforcement agency for possible criminal prosecution. A chart was provided to the auditors with the allegations and findings for the investigations carried out in the audit period. Investigation packets were available for review onsite and copies were also provided as supplemental documents to the PAQ. A list of hotline calls to both the agency sexual abuse hotline and the hotline for the outside agency that had been made during the audit period was provided onsite. In nine sexual abuse and sexual harassment investigations conducted, ten alleged victims were named. Two allegations were determined to be unfounded, three substantiated, four unsubstantiated, and one without a finding because the investigation determined the suspect had been deceased for more than fifteen years.

Information provided by the facility PREA Compliance Manager and the Agency PREA Director enabled auditors to conduct telephone interviews with agencies outside the facility, such as local law enforcement, the hospital where forensic exams are conducted, and the local rape crisis center. Calls to discuss services provided to Oakhill Correctional Institution were made to each of these entities with relation to sexual abuse and sexual harassment were conducted.

Prior to the onsite portion of the audit, auditors reviewed the WIDOC web site to glean more information about the agency and the facility, and to review a report from a prior PREA audit of the facility. Auditors also reviewed confidential correspondence from inmates at the facility and ensured that all inmates who wrote letters were included on the list of inmates to be interviewed during the onsite portion of the audit. Outside entities, including Dane County Rape Crisis Center and JDI were contacted following the onsite portion of the audit. Both indicated that they had not been contacted by inmates at Oakhill Correctional Institution during the audit period. Additional interviews were conducted with a Fitchburg Police Department staff member and a hospital Sexual Assault Nurse Examiner (SANE)/Sexual Assault Forensic Examiner (SAFE) representative at the local hospital where inmate victims of sexual abuse would be taken for a forensic exam.

Onsite Audit Phase

Auditors arrived at the facility on Monday, October 15, at 8:00 a.m. and were escorted to a Warden's Conference Room that served as a work room during the audit. Lead Auditor conducted an entrance conference with facility administration immediately. After introductions and welcoming remarks, a discussion of the audit schedule and process took place. Present at the opening meeting, in addition to the three auditors, were:

- Warden, Cheryl Eplett
- Deputy Warden, Paul Ninnemann
- Agency PREA Coordinator, Leigha Weber
- Director of Psychological Services Unit, Dr. Dawn Landers

- Security Director and Facility PREA Compliance Manager, Beckie Blodgett
- Social Worker, Mya Yohr

Rosters were provided to the audit team as requested via phone the week before the audit. No formal interviews were conducted the first day but names were selected for interview during audit team meetings off-site, in the evening, and provided to the facility staff the second and third morning of the audit. Rosters of inmates by housing unit and with various "special handling" (Risk of Victimization or Risk of Aggressiveness, Handicapped, LGBTI) and other categories (Reported Victimization during risk screening) were provided from which to select inmates for interview for random and targeted interview categories. Targeted were selected first, with a focus on selecting names from a variety of categories and housing units. Random inmates were selected by housing unit first, then selecting a specific person in the same randomly-selected position on each roster. Additional names were included based on those who requested that we interview them, either through a letter or when we encountered them during the onsite review.

A similar process was completed for the staff interviews. Specialized staff were identified first, then random selections were made from all three shifts and a variety of positions.

During the three days of the onsite portion of the audit, the Auditors were provided with two rooms in the same area of the administrative building, from which to work and conduct confidential interviews with staff. Another room, in a secure area of the Administration Building, was provided to conduct confidential interviews with offenders. Only one offender formal interview was not conducted in the Administration Building. That interview, with an offender assigned to the Restrictive Housing Unit (RHU), was conducted in an interview room inside the RHU. Staff assigned to the RHU were also interviewed in an interview room inside the unit.

While onsite, auditors observed the initial PREA education provided to incoming inmates. Information regarding the facility's zero tolerance for sexual abuse and sexual harassment, and the multiple ways to report were covered by a staff member in a group setting and then each inmate was taken into an office to conduct their PREA risk screening separate from other staff and inmates. During an interview with a staff member who oversees the risk screening process, a mock risk assessment was conducted to demonstrate the process of assessment and recording of the information. It was further discussed that information related to the information is confidential unless there is a need for staff to know. Staff's access to the information is deterred through a pop-up warning message that appears if a staff member attempts to access information which their profile does not permit them to view. The team conducted an interview with the Inmate Complaint Examiner who explained that grievances alleging sexual abuse and sexual harassment are removed from the inmate complaint (grievance) process and forwarded to the PREA Coordinator for investigation. Boxes for the messages to the Inmate Complaint Examiner (ICE) were visible in the housing unit hallways. The Inmate Complaint Examiner indicated that correspondence is retrieved from the boxes by the third shift captain three days a week and placed securely in the locked ICE mailbox.

Site Review.

The facility consists of 25 buildings, 16 of which are General Population Housing Units with multiple occupancy cells with one that is an open bay style setting. There are 50 single cells in a two-wing Restrictive Housing unit (RHU), 20 of which are in a separate wing and serve as Intake cells. There is a school and programs building, a Health Services Building, two greenhouses, a chapel and multiple maintenance buildings. The population, on Audit Day 1, was 760.

Immediately after the introductory meeting, the auditors were escorted inside the facility and began the site review, starting with the Restrictive Housing Unit (RHU), which is just inside the facility. Inside the RHU are segregation cells in one wing, and a separate wing that is operated as a minimum-security, Intake area and houses offenders, newly arrived at the facility, to provide them a period of Orientation prior to being assigned a permanent housing assignment. Auditors observed the layout of the unit, location of cameras and camera monitoring areas, staff supervision, placement of PREA Audit notices and other PREA informational resources. The Control Center is in the center of the building, between the two wings, and the unit is staffed with two Correctional Officers and a Sergeant. Rounds by unit staff were documented in the unit logbook and unannounced rounds by upper level staff in the PREA Unannounced Rounds Logbook. An intake screening and facility overview, including PREA information, is conducted by Psychological Services Unit staff on the day of offenders' arrival or the following day, in the RHU, and Auditors were able to observe this process. A full Orientation is provided when the incoming offenders "graduate" from the RHU to the second step of intake processing.

Auditors noted that the shower stalls in the RHU are single person stalls in view of the Control Center, with full doors and a cuff slot in the middle. The top portion of the shower stalls have a small, narrow window so that staff can maintain adequate supervision. Auditors noted that an occupied shower stall had no cover on the cuff slot, even though offenders are provided a magnetized cover they can place over the slot while showering. Staff explained that inmates often prefer not to cover the slot so they can use it as a place to set their clothing to keep it dry while they are showering. Auditors and staff discussed the possibility of putting the door slot cover on the outside so that inmates would be afforded some privacy and still be able to keep their clothes from getting wet. Another option suggested was to install some clothing hooks that would hold the clothes. Staff were immediately willing to explore both suggestions, and on November 16, the Auditor received information detailing how the process has been changed to require the staff to place the magnetic cover on the outside of the slot to ensure inmates' ability to shower with adequate privacy.

Next, auditors were escorted to Cottage 1. The facility was originally built to be the Wisconsin Girls School and is laid out in what is known as the Cottage Design. As a result, the Housing Units, except for the RHU, Cottage 12, and one other minimum-security unit, Unit A/B, are not brick buildings with cell blocks inside as is typical of correctional institutions. Rather, they look like stone cottages on the outside and have larger rooms, decorative tile floors, day rooms with French doors, built in book shelves, and fireplaces inside. There are 10 cottages, all in the same design, and each one has 45 prisoners assigned to it, in single to four-person rooms, on two levels. There is one sergeant for the entire building, and patrol officers complete required rounds, at staggered intervals, throughout all the cottages. There is a camera located at both ends of the hallway on both the first and second floors, and stairways at both ends of the buildings. The cameras are monitored in the sergeants' office, located on the first floor of the cottage, to the left of the entry stairway, just inside the main entrance. Opposite gender staff entering the cottage go immediately into the office where the sergeant rings a "bell" that can be heard throughout the building to announce the presence of opposite gender staff. Auditors noted that the audit notices were posted in each cottage, along with posters identifying PREA information. Rounds were documented in the unit logbooks and the PREA Unannounced Rounds Logbooks. Each cottage has a list identifying designated Mental Health Staff for the unit and on call staff as well.

Auditors noted that the bathrooms have individual shower stalls with curtains and toilet stalls with partial walls, that afford offenders adequate privacy for showering, changing clothes, and using the toilet, without compromising staff ability to maintain supervision in the area. In the back of each cottage is a

laundry that is staffed by an inmate worker. The laundry has a Dutch door, with the bottom half locked, that allows inmates to drop off and pick up their laundry without entering the laundry room. Each cottage also has a kitchen and dining room, although all meals are prepared in the main kitchen and delivered to the Housing Units/Cottages. Auditors conducted informal interviews with both staff and inmates while touring the cottages and were able to make test calls to the telephone numbers for reporting allegations of sexual abuse to numbers both inside and outside of the agency.

Other cottages were toured in the same manner as the first one, and it was soon obvious that unless the auditors split up to review the remaining cottages, the onsite review could not be completed that day. Auditors went with different staff escorts to review the remaining cottages and conduct informal interviews, and found no notable differences among them. Auditors also toured Housing Units A/B, which were built more recently than the cottages and contained open bays, and were able to conduct informal interviews, identify video monitoring systems, and verify the appropriate PREA information was posted in the units, including the Audit Notices.

The facility review resumed after a lunch break and covered the remainder of the facility that included the Control Center, a Health Care Building where both Medical and Mental Health Services are located, the Program/Education Building, the Maintenance area, the Chapel and Chaplain's office, the Recreation yard, and several greenhouses.

None of the cameras monitored in the Control Center provide a view into any shower or bathroom areas and no inmates were able to be viewed in a state of undress. Control Center staff demonstrated how the agency's computerized data system is set so that housing assignments of prisoners with opposing PREA scores cannot inadvertently be housed together.

In the Programs/Education building, auditors noted two bathrooms; one downstairs and one upstairs, that had three toilet stalls in each, and mirrors near the ceiling, that afforded a view of the toilet seat, in the third stall of each bathroom. Staff and Auditors discussed possible ways of repositioning the mirrors, or blocking the view that is directly over the toilet seat, on the mirrors themselves. Again, staff were very receptive to suggestions made by auditors.

Both custody and non-custody staff were assigned in the main kitchen. There are currently no cameras in the kitchen but that is part of a camera project that is scheduled for the facility, and there were no blind spots noted. There is a basement storage room and auditors suggested that an off-limits to inmates sign be posted there.

The Chaplain was present during the onsite review. There were some isolated areas noted in the Chaplain's area and the Chapel is the most remote building on the compound. This is another area being discussed for the upcoming camera project.

There are two greenhouses in the compound, a large one and a small one. Both have one to two prisoner workers assigned to them and staff said that PREA scores are not being considered when the job assignments are made. Typically, those job assignments go to tutors in the Horticulture class, but auditors did recommend that PREA scores be reviewed before the assignments are made. Rounds are made on a staggered basis, by patrol staff, and there are no cameras in either greenhouse.

The Visiting Room is down a short hall to the left of the front desk and has two cameras. A strip search area off the Visiting Room has narrow partitions that go all the way to the ceiling and extend out a couple

feet. There is a window in the door of the strip search room. Staff stationed at the front desk said they stop all female traffic in that area if there is a strip search taking place. It should be noted that this issue was brought up by some inmates during random inmate interviews who said they can be viewed by fellow inmates during strip searches. Staff indicated that transgender and intersex inmates are not strip searched separately. While the standards don't specifically require it, in the spirit of allowing transgender and intersex prisoners to shower separately, the auditor recommends that the facility considers strip-searching transgender and intersex inmates separately from other prisoners and/or considers extending the partitions to block the view of other inmates during strip searches.

In total, there are 78 cameras inside the Facility, 22 of which are located in the housing units. Four cameras were added to the perimeter of the facility in 2018. DVRs, for recording, are located in the Control Center, the RHU Control Center, and in nine of the Housing Units.

Due to the size of the facility, the onsite review required the entirety of Audit Day 1. Interviews were begun Audit Day 2 by two auditors while the third completed the site review.

Informal Interviews.

Informal interviews were conducted throughout the facility, in each Housing Unit and each building that was visited. Auditors were careful to interview both inmate and staff in each of the buildings visited unless there were no inmates available in a unit due to daily activities outside of the housing unit.

Formal Interviews.

Formal interviews began on Audit Day 2, and were conducted with the facility administration, including the Warden, the Security Director, and the Human Resource Director, and other staff, offenders, volunteers and contractors. Auditors interviewed the random and specialized staff and inmates identified in the PREA Auditors Handbook.

There are currently 243 staff employed at the facility who may have contact with inmates. The facility reports that 58 staff who may have contact with inmates were hired in the past 12 months. It was reported that seven contracts for services with contractors who may have contact with inmates were entered into in the past 12 months. Thirteen random staff were selected from a shift roster of staff that were working on the days of the audit. Thirteen random staff were interviewed, selected by the auditor who made selections from a shift roster of staff that were working on the days of the audit, for each of the three shifts and including a variety of work assignments. Specialized staff interviews included the Director of Psychological Services and two staff psychologists, all of whom are responsible for Intake screening and Inmate Orientation, two Investigators, an Incident Review Team member, a designated staff member charged with monitoring retaliation, staff who are responsible for supervising inmates in Segregation, Health Care staff including the Director of Nursing and a staff nurse, staff who conduct unannounced rounds, and education and program staff. Some staff fill multiple roles; for example, psychological services staff who provide mental health services, intake and orientation services and retaliation monitoring. Those staff were interviewed using all applicable interview protocols and random staff were interviewed using both the random staff interview protocol and the first responder protocol that are provided on the PREA Resource Center website. Also interviewed were the training captain, the inmate complaint examiner, two volunteers and two contracted staff, both of whom are Health Care staff. Auditors selected specialized staff from provided rosters of those who performed the specialized functions and, where more than one person was named to operate was indicated, randomly selected the staff to be interviewed. Information included on the PAQ shows that there are 229 volunteers and individual contractors who may have contact with inmates, who are currently authorized to enter the

facility. However, not all of them are currently entering the facility on a regular basis. Interviewees were randomly selected by the audit team from those who were available at the facility on the days of the interviews.

The lead auditor conducted a phone interview with the Director of the Rape Crisis Center (RCCC) of Dane County on 10/21/18. The director was quite familiar with the facility and discussed the services RCCC would provide to inmates of local WIDOC facilities. Also interviewed by phone following the audit were the Agency Head Designee and the Fitchburg Police Department. An interview with the agency PREA Director (PREA Coordinator) was conducted following the Oakhill Audit, as was an interview with staff who provide forensic exams, at a local hospital, when needed.

A roster of inmates sorted by housing unit was provided to the audit team. Nineteen inmates were randomly selected for interview, including three who had written letters to the auditor. Rosters were also provided for inmates that were sorted by targeted interview categories. Inmates selected for targeted interviews were selected from a roster of inmates who were designated with a "special handling" need for various reasons, including, but not limited to, potential risk of victimization or abusiveness, or some type of handicap or disability. Rosters were also provided for those with cognitive disability, accepted mental health meeting as the result of previous sexual abuse disclosed at risk screening, and those who self-reported as LGBTI inmates. These rosters were used to randomly select inmates to be interviewed for the targeted interviews. Fifteen inmates were identified for these targeted categories; five who were designated as disabled or limited English proficient, one who was cognitively disabled, two who disclosed victimization during a risk assessment, one who indicated he had reported sexual abuse, but turned out to have reported sexual harassment, and one inmate who was in segregated (restrictive) housing, but not due to risk of victimization, and one who had written a letter to the auditor. Four of the eight inmates who were identified to have self-reported to be LGBTI inmates were randomly selected for interviews, it was not disclosed during the interviews that any were transgender or intersex inmates. No interviews were conducted with youthful inmates as the facility does not house them, and no inmates who had reported sexual abuse were identified as being currently housed at the facility. Therefore, thirteen interviews for inmates in the targeted categories were completed. A review of the inmate rosters confirmed that none of the victims from the sexual abuse investigations during the audit period were still at the facility.

For the random interviews, an inmate was selected from each housing unit by the auditor identifying a randomly-selected specific position on the housing unit roster, with an additional inmate selected from a housing unit as necessary to ensure a satisfactory sample of inmates. Also included in the random total were those who had written letters to the auditor or indicated to the team during the onsite review that they were interested in being interviewed.

File Review

Inmate records were reviewed for risk screening and prisoner education documentation for each of the inmates selected for interview. Four physical inmate files were reviewed to verify paper documentation that these processes were conducted properly prior to automation of the process. A review of the WICS automated database information was reviewed to verify appropriate risk screening and prisoner education for the remaining sampled inmates. Inmate records are secured in a locked area with very limited access to staff and no access to prisoners.

Staff files were reviewed onsite to include random samples of promotions (5), demotions (1), contractors (4) and transfers(6) over the last five years. (16)

Investigative Files (9)

Grievances (3)

Training information from rosters for all staff

WICS Risk assessment report for all inmates

Investigations

The facility conducted nine investigations of sexual abuse or sexual harassment during the audit period, including four involving Staff Sexual Misconduct (sexual abuse). One of these included two alleged victims which resulted in one being substantiated and the unsubstantiated. The substantiated allegation was referred to local law enforcement, and the staff perpetrator of the sexual abuse was prosecuted locally. The facility found the allegation to be substantiated but the criminal investigation had not been entirely adjudicated yet. For the remaining staff sexual abuse investigations, one was determined to be unsubstantiated, one was substantiated and one was unfounded. The remaining investigations consisted of two inmate on inmate sexual abuse allegations, one that was unsubstantiated and one with no finding as the suspect had died more than a decade before the allegation; and three inmate on inmate sexual harassment allegations, one of which was substantiated, one unsubstantiated and one unfounded. Staff provided all nine investigations for review. All appeared to have been conducted correctly, all investigations were launched promptly, were thoroughly conducted and all victims were properly notified of the dispositions. Cases involving potentially criminal behavior are referred to the Fitchburg Police Department for investigation. A phone call to the Fitchburg police verified that they do conduct criminal investigations referred by facility staff, but that there is no MOU in place outlining that arrangement.

Exit Conference.

The lead auditor conducted an exit conference, with agency officials, on the afternoon of Wednesday, October 17, 2018, at the close of the work day. Present at this meeting, in addition to the three auditors, were:

- Warden, Cheryl Eplett
- Deputy Warden, Paul Ninneman
- Agency PREA Coordinator, Leigha Weber
- Director of Psychological Services, Dr. Dawn Landers
- Social Worker, Mya Yohr
- Security Director and Facility PREA Compliance Manager, Beckie Blodgett

Staff were eager to engage in open discussion regarding the auditors' findings and were appreciative of suggestions made by the auditors that might help them enhance their compliance with the PREA standards. Areas of non-compliance were few, and staff were ready to begin immediately making needed corrections. The Audit concluded at 5:00 p.m. on Wednesday, October 17, 2018.

Post-Audit.

On Tuesday, October 23, 2018, the Auditor contacted PREA Compliance Manager, Beckie Blodgett, to remind her that she may take down the posted audit notices.

Subsequent email and telephone contact with the agency PREA Director and facility Compliance Manager occurred post-audit to request clarification, addressing questions or requesting documentation as the team has worked its way through the standards.

Throughout the audit process, the agency and facility staff have been very responsive to all requests for documentation and corrective action. The facility initiated several actions immediately in response to

items of concern mentioned during the onsite review and exit meeting, prior to receiving the interim report. They provided photographic confirmation on November 16, 2018 that most of the concerns were addressed. During the corrective action, additional action was taken to create an translucent wedge on a convex mirror in a prisoner bathroom that ensured a noted issue was corrected and photographic documentation of that correction was also provided. Through review of the photographic evidence and documentation provided following the onsite audit and the interim report, the auditor finds the facility to be compliant in those identified areas of concern.

Multiple documents were requested following the onsite audit, including post orders for the patrol officers whose assignments require them to conduct rounds or other duties in cottages throughout their shifts, logbook entries and daily sign-in sheets for specific cottages on specific days during the audit period. These documents were used to affirmatively determine that the amount of staff traffic on each shift into cottages sufficiently augments the supervision of the one sergeant for each cottage. The auditor would like to acknowledge the work required by facility staff to gather the specific documentation requested, and confirm that it was very helpful to determine compliance for the staffing of the housing units.

Documentation was provided by the agency PREA Director to demonstrate that requests were made to all local law enforcement agencies that support WIDOC correctional institutions that they will comply with victim services standards. Additional documentation was also provided by the facility and agency to confirm compliance with staff training requirements.

The facility is found compliant with all standards.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Oakhill Correctional Facility is a minimum-security, adult male, facility in the Wisconsin Department of Corrections. The facility is staffed by 243 employees. The average daily inmate population, for the last 12 months, was reported as 665. Housed at the Oakhill Correctional Facility are inmates who are serving Wisconsin sentences, a Federal sentence, or a sentence from another state. Also housed at this facility are offenders who have been temporarily confined due to violations of community supervision. The population on Audit Day 1 was 760.

The Facility was built in 1931, but remained vacant until it was opened, as the Wisconsin School for Girls, in June of 1941. It is listed as a historical site in the State Historical Society Register. In 1976, the School for Girls was closed, and the facility was taken over by the Wisconsin Department of Corrections, renamed, and converted to a minimum-security facility for adult males.

The facility was originally built to house 344; however the current capacity of the facility is greater than the designed capacity because it has been repurposed. The large rooms designed for a single occupant for the girls' school are permitted to house multiple persons as a correctional institution. Additionally, capacity has increased through creation of dorm space in one of the buildings for an additional 50 inmates.

The original buildings were built using the cottage system, meaning that the original housing units, built of Lannon stone, look like cottages rather than like traditional prison cell blocks. Inside the facility, the 10 two-story cottages have decorative tile floors, dayrooms designed to look like living rooms with French doors leading to a patio, built in bookshelves, and fireplaces, in addition to the inmate rooms. Each of the 10 cottages has a kitchen, dining room, and laundry, although the facility also has a main kitchen where all meals are prepared and then delivered to the cottages. The original 10 cottages remain and are currently used as housing units, which gives the facility a very different look from the traditional prison setting. Each of the 10 identical cottages has both individual and multiple occupancy rooms, for which inmates have their own keys, a kitchen/servery, dining room, a card room, a day room and laundry. The facility also has a main kitchen where meals are prepared and then delivered to the cottages. Only about one third of the inmate population eat their meals in the main dining facility.

Each cottage is staffed by one sergeant and there are cameras on each end of the hallway in both the downstairs and upstairs hallways. The Sergeant's office is directly adjacent the main entry, and female staff entering the cottage go directly into the office to make the announcement of opposite gender presence. The bathrooms have individual shower stalls with curtains, and toilet stalls with partial doors that allow staff to supervise but do not compromise offenders' ability to use the toilet, and to shower, without some measure of privacy. The original facility also included several other buildings, i.e., a school and programs building, which is still in use, and some additional, more modern buildings, including a Health Services Building and a Restrictive Housing Unit (RHU) that houses Segregation and the Intake Unit, in separate wings, were added later. The RHU contains 50 cells, including 20 in a wing that is

designated as an Intake Unit. Two more buildings, each containing two housing units, were also added later. Of the 17 housing units, one contains single person cells, one is an open bay setting, and the rest are made up of single and multiple occupancy cells. There is also a Cottage 12, that is used as a short-term Housing Unit, as sort of a, "graduation unit" between the time offenders leave the Intake Unit and before they receive a permanent housing assignment. Interestingly, there is no Cottage 11. The facility is surrounded by electrified, chain link fencing.

The Facility is in Dane County, on approximately 160 acres, about half of which is wooded. Among its accomplishments, for fiscal year 2018, the Facility lists the addition of 30 new inmate general population beds, the planting of 39 trees along the institution driveway, renovation of the gatehouse and painting of the gymnasium, the donating of 17,288 edible and ornamental plant seedlings to the Dane County Kid's Garden Network, 10,814 pounds of garden produce used in the institution kitchen, and 20,059 pounds of garden produce donated to local food pantries.

A continuing challenge for the facility is the recruitment of staff, both uniform and non-uniform, but they have succeeded in filling various positions, in the past year, including correctional officers, sergeants, security supervisors, corrections program supervisor, human resource assistant, payroll and benefits specialist, building and grounds superintendent, corrections food service leaders, chaplain, support staff and social workers and treatment specialists. In addition, the Facility has, in the past year, entered into seven contracts for staff who may have contact with inmates, and identifies that there are approximately 188 volunteers who are helping to support the Facility's addiction support meetings, religious programming, re-entry assistance, veteran's assistance, educational programming, mental health assistance and more. Many of them are long-time volunteers at Oakhill Correctional Facility. Information included on the PAQ shows that there are 229 volunteers and individual contractors who may have contact with inmates, currently authorized to enter the facility. However, not all of them are currently entering the facility on a regular basis.

Offenders housed at Oakhill range in age from 18 to 76 years, with the average offender age being 41.25 years. More than half of the offenders at Oakhill are serving sentences for violent crimes, and 50% of them are serving their first State of Wisconsin incarceration. Only 9% of the offenders housed at Oakhill are serving life sentences and 75% are less than five years away from their release date. Of the adult male offenders housed at Oakhill, 56% are white, 41% are black, 2% are Native American, 1% are Asian or Pacific Islander, and 6% are of Hispanic origin.

Offenders arriving at Oakhill are temporarily assigned to the Reception and Orientation Unit, which is housed inside the Restrictive Housing Unit. There are 20 cells in a separate wing of the RHU, that operate as minimum security intake and are reserved for this purpose. For Phase II, inmates "graduate" to Cottage 12 for more in-depth facility orientation, follow-up PREA risk screening and comprehensive PREA education, receipt of general population uniforms and receipt of their assignment to a permanent housing assignment. After completing the orientation process, they are given a permanent housing assignment in one of the cottages or in Housing Unit A or B.

Adult Basic Education, up to High School Equivalency Diploma, is available and other programming offered at Oakhill includes Alcohol and Drug Abuse programming, Cognitive Behavioral programming, and vocational classes such as a Horticulture certificate program that teaches fundamentals of horticulture with additional courses on landscape design and maintenance, interior-scaping, floral design, turf management and greenhouse operations. The Facility has several large greenhouses and there is an abundance of plant life throughout the facility, in and out of doors, and plants are available for

purchase, by employees and visitors, in the main lobby of the Administration Building. A second vocational program, the Building Services Class, teaches offenders the proper use of power tools, how to install and replace electrical switches and fixtures, installation and repair of floor and wall coverings, as well as general building skills. There are also a variety of recreational opportunities for offenders, including basketball, volleyball, and handball, as well as religious services and activities including a Native American pipe ceremony and a monthly Sweat Lodge.

The facility has a Health Services Center that is staffed Monday through Friday, from 7:00 am to 11:00 pm, weekends from 7:00 am to 3:00 pm, and on call staff are available for emergencies. Dental care is also available to offenders at Oakhill, as are mental health services provided through the Psychological Services Department, which employs both psychologists and social workers. Medical staff do not conduct forensic exams. That function is provided by University of Wisconsin Hospital in nearby Madison.

A variety of work opportunities are available to offenders housed at Oakhill. Assignments within the institution include various positions in the Housing Units, the main kitchen, and with the Badger State Industries which operates the Upholstered Products Shop, inside the facility, employing inmates in the manufacturing of office chairs and institutional seating. Other Facility employment opportunities exist with the Utility Crew, Garden Crew, and Custodial Department. In addition, there are opportunities for offenders to be employed outside the facility. Outside employment is arranged through the Work Release Committee, and the Work Release Multi-Disciplinary Committee that consists of employees from Health Services, Psychological Services, Social Services, Program Services, and the Education Department, who collectively determine each individual applicant's fitness for employment outside the facility. Most of the offenders at Oakhill are employed. In fact, an afternoon visit to Housing Units A and B revealed that only two to four offenders were actually present in the unit at the time, because all others housed there were involved in either work or programming of some type and the ones who were present, were also employed, but worked alternate hours.

The Facility identifies, as its primary emphasis, preparing offenders for release into the community by providing education, treatment programs, work release opportunities and re-release programming.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	4
Number of standards met:	41
Number of standards not met:	0

Exceeds Standard:

115.31 The facility is found to exceed the standard due to the additional training and information provided to staff outside of the general initial and refresher training provided. The agency publishes periodic newsletters so that everyone in the department can know what is going on with the agency's PREA initiatives, conducts PREA workshops for staff state-wide, and provides all staff with informational cards that can be kept with staff's IDs as a reminder of what they need to do to respond to an incident of sexual abuse.

115.41 The facility is found to exceed the standard due to the use of clinicians to conduct the risk assessment as well as their efficient process to enable the vast majority of risk screenings to be accomplished not only timely, but within 4 to 24 hours of arrival. In addition, their process ensures consistency between initial and follow-up screenings.

115.73 The facility is found to exceed the standard because the facility provides notification of outcome of investigations not only for investigation of sexual abuse allegations, but also for sexual harassment investigations.

115.83 The facility is found to exceed the standard because of the provisions made for offenders as they transition to the community.

Meets Standard:

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.35, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.76, 115.77, 115.78, 115.81, 115.82, 115.86, 115.87, 115.88, 115.89.

Did not meet Standard (at time of interim report):

115.21 There was no request to the law enforcement agency that the law enforcement agency agrees to comply with 115.21(a)-(e) in order for the facility to comply with 115.21(f). Corrective Action: Provide documentation that the request has been made to the local law enforcement agency for facility's compliance with standard 115.21(f). During the corrective action period, documentation that compliance had been requested of the Fitchburg Police Department was provided by the agency PREA Director.

115.22 The number of allegations received through the hotline and grievances is greater than the number of investigations. Need documentation to explain how it was determined that some did not

require to be investigated under PREA. Corrective Action: Provide documentation related to the contacts that did not become investigations. During the corrective action period, documentation was received by this auditor of the content and response to those contacts. The auditor is satisfied that the number of investigations is correct based on a review of the documentation. Multiple contacts were duplicates due to the number of reporting options, and not all contacts included allegations of sexual abuse or sexual harassment.

115.35 Training documentation was not available onsite for some Health Care/Mental Health staff, both the general PREA training and the Health Care/Mental Health specific training. Corrective Action: Provide documentation that all staff have completed the required general and/or specialized training. During the corrective action period, documentation of successful completion of the training was provided by the facility and the agency.

115.63 No documentation of notification of allegations of sexual abuse were sent/received to/from other facilities. Corrective Action: provide documentation of both actions. During the corrective action period, documentation was provided by email including three samples of notifications made during the audit period to other facilities of reports of sexual abuse at those facilities and three samples of notifications received from other facilities of reports of sexual abuse reported to have occurred at OCI.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Agency PREA Director Position Description 3. Agency Organizational Chart <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. PREA Director (Agency PREA Coordinator) 2. PREA Compliance Manager <p>DISCUSSION</p> <p>(a) Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA) outlines the Wisconsin Department of Corrections (WIDOC) policy, procedure and processes as they relate to preventing, detecting and responding to sexual abuse and sexual harassment of inmates under its jurisdiction. Its scope includes all staff, contractors, and volunteers with the Wisconsin Department of Corrections. It establishes a zero tolerance policy for sexual abuse, sexual harassment, and report-related retaliation within its facilities, and addresses requirements for those agencies with which the WIDOC contracts for confinement of its inmates. Executive Directive 72 also defines terms related to prohibited sexual conduct in WIDOC facilities and addresses sanctions for such conduct for both staff and inmates. Sections of the policy provide reference to the PREA standards with which they correspond.</p> <p>The directive reinforces that the DOC provides a coordinated victim-centered response to reports of sexual abuse and sexual harassment. This includes providing medical and mental health services to victims of sexual abuse and sexual harassment while investigating all allegations. The DOC provides multiple avenues to report allegations of sexual abuse and sexual harassment and, further, recognizes the right of employees and offenders to be free from retaliation for reporting sexual abuse and sexual harassment.</p> <p>It requires that the DOC train all staff members, contractors, and volunteers to recognize, respond to, and report sexual abuse and sexual harassment, and requires that the DOC provide offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment, and report-related retaliation. The directive also includes the requirement that the DOC employ a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identify core causal factors, and take corrective action so as to align with a zero tolerance environment.</p> <p>(b) The agency has established the position of PREA Director, who is part of the Management Team and part of the WIDOC Secretary's Office. The PREA Director leads an ever-growing number of staff, each responsible for various elements of PREA compliance throughout the department. The agency PREA Director's position description was provided with the PAQ as well as an organizational chart showing where her office fits in the organization, demonstrating that this position has full access to the Secretary to be able to develop, implement and oversee agency efforts to comply with the PREA standards in all WIDOC facilities.</p>

(c) At Oakhill Correctional Institution (OCI), the Security Director has been assigned as the PREA Compliance Manager, reports directly to the warden, and is part of the facility management team. During an interview, it was mentioned that the security director has one of the busiest jobs in the institution, so it is essential to prioritize daily duties to get all of them done. When asked if she has enough time to manage all the PREA-related duties, she stated they do get done, but sometimes not as soon as she would like. It has been observed, during the time this auditor has been working with OCI's compliance manager, that she makes the time to accomplish what needs to be done, even if it means putting in extra hours. During the onsite review, this auditor also spoke with the backup compliance manager who is able to assist with a portion of the PREA duties within the institution.

CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Letters to contracted agencies regarding the need to have audits and report on compliance progress 2. WIDOC Compliance Form blank 3. Letters and draft policy to contracted agencies regarding compliance review process 4. Compliance Form - Blank 5. DAI Policy #410.00.01 PREA Compliance Review of Contracted Facilities, effective 4/1/18 6. DOC-2845 Contract Compliance Review Report (Fond du Lac).doc 7. DOC-2845 Contract Compliance Review Report (Milw HOC).doc 8. DOC-2845 Contract Compliance Review Report (Jefferson).doc 9. DOC-2845 Contract Compliance Review Report (Juneau).doc 10. DOC-2845 Contract Compliance Review Report (Vernon).doc 11. DOC-2845 Contract Compliance Review Report (Sheboygan).doc 12. DOC-2845 Contract Compliance Review Report (Ozaukee County).doc 13. Vilas County PREA Audit MOU.pdf 14. Oneida PREA Audit MOU.pdf 15. Sauk County PREA Audit MOU.pdf 16. Racine County Jail FTP Confirmation.pdf 17. Fond du Lac PREA Audit MOU.pdf 18. Jefferson County Letter of Commitment 7.30.2018.pdf 19. Ozaukee County Letter of Commitment 7.17.2018.pdf 20. Milwaukee HOC Letter of Commitment 7.17.2018.pdf 21. Juneau County Letter of Commitment 7.31.2018.pdf <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. PREA Coordinator (serves as the agency contract administrator for the MOUs with facilities confining WIDOC offenders) <p>DISCUSSION</p> <p>(a) Documentation provided with the PAQ demonstrates that WIDOC has entered into 11 Memoranda of Understanding with other agencies to house WIDOC inmates. Most of these are county facilities. Review of each of the MOUs, Paragraph Q, confirms that each of the contracted jails agrees to comply with all of the PREA standards. It indicates that WIDOC staff will monitor compliance. Additional documentation provided with the PAQ demonstrates their intention and efforts to have an audit conducted every three years. Documents provided include confirmation that one of the facilities has even hosted a field training audit.</p> <p>(b) Review of the documentation, and interview with Wisconsin Department of Corrections (WIDOC)'s PREA Director (Coordinator) has demonstrated a great amount of activity and focus on compliance with this standard. The PREA Office has established a streamlined and increasingly consistent monitoring process between WIDOC and the facilities with which it contracts. Documentation provided demonstrates that since 2017, the WIDOC PREA office has worked to enhance the partnership with 11 confinement facilities with which WIDOC</p>

contracts for confinement of its inmates in order to better ensure the prevention, detection, and response to sexual abuse and sexual harassment in those agencies. They have sent letters explaining the monitoring and audit requirements. In February of this year, WIDOC provided all of the agencies with a draft policy and Compliance Review Form, to help them assess their compliance with PREA standards. In response, four agencies have provided MOUs with DOJ-certified auditors to have audits conducted at their facilities. Four others have provided letters of commitment to have audits conducted. Another one recently hosted a Field Training Audit at their facility. Compliance Review Forms (WIDOC 2845) have been completed and submitted to the WIDOC PREA Office from seven of the 11 contracted agencies. The agency's compliance with this standard has been demonstrated through establishment of their structured process to monitor contracted agencies' compliance with the PREA standards, including audit requirements, and its documented communication to ensure requirements are met.

It should be noted that the facility does not contract for confinement of its inmates.

CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72, Section IX.D., Supervision and Monitoring. 2. DOC-1024H (10/2006) 3. Facility Procedure #900.404.02, Unannounced Supervisory Rounds (PREA) 4. Logbook Excerpts - unannounced rounds samples for each housing unit 13. Patrol positions post orders <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. PREA Director (agency PREA Coordinator) 2. Warden 3. PREA Compliance Manager 4. Intermediate and Higher Level Supervisors <p>DISCUSSION</p> <p>(a) Review of the most recent staffing plan demonstrated that it does address all of the elements listed in the standard. During interviews, the Warden and PREA Compliance Manager both reinforced that all the elements listed were considered. (1) Generally accepted detention and correctional practices; the plan indicated there were 80 correctional officers assigned, 96 sergeants, 7 lieutenants and 7 captains. (2) Any judicial findings of inadequacy (none); (3) Any findings of inadequacy from Federal investigative agencies (none); (4) Any findings of inadequacy from internal or external oversight bodies (none); (5) All components of the facility's physical plant (including "blindspots" or areas where staff or inmates may be isolated); the plan indicated that cameras and mirrors have been placed and structural changes made to the facility to enhance staff's observation capabilities. Administration has identified some areas of vulnerability. Patrol officers cover these areas, and additional cameras have been requested to enhance security in these areas. (6) The composition of the inmate population; minimum security. The plan reinforced that prisoners are "paired with care" in housing units based on individual needs and histories. (7) The number and placement of supervisory staff; supervisory staff conduct rounds and the facility established roving positions to augment staff assigned to various positions. (8) Institution programs occurring on a particular shift; During programming an officer is assigned to the location and nonsecurity staff are present as well. Patrol Officers also augment the supervision of inmates during programming. (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; the plan indicated the prevalence of sexual abuse did not suggest a need to adjust the staffing plan, stating there had been two incidents the previous year, one substantiated and the other unfounded, and (11) Any other relevant factors.</p> <p>(b) The Warden further stated that overtime would be mandated to cover required positions in the event of a shortage; therefore, no deviations from the staffing plan occurred during the audit period. She indicated there would not be a time that a housing unit wasn't staffed. This could be a struggle during times of heavy or unexpected transportation requirements, or staff calling in sick, mentioning that they did have some vacancies, as well. She discussed that</p>

some of the ways those shortages could be covered is by mandating overtime, asking for help from other facilities, or pulling staff from Monday-Friday posts, such as Property Officer. If short a supervisor, a Monday - Friday supervisor could work any position in the Institution. She tries not to keep staff isolated in any one type of position so they can work a variety of positions. Another option is to modify or stop movement for a time until the location can be covered, but this is a last resort. Positions are allocated by the Legislature, working with the chain of command. Staff indicated in interviews that they would like to see more than one staff per shift assigned to each cottage, but that the staffing is consistent with other agency facilities. They make up for this by providing multiple patrol officers, to provide additional coverage for each cottage, as documented in the patrol officers' post orders. Mirrors have been added and additional cameras requested. A review of count sheets for dates and cottages randomly selected by auditor verifies that additional staff are present in the buildings at various times throughout all three shifts. Security and nonsecurity staff regularly visit each cottage throughout each day.

(c) The Agency PREA Coordinator provided a roster of staffing plan reviews for all WIDOC facilities, as they were conducted in coordination with the PREA Coordinator. The roster indicated that Oakhill had conducted them 5/4/18, 8/11/17 and 2/17/16 as required by Executive Directive 72, Section IX, Supervision and Monitoring, Section A., and the standard (no less frequently than once each year). She also indicated, in an interview, that during a workshop she conducted for PREA Compliance Managers, she gave PREA Compliance Managers an opportunity to work on their staffing plans, to ask questions and request clarification on issues. Following this workshop, PREA Compliance Managers returned to their facilities to discuss the staffing plans with their administrators, then provided the final to the PREA Coordinator for review prior to finalizing. During staff interviews and review of the current staffing plan review, it was confirmed that the facility considered whether there needed to be changes in deployment of staff, the need for additional cameras and/or mirrors, and other resources (such as the contingency plan of asking for assistance from other facilities).

(d) Executive Directive 72 requires unannounced rounds, to be conducted on all three shifts, to deter staff sexual abuse and sexual harassment. WIDOC has established a practice of such rounds being documented in a separate logbook as well as the regular unit logbook. Both logbooks were reviewed in each of the 16 housing units during the onsite review, which corresponded to show that the rounds were documented as required. It was also noted that there was no discernable pattern to those unannounced supervisory rounds. Additionally, no similar pattern was noted for the patrol officers assigned to visit housing units each shift. Executive Directive 72 states that employees are prohibited from alerting other employees that these rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. This prohibition was also verified during interviews with Intermediate/Higher Level Supervisors.

CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. DAI Policy 302.00.20, Placement of Juveniles in Adult Correctional Sites 2. Letter from Jim Schwochert, Administrator, Division of Adult Institutions, December 19, 2016 <p>INTERVIEWS</p> <p>PREA Director (PREA Coordinator) Warden</p> <p>DISCUSSION</p> <p>The agency PREA Director indicated that inmates under the age of 18 will not be housed in any Division of Adult Institutions (DAI) facility. Per the WIDOC compliance confirmation letter mentioned above, while youthful offenders had previously been housed at a few WIDOC adult facilities (not including this one), as of December 2016, they had all been moved to Division of Juvenile Corrections (DJC) facilities. DAI Policy 302.00.20, Placement of Juveniles in Adult Correctional Sites states that if sentenced as an adult, the offender will remain within the DJC and be transferred to a DAI facility at age 18. The Warden confirmed during her interview that no youthful offenders were housed at Oakhill Correctional Institution during this audit period and that youthful offenders would not be housed at Oakhill.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with the standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72, Sections X, Cross-Gender Searches, and XI, Training and Education, A3. 2. DAI Policy 306.17.02, Searches of Inmates 3. DAI Policy 306.16.01, Use of Body Cameras 4. Oakhill Correctional Institution Policy 900.404.03, Cross Gender Announcement Notification (PREA) <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Random Staff 2. Random Inmates <p>OBSERVATIONS</p> <ol style="list-style-type: none"> 1. Use of Opposite Gender Announcement Tone during onsite review 2. Female staff reporting to Sergeant's office before entering unit 3. Video monitors viewing areas where a prisoner could be in a state of undress <p>DISCUSSION</p> <p>(a) Executive Directive 72 and DAI 306.17.02 both prohibit cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances. The area where strip searches are conducted was viewed by the audit team and it was explained that the search would be conducted in an area with a barrier available to block the view of a person supervising the staff conducting the search, so the inmate would only be viewed by the staff member conducting the search. It appeared adequate for the purpose; however, the auditor recommends that if the barrier was extended slightly wider, it would afford better coverage for the inmate being searched in the event someone entered the room. Officers overseeing that area indicated that female staff are stopped from going into the area if a strip search is going on. It was reported in the PREA-Audit Questionnaire (PAQ) that no such searches were conducted during the audit period and verified during informal conversation with the PREA Director and staff present during tour that cross-gender strip searches and cross-gender visual body cavity searches do not occur unless under exigent circumstances, and have not occurred during the audit period.</p> <p>(b) While agency policy ED 72 and DAI 306.17.02 prohibit cross-gender searches of female inmates, Oakhill Correctional Institution does not house female offenders.</p> <p>(c) Executive Directive 72 and DAI 306.17.02 both require documentation of cross-gender strip searches and cross-gender visual body cavity searches. Such documentation was not available as a result of none being conducted during the audit period.</p> <p>(d) Executive Directive 72 and OCI 900.404.03, have been implemented, by the facility to enable, inmates to shower, perform bodily functions and change clothing without non-medical staff, of the opposite gender, viewing their breasts, buttocks, or genitalia, except in exigent</p>

circumstances or when such viewing is incidental to routine cell checks. Since this facility houses male inmates, it is required that female staff's presence is announced upon entering the unit. This may be done by voice, but is normally done using a tone activated in the Sergeant's office that can be heard throughout the unit. (This tone was referred to as a doorbell in several interviews.) Both staff and inmates verified this process in formal and informal interviews, and it was observed being used in all units during the onsite review. Additionally, the audit team observed, and staff explained, and that if the Sergeant's office was locked because they were elsewhere in the building, female staff waited near the entry until the Sergeant returned to the office to emit the tone. The audit team viewed monitors, in the facility control center and in the housing units, to determine that cross-gender viewing was not possible when viewing the monitors.

It was observed during the onsite review in the restricted housing unit that the cuff slot in the shower door was open and clothing was rolled up and located in that opening while an inmate was showering. Concern was expressed to the housing unit staff, who indicated that there is a magnetic covering on the inside of the door for the inmate to use to cover the opening, but that the inmate had chosen to place the clothes there in lieu of the hooks near the door, to reduce the risk of his clothes getting wet. This was the only housing unit with this shower configuration. Concern for cross-gender viewing of inmates using these showers was shared with leadership. On November 16, this auditor received information that the shower process in this unit has been changed to require the staff to place the magnetic cover on the outside of the slot to ensure inmates' ability to shower with adequate privacy.

(e) Executive Directive 72 and DAI 306.17.02 both prohibit searches of transgender and intersex inmates solely to determine the inmate's genital status and state that genital status will be determined based on conversations with the inmate, reviewing medical records, or as part of a broader medical exam conducted in private by a medical practitioner. Based on formal interviews with random staff, this was clearly understood that such a search is prohibited by policy. While two transgender or intersex inmates were selected to be interviewed, neither indicated that they felt they had been searched at this facility solely to determine their genital status.

(f) As required by agency and facility policy, staff are provided training updates yearly, during which training related to searches is conducted, according to staff trainers and random formal and informal interviews with random and training staff. Included in the academy and update search training module is a video demonstrating proper searches, including proper search of transgender and intersex inmates. The audit team reviewed this video. DAI policy 500.70.27, Transgender Inmates, Section III E, Pat Searches, also reinforces that a proper pat search is conducted "using the back of the hand or bladed hand for the chest and groin area." Review of the lesson plan shows that a simulated search is also demonstrated. Demonstration of the training database as well as discussion between staff trainers and the audit team, showed how facility administration is able to ensure that all required training is completed and verified that all security staff had received the required training.

RECOMMENDATIONS

During interviews, some inmates stated they can be viewed by fellow inmates during strip searches. Staff indicated that transgender and intersex inmates are not strip searched separately. While the standards don't specifically require it, in the spirit of allowing transgender

and intersex prisoners to shower separately, the auditor recommends that the facility considers strip-searching transgender and intersex inmates separately from other prisoners and/or considers extending the partitions to block the view of other inmates during strip searches.

CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72 2. DAI 300.00.35, Americans with Disabilities Act 3. DAI Policy 300.00.61 Language assistance for Limited English Proficiency (LEP) Inmates. 4. Contract for Language Translation/Interpretation Services. 5. PREA posters and inmate educational materials in English and Spanish <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Agency Head/Designee 2. Random Staff 3. Disabled or Limited English Proficient Inmates <p>DISCUSSION</p> <p>(b)(c) During 15 random staff interviews, all indicated they would not allow an inmate to interpret for a person making a complaint of sexual abuse. Use of professional interpreters and/or the facility's use of the language line was widely discussed. No limited English proficient inmates were identified during the audit. A pleasant and informative interview was conducted via "videophone" at the facility between a deaf OCC inmate. The inmate and interpreter were visible to each other to converse using sign language and the auditor was connected with the interpreter via telephone. The interpreter relayed questions, responses and statements between the inmate and auditor to conduct the interview.</p> <p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72 Section II, B4 and XVIA4. 2. DAI 300.00.35, Americans with Disabilities Act 3. DAI Policy 300.00.61 Language assistance for Limited English Proficiency (LEP) Inmates. 4. Contract for Language Translation/Interpretation Services. 5. PREA posters and inmate educational materials in English and Spanish <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Agency Head/Designee 2. Random Staff 3. Disabled or Limited English Proficient Inmates <p>DISCUSSION</p> <p>(a) The Agency Head/Designee indicated that the agency has established procedures to provide inmates with disabilities and with limited English proficiency (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. This is also confirmed in agency policy as listed above. She related that each facility has a Disability Coordinator and each inmate's needs are assessed at intake. She went on to mention that the agency offers a language line for</p>

interpretation and that PREA materials are available in English, Spanish, Braille, and audio. She indicated the PREA inmate education video is available in English and Spanish. The inmate handbook containing PREA information is available in English and Spanish. The contract for written translation services and oral interpretation services was provided with the PAQ and reviewed by the auditor.

(b) (c) During interviews, nine of twelve randomly-selected staff indicated they would not allow an inmate to interpret for a person making a complaint of sexual abuse, two indicated only in an emergency, and none of the them were aware of it ever happening that an inmate interpreted for another inmate reporting an incident of sexual abuse. Five disabled or LEP inmates interviewed indicated they received information about PREA that was understandable to them.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Executive Directive 42, Police Contact, Arrest, and Conviction Policy for Current Employees 3. WIDOC Background Check Procedure 4. Background Check Authorization 5. DOC-Candidate Ref Check 6. Filling a Vacancy effective May 2017 7. Email traffic relating to background checks <p>OBSERVATIONS</p> <ol style="list-style-type: none"> 1. Background check samples for each type of personnel action <p>INTERVIEWS</p> <ol style="list-style-type: none"> 2. Human Resources Staff <p>DISCUSSION</p> <p>(a) Agency policy prohibits hiring, or promoting, anyone who has engaged in sexual activity as described in this provision. This was confirmed during an interview with a Human Resources staff member. The auditor sampled five personnel files of staff who had been promoted, randomly selecting the first one of the year from 2014 through 2018. Executive Directive 42, Police Contact, Arrest, and Conviction Policy for Current Employees originated in January of 2014. Review of the files demonstrated that required background checks are being conducted.</p> <p>(b) Agency policy states that incidents of sexual harassment will be considered in hiring, promoting, or enlisting the services of any employee. This was confirmed during the Human Resources staff interview. Fifty-eight staff were hired or transferred into the facility. New hire background checks are conducted through the Bureau of Personnel and Human Resources. The auditor was able to view e-mail traffic from that office, that indicated to facility administration that the background checks were completed and "good to go". The facility indicated 100% of the 58 had the required background checks. Review of the random sample documentation for new hires, and file reviews for promotions (5), demotions (1), contractors (4) and transfers (6), supports that assertion.</p> <p>(c)(d) The agency published a Human Resources Procedure, in 2016, which addresses training for those who conduct background checks, and outlines the process for conducting background checks, of all new hires and promotions. During an interview, a Human Resources staff member verified that background checks are conducted on new hires and promoting staff, contractors, transfers, and demotions. The auditor was able to view files for each of these personnel actions and noted that background checks were conducted on all of them. It was also explained, during the interview, that all applicants fill out the background check authorization form which also includes questions that must be answered yes or no whether the applicant has a history of any of the elements of this standard. The background check authorization is then put in a sealed envelope and kept until a selection is made. The</p>

background check will then be completed only for the selected candidate. The auditor also saw an example of a situation where a background check was returned with information that an employee had been charged with a misdemeanor (not related to sexual abuse or sexual harassment). The auditor saw that the request had to be sent to a higher office for a clearance to hire. The Background Check Procedure indicates the request goes to the Bureau of Personnel and Human Resources within the Division of Management Services for approval in order for the person to be hired or promoted.

(e) According to the Background Check Procedures, fingerprints are taken upon hire of applicants, contractors, and interns, or others as applicable IAW federal security regulations. The date of the fingerprint is entered into a database. The Bureau of Personnel and Human Resources lets the facility know when each employee's five-year fingerprinting and background check is due. The Human Resources staff member stated that the background check process is required every five years for employees, both full-time and limited term, based on the last fingerprint date. Criminal background checks use several different sources for information. Persons promoting or transferring prior to the five-year time frame will have a background check earlier than the five years.

(f)(g) During the interview, the background check authorization form was reviewed and demonstrated that the questions required to be asked directly are required to be completed. Executive Directive 42 outlines the employee's, contactor's or intern's continuing affirmative duty to report police contacts, arrests, and convictions. Section VI, Reporting Requirements, requires notification of non-work police contact by the start of the employee's next scheduled work day or within 48 hours, whichever occurs first. Employees who fail to disclose police contact, arrests, and/or criminal convictions, aren't truthful about details, or who don't cooperate with the background check, or if it is discovered after hire that an employee did not disclose a prior criminal record, may be subject to disciplinary action up to and including discharge. The auditor was informed during the interview that if an intern not disclosing the criminal record would be grounds to no longer be retained.

(h) Agency policy states that WIDOC shall make its best effort to obtain and when requested, provide information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment, or any resignation during a pending investigation of a sexual abuse allegation. Employee information may be released with a signed Background Check Authorization from an employee. E-mail traffic between Human Resources offices requesting such information was provided to the auditor to demonstrate compliance.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <p>1. Emails related to camera project</p> <p>INTERVIEWS</p> <p>1. Agency Head/Designee 2. Warden</p> <p>DISCUSSION</p> <p>(a) During her interview, the Agency Head/Designee indicated that when planning substantial modifications to facilities, the agency and facility leadership together evaluate the current situation and look at other applicable standards, the facility staffing plan, and patterns of incidence of sexual abuse, compared with similar facilities. The Warden mentioned several items that had been changed to enhance safety and increase visibility, two of which were placing full glass doors on the MARS building, and adding General Population beds. 30 beds were added throughout the facility to pre-existing multi-inmate cells.</p> <p>(b) The Agency Head/Designee related that technology is used to monitor movement of both staff and inmates. Additional cameras enhance coverage and deter, or reduce, misconduct. Camera footage can also be used as an investigative tool, if there is a concern, because video can be played back to determine what took place. The Warden also related that a camera project to improve coverage of two specific areas has been initiated. E-mail documentation of the initial planning and cost estimate meeting was provided, which described the two areas and exactly what was needed for them. The Warden indicated the areas were identified for potential problems, suspicious behavior/incident reports, and blind spots. It should be noted that a substantiated sexual abuse incident did occur in one of the identified areas. She also indicated there are future plans to build an assisted-living-type housing unit, and that PREA concerns are definitely being considered as they move forward.</p> <p>CONCLUSION</p> <p>Based on the above information, the facility is found to be compliant with this standard.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XVI. Initial Response and Care, and Section XVII, Investigation 2. OCI and Rape Crisis Center.pdf - MOU - Rape Crisis Center of Dane County Wisconsin Department of Corrections Prison Rape Elimination Act Victim Accompaniment Guide 3. National Commission on Correctional Health Care - Response to Sexual Abuse 4. DAI Policy 500.30.19 HSU Procedures in the Event of Sexual Abuse 5, DAI Policy 306.00.14 Protection, Gathering and Preservation of Evidence 6. SUPPORT SERVICES WORKSHOP FOR WISCONSIN DEPARTMENT OF CORRECTIONS VICTIM SERVICES COORDINATORS, Resource Guide 7. WIDOC Office of the Secretary, DOC-2767 (9/2015), SEXUAL ABUSE INCIDENT, VICTIM SERVICES COORDINATOR RESPONSE CHECKLIST 8. Letter sent March 18, 2019 to all law enforcement agencies supporting WIDOC, requesting compliance with 115.21(a)-(e) <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Administrator - Rape Crisis Center of Dane County 2. PREA Director 3. Compliance Manager 4. Victim Services Coordinator <p>DISCUSSION</p> <p>(a) Agency policy outlines appropriate staff requirements to preserve and protect evidence in order to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Staff are provided with training, and are given cards to carry with their ID cards, to reinforce the proper steps to take when responding to an incident of sexual abuse as confirmed through training. The facility maintains a forensic evidence collection kit for use in a sexual abuse incident.</p> <p>(b) WIDOC's evidence protocol is based on National Commission on Correctional Health Care - Response to Sexual Abuse and is appropriate for youth; however, this facility does not house youthful offenders.</p> <p>(c) When evidentiarily appropriate, forensic examinations of inmates victims of sexual assault are provided by Sexual Assault Nurse or Forensic Examiners (SANE or SAFE) at Meriter Hospital in Madison, WI at no cost to the victim. Formal and informal interviews with staff confirmed that a victim would never be charged for a forensic examination resulting from sexual abuse. The facility reported that during the audit period, one inmate was transported to the hospital for a forensic exam. Agency policy prescribes the process to protect the evidence, to prepare the prisoner to understand the examination process, to make the appropriate contacts with the hospital, victim advocate, the facility victim services, and to process transportation required with a victim of sexual abuse.</p>

(d)(e) This facility has an MOU with Rape Crisis Center of Dane County (RCCC) to provide victim advocacy for inmates at this facility. During an interview with an administrator, the MOU was confirmed with this and two other WIDOC facilities in the area. She indicated that the relationship between her organization and WIDOC facilities was in effect since about 2015, prior to the MOU. The Center has 15 staff to cover 24 hours/day, for coverage of the help line or at a hospital. The administrator also stated it was her understanding the facility would transport a sexual abuse victim to the hospital for a forensic exam when appropriate. She indicated that an advocate would meet the person at the hospital, for the exam, but doesn't provide ongoing, in-person support, although would certainly provide support through the helpline. Services in person could include accompaniment during forensic exam and investigative interviews/court proceedings. Services via the helpline could include emotional support services, crisis intervention and information. She related that her organization is usually contacted by the hospital, or forensic nurse for a forensic exam, or contact could be made by the PREA Coordinator or PREA Compliance Manager. She was aware that some staff at the facility could provide advocacy services as well.

During interviews with staff, it was confirmed that WIDOC correctional facilities each have a victim services coordinator. Completion certificates were provide for two facility psychological services staff who had participated in the Support Services Workshop for WIDOC Victim Services Coordinators during the audit period. A facility victim support coordinator was interviewed and was very familiar with the process and responsibilities associated with the role. In addition, the agency provided WIDOC form DOC-2767, Sexual Abuse Incident Victim Services Coordinator Response Checklist, as well as their victim services accompaniment and resource guides, demonstrating an established process for victim support in response to sexual abuse.

(f) In an informal interview, an agency staff person indicated there has not been a request of the local law enforcement agency for agreement to comply with sections 115.21 a-e, but contact had been made with the Wisconsin DOJ to help facilitate this communication/direction with law enforcement agencies that support the WIDOC correctional facilities. Because the request had not yet been made, corrective action was required for compliance with this standard. Because of changes in state political offices following elections, it was uncertain when resolution of this situation would occur; however, the PREA Director continued to work through the process with the department leadership and the Wisconsin Department of Justice, and in mid-March of this year was able to formally request of all law enforcement agencies supporting correctional facilities that they agree to comply with standard 115.21, sections a - e. The request was sent to 25 agencies that provide law enforcement support to WIDOC facilities. Communication continued between the auditor and the agency PREA Director, who informed the auditor that letters were being prepared to go to the agencies, then forwarded documentation of the letters being distributed on March 18, 2019. The letters confirmed WIDOC's commitment to zero tolerance, prevention, detection and elimination of sexual abuse and sexual harassment and requested compliance by the law enforcement agencies with standard 115.21(a)-(e). The auditor confirmed that Fitchburg Police Department was included in this e-mail distribution, satisfying the auditor that the corrective action is complete and the facility in compliance with this standard.

(g) Auditor is not required to audit this part of the standard.

(h) Documentation provided by the rape crisis center indicates their counselors receive at least 20 hours of specialized training, and observe other counselors for a time, before they are permitted to perform their duties. The named qualified staff for the advocacy function are psychological services staff who have also received specialized training at a Support Services Workshop conducted by the Wisconsin Coalition Against Sexual Abuse.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. OCI Allegations Last 12 Months.xlsx 2. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XVII. 3. DAI Policy #: 303.00.05 Page 1 of 5 4. https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Agency Head Designee 2. PREA Director 3. Investigative Staff 4. Fitchburg Police Department <p>(a) Agency policy requires that an administrative investigation be conducted for all allegations of sexual abuse and sexual harassment and any that appear to be criminal are to be referred to local law enforcement for criminal investigation. This requirement was confirmed in interviews with facility and Fitchburg Police Department staff confirmed that they conduct investigation of allegations of potentially criminal behavior referred to them by the Oakhill Correctional Institution. Interviews were conducted with the Agency Head Designee, Warden, investigative staff and during informal discussion with the PREA Director and a victim services staff member.</p> <p>(b)(c) Executive Directive 72 is posted on the WIDOC website, and outlines the agency's policies as they relate to PREA. As such, it also requires that all allegations be investigated, and those that may be criminal in nature are also required to be referred to law enforcement for criminal investigation. Review of the investigative packets demonstrated that referrals were appropriately made to law enforcement for potentially criminal allegations. It also demonstrated that the referrals were properly documented, and that law enforcement conducts a criminal investigation for those referrals that is separate from the administrative investigation being conducted by the facility.</p>

(d)(e) The auditor is not required to audit these provisions.

Additional information was requested upon receipt of the list of hotline calls for this facility in order to reconcile the difference in number of investigations reported and provided with the greater number of hotline calls received as provided by the agency from their database that records calls received on the internal hotline (777) or the outside reporting line (888). Review of the documentation showed that many of the calls received were either not reporting PREA-related allegations, or a caller calling multiple times about the same alleged incident. Therefore, the auditor was able to reconcile the difference between the number of reports made through the multiple methods of reporting available, and the number of investigations reported during the audit period.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>DOCUMENTS REVIEW</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. A. 1. Training and Education. 2. Screenshots of the required online module all Wisconsin Department of Corrections employees are assigned and required to take upon hire 3. Several volumes of WIDOC PREA Office newsletter - PREA Page. WISCONSIN DEPARTMENT OF CORRECTIONS, From the PREA Office. 4. Screenshots of the required online module all Wisconsin Department of Corrections employees - assigned in the Fall of 2017. 5. DEPARTMENT OF CORRECTIONS WISCONSIN, Division of Management Services form DOC-1558 (Rev. 6/2018), Employment Statement of Acknowledgement 6. WIDOC Correctional Officer Preservice Program, Effective 01/2015 - statutes authorizations and mandates related to WIDOC staff training and Correctional Officer Pre-Service Training program. 7. Training Report documenting biennial PREA Training for Oakhill Correctional Institution (OCI) staff for multiple years.xlsx 8. Training Report documenting (2017 Refresher) for OCI staff.xlsx 9. Laminated ID sized card provided to all staff as a reference for response to an incident of sexual abuse. <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Training Captain 2. Institutional Training Officer 3. Random Staff Interviews <p>DISCUSSION</p> <p>(a) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. A. 1. Training and Education, outlines requirements and processes for providing PREA-related training to all staff who may have contact with inmates,. The policy requires, as topics, a minimum of all of the elements listed in this standard. It was indicated during an interview with training staff that, per policy, this training is provided during the pre-service training (academy) as well as every two years for existing employees. Screenshots of the online curriculum were reviewed which confirmed that the required topics are covered. In addition, all random staff interviewed indicated that they had received this training, either as a current employee or "in the academy". Staff interviewed were very knowledgeable about prevention, detection and response to sexual abuse and sexual harassment. Reports from the Cornerstone training database were reviewed, verifying PREA biannual training and refresher training in between for all staff since 2015.</p> <p>(b) Executive Directive 72 also requires that the training employees receive is tailored to the gender of the inmates at the employee's institution. During an interview with the training captain, it was stated that no matter how long a person has been employed with the WIDOC, they must complete a 2-4 week training when arriving at this institution; whether as a new</p>

employee to the department, or an existing employee who transfers or promotes. This is to familiarize the staff member with the institution and any gender specific training that must be given. Through interview with the training captain, it was learned that all training is tracked in an application called Cornerstone. The application was demonstrated to the auditor. It documents training, generates reports of training completion, allows supervisors to track their staff's completion of training, and allows staff to print their certificates and track their progress as well. The captain indicated he also sends e-mails to staff to inform them when training updates are required.

(c) During interviews with staff, it was verified that staff receive PREA refresher training every year as required by Executive Directive 72. This is accomplished through online training and various additional means. Refresher training was provided in 2017 between the PREA biennial training as documented in the Cornerstone report, in which they were differentiated as "initial" and "refresher" in the database reports. Further examples of refresher information provided included a small white laminated card that has been distributed to staff since before the audit period. It contains PREA information and is kept with their ID cards, which staff produced as they were interviewed. The cards provided a synopsis of procedures to follow when receiving information or learning about an incident of sexual abuse. This is a very helpful reference for staff, especially those who have never been in a situation to respond to sexual abuse. In addition, samples of newsletters from the WIDOC PREA Office, were included in the PAQ to demonstrate the dissemination of PREA-related information on a continuing basis. The newsletters contain a variety of PREA-related information, including national and WIDOC-specific information relating to the agency's PREA initiative to prevent, detect and respond to sexual abuse and sexual harassment. The auditor reviewed reports from the Cornerstone training database to verify PREA biannual training and refresher training in between for all OCI staff since 2015.

(d) Review of the modules demonstrates there are checks on learning throughout both online modules (PREA biannual and PREA refresher), and a certificate is received at the end of each course, electronically verifying understanding of the material. The courses are provided through the agency's intranet training system and in order for their training completion to be recorded in Cornerstone, staff members must attain a passing score on a quiz within the module. Also provided was the DOC 1558, an acknowledgement form on which each employee verifies that he/she is responsible to read and understand the information provided and that they are required to ask questions if there is anything they don't understand. It was explained by the training staff that this form is maintained in staff personnel files and that staff sign it once their questions or concerns about their understanding have been answered in addition to the electronic verification through the passing score.

WIDOC has provided to their staff a variety of relevant and useful training materials related to PREA processes and progress. Their training modules, schedules and tracking processes meet the standard. This auditor believes they exceed this standard in that they go above and beyond to keep staff updated about the department's PREA processes and accomplishments through agency-wide newsletters and helpful tools to enhance retention of PREA information and to ensure appropriate response to an incident of sexual abuse. In addition, during interviews with training staff, it was stated that staff are required to work with a field training officer for two to four weeks of arrival, transfer or promotion in order to make sure they have appropriate knowledge of requirements and processes at that facility, including those related

to PREA. The comprehensive database enables reminders to staff when their training is coming due, documents PREA training when a satisfactory level of understanding has been achieved, and provides a reporting mechanism for individual staff, supervisors and training staff to be able to easily determine status of training for staff at the facility.

CONCLUSION

Based on the above evidence, the facility is found to exceed this standard.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS REVIEWED</p> <ol style="list-style-type: none"> 1. Executive Directive 72, Section XI, Training and Education, A 2, Page 7 2. WIDOC, Office of the Secretary, DOC-2786 (5/2016), PRISON RAPE ELIMINATION ACT (PREA), SEXUAL ABUSE AND SEXUAL HARASSMENT IN CONFINEMENT TRAINING, CONTRACTOR STATEMENT OF ACKNOWLEDGMENT 3. DAI Volunteer Manual, Sexual Abuse and Sexual Harassment In Confinement: A Guide for Volunteers and Contractors 4. DAI Volunteer, Pastoral Visitor, Program Guest & Intern, Orientation 5. SEXUAL ABUSE & SEXUAL HARASSMENT IN CONFINEMENT, PRISON RAPE ELIMINATION ACT UPDATED FEBRUARY 2018, CONTRACTOR & VOLUNTEER TRAINING 6. Volunteer orientation record and orientation roster - blank form 7. Memo sent March 02, 2018 to DOC DAI Volunteer Coordinators regarding New Form for Documenting Volunteer PREA Compliance including blank DOC-2809 - Volunteer Orientation Roster Attendance Record.doc: Please begin using the attached DOC-2809 form to document volunteer orientations. 8. Roster of Volunteers <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Volunteer Interviews 2. Contractor Interview <p>DISCUSSION</p> <p>(a) Review of Executive Directive 72, information provided at their orientation and literature provided for contractors and volunteers all demonstrates multiple means by which they are informed of the agency's commitment to zero tolerance of sexual abuse and sexual harassment, as well as the requirement to report. Two of three volunteers present during the onsite review were interviewed. Both indicated they have received training and refreshers regarding zero tolerance for sexual abuse and sexual harassment, and how to report such incidents. They indicated there were videos showing examples of what to do and what not to do, how to alert staff, what their responsibilities are, and how to report if they have suspicions. They indicated there was a question and answer session afterwards, and they also received printed information and links to relevant materials. One mentioned having completed a couple refresher PREA trainings for volunteers.</p> <p>(b) Review of the materials provided to contractors and volunteers revealed that PREA-related information for all contractors and volunteers is comprehensive across the board. Training includes a 3-hour module, a manual, brochure and references.</p> <p>(c) Review of samples of volunteer training signature sheets revealed that some volunteers did receive refresher training from one year to the next, as indicated in an interview. Upon request, records of training were provided as a sample for the three volunteers identified. One had signed in February 2016 and the other two had signed in February of 2017. In March of 2018 an updated form was provided to all Volunteer Coordinators which includes the language</p>

that they were notified of the agency's zero tolerance policy, trained on their responsibilities under the agency's policies, and that their signature verifies that they have received and understand training on DOC policies and their responsibilities. The memo announcing the updated form included directions to agency Volunteer Coordinators to process the forms for inclusion in the statewide volunteer database, and for the facility PREA Coordinators to maintain the originals. Samples of 56 signed receipts of training by volunteers were provided and reviewed.

CONCLUSION

Based on the above evidence, the facility is found in compliance with this standard.

115.33	Inmate education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>DOCUMENTS</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. B. Offender Education. English and Spanish 2. Sexual Abuse in Confinement - A Resource for Offenders (aka the "Red Book" due to having a red cover). 3. Inmate and Youth PREA Education Facilitator Guide 4. DAI Policy #: 410.20.01 Page 1 of 4, New Effective Date: 04/20/18 5. WIDOC, DAI, Sexual Abuse and Sexual Harassment Prevention and Intervention A Resource for Inmates 6. OCI - Inmate Handbook 11.2016.pdf 115.33(d)-1 (1) EXCERPT REFERENCE: INTERVIEWS <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Inmate Interviews 3. Random Staff Interviews <p>OBSERVATIONS</p> <p>Video titled, "Sexual Abuse and Sexual Harassment Prevention and Intervention" (2017). Produced by Wisconsin Department of Corrections, Wisconsin Coalition Against Sexual Assault and a local media firm.</p> <p>DISCUSSION</p> <p>Executive Directive 72 outlines agency requirements for PREA education for inmates. The facility shall provide comprehensive education regarding the agency's zero tolerance policy, offenders' right to be free of sexual abuse, sexual harassment and disclosure-related retaliation and WIDOC's policies and procedures for responding to such incidents. The six elements of this section correspond with the six provisions of this standard.</p> <p>(a) The agency timeline for inmate PREA education is within 30 days of arrival at the facility as directed in Executive Directive 72. At OCI, the Psychological Services Unit (PSU) staff conducts an overview of PREA with each group of incoming inmates in conjunction with their individual initial PREA Risk screening. This is normally conducted the day they arrive or the following morning. During the onsite review, this process was observed by the audit team. During 27 interviews, 25 inmates disclosed to the auditors that they had received PREA education after arrival at OCI. Of those, 18 said it was in the first week, 2 said within 1-2 weeks, 2 said within 2-3 weeks, 1 reported 3-4 weeks. 2 inmates reported that they did not receive it, one indicated at Dodge, and one was not sure. Interviews with intake staff, psychological services staff, and inmates supported that immediate PREA information was provided upon arrival and then follow-up orientation within weeks.</p> <p>(b) During the onsite review, it was explained that the new arrivals are housed in an intake unit and then move to Cottage 12 usually within a week or two, according to intake and PSU staff. The Intake staff explained that, at Cottage 12, a more comprehensive session of PREA</p>	

Education is conducted each Tuesday at the facility orientation as the inmates prepare to receive their general population housing assignment within the facility. It is at this orientation that inmates view a PREA prisoner education video and are briefed on facility-specific information. They are also provided a form 41B with contact information for community resources such as the Dane County Rape Crisis Center. Each inmate also receives the WIDOC publication titled "Sexual Abuse and Sexual Harassment, Prevention and Intervention, A Resource for Inmates" which is called the Red Book. The facility provides these resources following the video, including a form that fits in the Red Book that provides information for local sexual abuse support/reporting resources and facility-specific information. An interview confirmed that a supervisor provides the orientation information using the approved "script" to ensure information provided to all incoming inmates is consistent and correct. Review of the video and the follow-up information demonstrated that they both provide excellent information that is comprehensive, relevant and useful.

(d) The Red Book and the inmate handbook are both available in Spanish. The Red Book is also available in Braille and audio versions as demonstrated by the documentation provided with the preaudit questionnaire. During interviews, eight of the ten staff interviewed indicated a translator would be available to assist with inmates with limited English proficiency. Five inmates with disabilities or limited English proficiency indicated that they understand PREA, all knew that the auditors were coming to the facility, four indicated there were staff they could go to. if needed.

(e) The facility documents the PREA inmate education in WICS as of 10/22/17. Since it was implemented after the beginning of the audit period, inmate education is only recorded electronically for 79.5% of the inmates during the audit period. Prior to the database, inmate education was recorded on paper forms. A verification sample for PREA education was requested for each of the inmates interviewed during the onsite portion of the audit and a list of all orientations recorded in WICS at OCI was provided. Paper signature sheets were provided for 4 whose PREA education was prior to 10/22/17. Of the remaining 22, one was oriented after 20 days of arrival, the rest were between 4 and 15 days. Following orientation, inmates sign that they have received the inmate education using an electronic signature pad to record the signature in WICS.

(f) PREA information is continually available to inmates through their copy of the Red Book, their contact information form for outside support, their inmate handbook, and PREA posters visible throughout the institution that reinforce the agency's zero tolerance for sexual abuse and sexual harassment and keep hotline numbers readily visible for reporting purposes.

CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI, Training and Education, A4, Page 8 2. Training Module, Sexual Abuse and Sexual Harassment Investigations 3. Agency list of PREA-trained investigators by facility, based on successful completion of Specialized Investigator Training 5. Training Report for completion of general PREA training required for all facility staff <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Training Staff <p>DISCUSSION</p> <p>(a)(b) Executive Directive 72 requires that staff who investigate incidents of sexual abuse and sexual harassment receive specialized training on techniques for interviewing sexual abuse victims. Training must also include proper sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral, and proper use of Miranda, Garrity and Oddsen warnings. Review of the online training module demonstrated that these elements are provided for investigators. The Oddsen warning is specific to Wisconsin employment law.</p> <p>During interviews with an investigative staff and training staff, it was confirmed that investigators attend 40 hours of specialized training, 24 hours related to general investigations, and 16 hours specific to investigations of sexual abuse and PREA-related requirements. It was related that a good portion covered how to deal with a victim on a personal level, understanding they may have been traumatized and may be more forthcoming as a result of relating to them more personally. Also discussed was the fact that the investigator will have to say words, and describe actions, that they aren't typically taught to talk about. It was mentioned that WIDOC staff do not give Miranda Warnings because they do not conduct criminal investigations, but it was included in the training and instructions were provided regarding Garrity and Oddsen warnings as required. It was stated that the training also stressed the importance of timelines, especially for a recent incident, related to collecting and preserving evidence chain of custody. Types of evidence were also covered.</p> <p>(c) Oakhill Correctional Institution currently has 12 trained PREA investigators listed on their roster. Each investigator's training dates were confirmed upon review of the agency's statewide "Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement Directory", as of September, 2018. Review of investigation packets confirmed that investigations during the audit period were conducted by these specially trained investigators.</p> <p>CONCLUSION</p>

Based on the above evidence, the facility is found to be in compliance with this standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. Training and Education, A. 5, Page 8 2. Screenshots of the required online module all Wisconsin Department of Corrections for healthcare employees 3. OCI Staff Training Report for Health Care Staff (Specialized PREA Health Care Training) 4. OCI Staff Training Report (General PREA training for all staff) <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Health Care and Mental Health employees <p>DISCUSSION</p> <p>The PAQ indicated that the facility employs 14 health care and mental health care staff who regularly work in the facility. The medical staff roster provided for interviews included 21 staff, including medical practitioners, physical therapists and dental staff. Review of the training report for this course demonstrates some additional facility staff have completed the training as well, including social workers.</p> <p>(a)(c) Executive Directive 72 requires that all medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims and properly reporting allegations or suspicions of sexual abuse and sexual harassment. It also requires documentation of such training. Review of the training module demonstrates that these elements are covered in the training. During four interviews, medical and mental health care staff all confirmed they had received the training through WIDOC and also indicated they had outside training and experience as well.</p> <p>(b) The PREA Coordinator and Health Care staff indicated during interviews that WIDOC staff do not conduct forensic examinations. Victims who report sexual abuse are sent to Meriter Hospital in Madison. Often referred to as UW in interviews, it is a teaching hospital for the University of Wisconsin.</p> <p>(d) Executive Directive 72 requires that the health care and mental health staff also complete training that covers the same PREA information received by other facility staff, in addition to specialized training for health care and mental health staff. During four interviews, medical and mental health care staff all confirmed they had received the regular PREA training through WIDOC as well.</p> <p>It was reported, on the PAQ, that 100% of health care and mental health staff have completed the required training, but the information provided on the training report did not confirm this. Additional information was requested of the facility to determine whether the staff with no training documented on the report are contractors or volunteers whose training is not included in the current training database, or whether they do not work regularly at the facility. The</p>

auditor was subsequently provided with verification from the agency PREA Coordinator after a check of the data in the Cornerstone database, and facility PREA Compliance Manager providing additional training certificates, that those staff in question had completed the training.

Based on the above evidence, the facility is found compliant with this standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XII, Risk Assessment, Page 8. 2. Division of Adult Institutions (DAI) Policy #410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization 3. Report from Wisconsin Integrated Corrections System (WICS) database and paper forms documenting assessments for the inmates selected for interviews. 4. Blank PREA Screening Tool (Male): Transfer Assessment or Reassessment, DOC-2781B <p>DEMONSTRATIONS</p> <ol style="list-style-type: none"> 1. Demonstration of sample entry and update of risk assessment information in WICS. 2. Observed initial orientation of arriving prisoners who were then individually brought into an office for their initial risk assessment <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Two staff responsible for conducting risk assessments 2. 27 Random Inmates <p>DISCUSSION</p> <p>(a) WIDOC Executive Directive 72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XII, Risk Assessment, page 8, outlines the agency requirements for screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates for risk assessments to be accomplished for each inmate upon transfer to a facility. Department of Adult Institutions (DAI) Policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization is the corresponding procedure for DAI facilities conducting risk screening related to sexual abuse and further defines the risk assessment process for staff. ED 72, Section A indicates that an initial assessment must be completed upon arrival of every offender to a facility. During interviews with psychological services unit staff, it was explained that Psychological Services clinicians conduct the risk assessments for all inmates arriving at the facility.</p> <p>(b) ED 72 and DAI 410.30.01 further require that initial screening will ordinarily take place within 72 hours of arrival. When interviewed formally and informally, staff responsible for conducting risk assessments related that inmates are usually screened the day they arrive or, if they arrive late in the day, the following morning. Day shift staff in the psychological services unit (PSU) conduct the screenings. When asked what would happen if an inmate arrived late on a Friday of a 3-day weekend, it was explained that there is always a PSU staff member on call during off-duty hours, so the on-call person would be contacted to complete the screening. The auditor reviewed a large portion of the risk screening database report that included each page on which the assessment of an inmate selected for interview was located (total of 13 pages). The report demonstrated that in approximately April of 2016, the facility began the current process for assessing incoming inmates for risk of sexual victimization and</p>

abusiveness in compliance with the PREA standards. It also confirmed that between approximately September through November of 2016, risk screening was also conducted for existing inmates who had arrived at the facility prior to implementation as was indicated by the PSU supervisor. Of the 529 inmates on the report who arrived during or after April of 2016, 521 were screened the day of arrival or the day after, with the vast majority being conducted the day of arrival. One was screened two days following arrival, three were screened the third day after, and four were assessed outside the 72-hour timeframe.

Of 27 responses to relevant questions during formal inmate interviews, 16 inmates reported they participated in an initial risk screening, 4 were not sure or didn't answer that part of the question, and 7 said no or that they were asked the questions at Dodge (WIDOC intake facility), but didn't respond they were asked at OCI. Of the 16, nine indicated it was right away or the first day, one said two days, three said within a week, one reported 30 days, one six weeks, and one didn't remember. A review of the WICS risk screening report for the audit period showed that of the 32 inmates selected for interview, 25 were screened the day they arrived, 2 the next day, and one was screened in 20 days. Additionally, four inmate files were reviewed to successfully locate the paper screening instruments for the remaining selected inmates who had arrived at the facility worked to screen those inmates who had arrived at the facility prior to implementation of the facility's PREA risk screening process. The report included all the inmates screened through the automated process during the audit period, which documented that the substantial compliance demonstrated through the sampled inmates, was consistent for all inmates who arrived as the facility worked to implement the system months ahead of the required date of April of 2018.

The facility reported in the PAQ that, of the 762 inmates who arrived during the audit period and stayed more than 72 hours at the facility, 548 were assessed using the automated risk assessment tool and the remainder were assessed using the paper tool. When interviewed, the PSU staff member indicated that for those arriving in the restricted housing unit (RSU), the PSU clinician conducting the assessment will go to RSU to conduct the assessment and provide a brief orientation including PSU services and PREA information.

(c) While a blank sample of the assessment was provided with the PAQ, as of late 2017, the assessment tool has been automated through the Department's computerized data system (WICS). Staff demonstrated to the auditor how an assessment is entered into WICS. Since the audit period began prior to the system "going live", the auditor was also able to review samples of previously completed paper assessments as requested.

(d)(e) Executive Directive 72 and DAI 410.30.01 also spell out the elements that must be considered when determining risk of sexual victimization or sexual abusiveness. ED 72, and the PREA Screening Tool (Male): Transfer Assessment or Reassessment, DOC-2781B, elements mirror the standards, with the addition of "prior acts of sexual abuse, prior convictions for violent offenses and/or history of prior institutional violence or sexual abuse." When interviewed, staff responsible for risk screening were very familiar with all the considerations, as well as other elements of human interaction. This auditor believes that having psychological services staff conduct the risk assessments is an outstanding practice that enhances the process through the skills and expertise of those conducting the assessments.

(f)(g) Executive Directive 72, Section XII, requires that an inmate's risk level be reassessed within 30 days of the initial risk screening and when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The auditor learned during the interview, that the Psychological Services Unit has developed a process in which the clinician who conducted the initial assessment will also provide the follow-up risk assessment, within 30 days of arrival at the facility, in order to provide consistency since the same person would be asking the questions and interpreting the information for the initial assessment and the reassessment. The tickler system set up to ensure the follow-up assessments are conducted was shown to the auditor. The staff member indicated that the reassessment is conducted after about two weeks, when the inmate reaches Phase II in preparation for being assigned to a housing unit, and would only be conducted earlier if warranted. Upon entering Phase II, a more comprehensive prisoner education program and orientation to the facility are conducted in addition to the 2nd risk screening. ED 72, XII. D. and DAI 410.30.01 both address re-screening as warranted, requested by an inmate or staff, as the result of an incident of sexual abuse, or when an inmate has been away from the facility. While visiting PSU and conducting an interview, the auditor observed that a staff member from elsewhere in the facility happened to call the PSU supervisor to request a re-screening of an inmate who would be returning from court the next day, demonstrating that rescreening upon return to the facility is institutionalized. The PSU supervisor indicated that it is not uncommon for PSU staff to get requests for rescreening as warranted, and are requested when staff identify a need for rescreening a particular inmate.

Of 27 relevant inmate responses, 11 remembered having the questions again within 30 days, and the seven who indicated they did not remember being asked questions initially or they were asked at Dodge, said they did not remember being asked them later at OCI. Additionally three who remembered the initial questions did not remember being asked them again or did not remember when they were asked again. One indicated he was asked again at about 2 months, and another indicated he was asked again at about 3 months. Four others did not answer or did not remember being asked questions later. According to the WICS report, of the 529 inmates listed on the pages containing the inmates interviewed during the audit, 493 had been rescreened within 30 days. According to informal discussion with the agency PREA director and PSU supervisor, the agency requirement to rescreen all arrivals began in September of 2017 when the WICS Risk Assessment process became available. Per the PSU supervisor, the facility began this process ahead of schedule, in the Spring of 2017. She indicated that they did not rescreen those who had received the catch-up screenings in 2016. The sample WICS report listed 24 such long-term inmates who were not rescreened. The report also listed 12 recent arrivals whose rescreenings were not noted on the report within 30 days, however, it should be noted that all but two due dates were either the day the report was received by this auditor or within two days preceding it, so it may have been printed prior to conducting those screenings. The report had been requested about a week prior and was provided by the PREA Compliance Manager with a group of other requested documents. It is uncertain whether the inmates were or were not rescreened within the 30-day window. Of the remaining two, one was due three days prior to the other group, and one was due the week of the audit, October 19, so should have been on the report if conducted within 30 days. With the current information, it appears that of 505 arrivals since mid-2016, a number between 1 and 12 were potentially late, for a percentage of about .2% to 2.4%.

(h) ED72, XII. A. and DAI 410.30.01, I G. prohibit discipline for a prisoner who refuses to answer questions during a risk assessment, The clinician indicated a prisoner would never be disciplined for not answering the questions, would only be disciplined for refusing to show up.

(i) During a demonstration of the risk screening automated tool in WICS, this auditor was informed that responses to screening questions are contained within WICS, to which access is only available based on assigned profiles within the system. She indicated that that access to the risk assessment data is limited to clinicians and the facility administration and that the system is able to track by usercode the staff member making each entry into the system. All who access must sign a confidentiality agreement. Paper copies of risk screenings prior to automation of the risk screening tool have very limited distribution and are maintained in locked cabinets as demonstrated to the auditor during the onsite review. ED72, XII F. and DAI 410.30.01, II K. both require appropriate controls to be placed on the dissemination of information gathered during the risk assessment to ensure sensitive information is not exploited to the inmate's detriment by employees or other inmates. Risk screening is conducted in a private office. This was stated during an interview with the staff responsible for risk screening, and observed following the brief orientation conducted with new arrivals that coincided with our onsite review.

CONCLUSION

Based on the above evidence, the facility is found compliant with each element of this standard. The auditor also finds that the facility exceeds this standard through the following: Having PSU clinicians conduct the assessments provides an extra element of expertise in interpreting behavior and gathering personal information for each inmate. Having established an efficient process, they are able to regularly conduct the risk assessments within 4 - 24 hours of arrival and provide consistency between the initial screening and rescreening by ensuring the inmate meets with the same clinician for both. The facility took initiative to begin the rescreening process months prior to the required date established by the agency.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. Placement 2. DAI Policy 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization, Section II, Use of Screening Information 3. DAI Policy 500.70.27, Transgender Inmates <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening <p>DISCUSSION</p> <p>(a) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. Placement, A. and DAI Policy 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization, Section II, Use of Screening Information, A and B, confirm that the intent of the risk screening is to inform staff in making decisions related to housing, work, education and programming assignments to keep separate, and appropriately supervise, those who score with a high risk of sexual aggression (ROA) or victimization (ROV). During interviews, one staff member indicated that the risk screening is used for determining appropriate housing and roommates, single or multiple cell status, and that they do not use it for assigning jobs. While she indicated that supervisors would not discriminate based on ROA or ROV special handling information, another staff mentioned that if an inmate scores with special handling designation of ROA or ROV, sometimes teachers will ask the PSU supervisor if individuals should be placed together. In a random interview, a work crew supervisor indicated that he does not consider it, that location has good sight lines and all are easily observed and continuously supervised.</p> <p>(b) Both policies also require that individualized determinations are made regarding how to ensure the safety of each inmate.</p> <p>(c) (d) (e) ED 72, XIII Placement E. DAI 410.30.01 II E Use of Screening Information and DAI 500.70.72 II A and B all address that placement of transgender or intersex inmates will be made on a case-by-case basis and consider whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The inmate's own views with respect to his or her own safety shall be given serious consideration. They also all require that placement and programming assignments be assessed at least twice yearly to review any threats to safety experienced by the inmate. The PREA Compliance Manager indicated that the facility is not under any legal requirement to establish a dedicated location for LGBTI inmates and the department does not do so. Housing assignments are based on the risk screening. In an interview it was mentioned that the Security Director and PSU discuss appropriate living arrangements for each transgender inmate to best ensure their health and safety as well as consider potential management or</p>

security problems. PSU plays a big part in determining housing arrangements. Placement and programming are reviewed twice yearly, but typically more often due to high amount of movement at OCI. It was also reiterated, in the interview, that the inmate's perceptions regarding his own safety is given serious consideration.

(f) The above sections of these policies also provide for the opportunity for a transgender or intersex inmate to shower separately from other offenders. During interviews, two staff affirmed that transgender and intersex inmates at OCI are given the opportunity to shower separately from the other inmates.

(g) ED 72, XIII Placement E. DAI 410.30.01 both prohibit transgender or intersex inmates from placement in a dedicated locations solely based on their identification or status. The PREA Coordinator related in an interview that WIDOC doesn't have dedicated units for any demographic other than security level or programming needs. Any unit may house any gender identity or orientation, unless they have certain programming or security needs.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. B. 1. Offenders at High Risk of Sexual Victimization 2. DAI Policy 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization. 3. REVIEW OF INMATE IN RESTRICTIVE HOUSING form <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Warden or Designee 2. Staff who Supervise Segregation <p>DISCUSSION</p> <p>(a) Agency policy prohibits separating offenders at high risk of sexual victimization from the general population unless an assessment of all available alternatives has been made and it has been determined that there is no other available means of separation from likely abusers. It further indicates that if an assessment cannot be made immediately, the facility may separate the offender involuntarily from general population for less than 24 hours while completing the assessment. The warden indicated that the agency absolutely prohibits placing inmates at high risk for sexual victimization, or who have alleged sexual assault, in protective custody unless there are no other available alternatives. She indicated there were other ways to protect the inmate. If the perpetrator has been identified, an inmate suspect could be placed in restrictive housing. If the suspect is a staff member, they could be moved to a different position or shift. She said that they try not to place on administrative leave, because of the impact to the facility, but would have that option.</p> <p>(b)(c) Policy also requires that offenders separated for this purpose will still have access to programs, privileges, education or work opportunities to the extent possible. Any access to these opportunities shall be documented along with the reason and duration for such limitations. Such separation shall only be used until an alternative means of placement can be arranged and shall not ordinarily exceed 30 days. During an interview, the warden indicated that if it was necessary to separate someone from general population, it would be maybe 12 hours. It wouldn't be days for temporary lockup. She was not aware of any incidents where victims had been placed in temporary lockup, but was only aware of putting the perpetrator in restrictive housing. Review of investigations did reveal that two inmates who had alleged sexual abuse were placed in restrictive housing, but one was prior to the allegation when staff thought the inmate was propositioning the staff member. The other one was because of behavioral issues with the inmate, at some point later ,while the investigation was going on.</p> <p>(d)(e) When involuntarily placing an offender in segregated housing due to a high risk of victimization, the facility shall also document the basis for the concern for the offender's safety and the reason no alternative means of separation can be arranged, per agency policy. Every 30 days, the facility shall afford the offender a review to determine whether there is a continuing need for separation from the general population. Facility staff reported, in the PAQ and informal and formal interviews with administrative staff, that there had been no inmates</p>

placed in restrictive housing due to a high risk of sexual abuse or sexual harassment.

CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIV. Reporting Sexual Abuse, Sexual Harassment and Retaliation, Page 11 2 & 3. Inmate Handbook Prisoner Education, English and Spanish 4 & 5. PREA Poster with reporting information, English and Spanish 6. Poster to report on behalf of inmate w/website and other methods, English and Spanish poster 7. Poster showing 888 - outside line <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manger 3. Random sample of staff 4. Random sample of inmates <p>OBSERVATIONS</p> <p>Posters available throughout the housing units Telephones operational, successful tests of hotline numbers</p> <p>DISCUSSION</p> <p>(a)(b) It was verified that the agency has established procedures, as outlined in policy, for multiple internal methods for inmates to privately report sexual abuse, sexual harassment, retaliation for participating in an investigation of sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This was confirmed during the onsite review where posters with hotline numbers were visible in each housing unit, (777 and 888) and through interviews with the PREA Compliance Manager and Agency PREA Director. During random inmate interviews, 28 inmates related at least one of the available methods to report - tell the Sergeant or other staff, use the phone to call 777 or 888, write to Psychological Services or another staff that they trust, or contact someone on the outside to report.. 777 is the WIDOC hotline to the PREA Unit. Most also indicated they could call someone on the outside. One indicated he could call the police department and one answered that he could tell the Sergeant, but said it wouldn't happen, that he would take care of it himself. 888 is the hotline to Capital Police, the outside entity that has agreed to forward allegations to the PREA Unit where they will be forwarded to the facility for investigation. Eight random staff interviewed and all provided two or more methods for inmates to privately report, including to staff; anonymously, via hotlines, in person or writing to staff, or contacting the police department. One answered yes, inmates could privately report, but didn't provide examples. The hotline numbers are visible on posters throughout the facility. The call may remain anonymous, it does not require a PIN to make the call, or the reporter can leave their name. Auditors called the two hotline numbers, from phones within the housing units, and were able to leave messages for which receipt was verified to the auditor, via e-mail, within a day. One phone had a digit that wasn't working well, so the staff were notified and indicated it</p>

would be fixed.

(c)(d) Staff confirmed, during random interviews, that any allegation received, in any format, would be reported and documented. Most reported it would be documented on an incident report (IR), some added they would document it in the logbook as well. Review of WIDOC policy indicates that all reports shall be accepted and documented. Of 28 random inmates, all knew they could report in person or in writing, 25 knew or thought they could report anonymously, 22 knew someone else could make a report for them. None of the randomly-selected prisoners indicated that they had made a report of sexual abuse at this facility. Staff indicated that they could privately report the same way that prisoners can report, with the exception of having someone report for them.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <p>1. Executive Directive 72 Sexual Abuse and Sexual Harassment, PREA</p> <p>DISCUSSION</p> <p>WIDOC's grievance process is called the Inmate Complaint process. The agency does not have administrative procedures to address inmate grievances regarding sexual abuse. When a complaint of sexual abuse or sexual harassment is received by the inmate complaint examiner, as indicated in Executive Directive 72, it is immediately redirected and referred for sexual abuse and/or sexual harassment investigation. This was also verified during a formal interview with the inmate complaint examiner.</p> <p>The agency has implemented many of the elements of this standard as best practices; however, they are outside of the inmate complaint process. Per the inmate complaint examiner and in accordance with Executive Directive 72, inmates will be notified within 30 days of the initial complaint, that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced and the Inmate Complaint Review process has concluded. The agency policy further states that the complaint process shall not include a mandatory informal resolution process, nor will a time limit be imposed on when an offender may submit a complaint of sexual abuse or sexual harassment. Each facility shall ensure that an offender who alleges sexual abuse or sexual harassment may submit a complaint without submitting to an employee who is the subject of the complaint, nor will the complaint be referred to the person who is the subject of the complaint.</p> <p>Executive Directive 72 also requires that third parties, including fellow offenders, family, friends, attorneys and outside advocates, shall be permitted to assist an offender in writing the sexual harassment or sexual abuse complaint. It was confirmed during the interview, that if an offender alleges that he or she is subject to a substantial risk of imminent sexual abuse, staff shall immediately forward the allegation to facility leadership for immediate corrective action. Facility staff will provide an initial response within 48 hours and issue a final decision within 5 calendar days.</p> <p>CONCLUSION</p> <p>Based on the above evidence the facility is found compliant with this standard.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XVI.B.5., Page 14 2. Inmate Handbook SA/SH Prevention and Intervention: A Resource for Inmates) and addendum (SA/SH in Confinement: A Resource for Offenders) 3. PREA and Emotional. Support Poster 4 Blank forms and completed sample with facility/hospital info 5. MOU between Rape Crisis Center of Dane County, WIDOC and facility. <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Random Inmates 2. Rape Crisis Center of Dane County Administrator 3. Inmate Who Reported Sexual Abuse (none available) <p>OBSERVATIONS</p> <p>Emotional Support Posters displayed throughout the facility</p> <p>DISCUSSION</p> <p>(a)(b)(c) WIDOC provides access to outside victim advocates for emotional support services related to sexual abuse. This was verified through posters visible in the facility, and interviews, both formal and informal, with inmates and staff. Inmates are informed of this support during orientation as indicated during the interview with a staff member who conducts orientation, observation of a presentation of initial information at intake, and through posters throughout the facility. The PREA compliance manager explained that at facility orientation and at the beginning of an investigation, inmates receive a form that contains the name, address and telephone number of the Rape Crisis Center of Dane County, which also provides victim advocacy related to sexual abuse. This is a half-sheet form, WIDOC POC- 41B, that fits inside the PREA information booklet that they receive. It also contains a disclosure on the bottom to inform the inmate that their call could be monitored or mail opened only with security director's approval, in accordance with policy. Per the security director, this monitoring is not standard procedure but would only occur if there was reason to believe that a security issue existed. The PREA Director indicated the calls are not monitored, and would only be monitored if there was a security issue that required that the calls be monitored. The agency provided a copy of the MOU to the auditor with the Pre-Audit Questionnaire..</p> <p>The agency PREA director indicated the Wisconsin Department of Corrections does not confine individuals solely for immigration purposes.</p> <p>When interviewed, the administrator for the rape crisis center verified the MOU with this facility and stated that the center staff has had a decades-long relationship assisting inmates in local facilities, even prior to the MOU. She indicated the Center had received calls from this facility and hadn't heard there were any issues with inmate having access to call. She related that</p>

she understood that the inmates could call directly and the inmates didn't need money to call. She indicated they could write or call, but calling was the preferred method for communication. She indicated they do tell the inmates, at the beginning of the call, that they won't share any details about the calls unless they indicate there is a significant safety risk. Her team does not provide long-term counseling with the inmates. She indicated they don't really track who they speak with, since they don't ask them for identifying information, but she was aware there were at least two calls from inmates at two local facilities, one from Oakhill Correctional Institution and one from Oregon Correctional Center.

CONCLUSION

Based on the above evidence, the facility is found to be in compliance with this standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72 2. WIDOC website, link for community reporting, https://doc.wi.gov/AboutDOC/PrisonRapeEliminationAct.aspx 3. PREA Poster - how to report on behalf of any inmate. <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Inmate Complaint Examiner 2. Random Staff 3. Random Inmates <p>DISCUSSION</p> <p>Agency policy requires that all allegations of sexual abuse and sexual harassment must be investigated and that fact was echoed throughout the staff interviews, and confirmed that would be the case, no matter where the allegation comes from. About two thirds of the inmates interviewed believed a report from people outside the facility would be investigated, maybe even paid more attention to because it came from the outside. The inmate complaint examiner indicated that while grievances are not generally accepted through the inmate complaint process, sexual abuse and sexual harassment were exceptions and would be accepted and forwarded to the administration for investigation. This auditor viewed the link on the WIDOC website that provides a contact box to allow anyone in the community to make a report of sexual abuse or sexual harassment on the behalf of an inmate. This link was tested on November 15, and a response was received November 16, 2018.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENTATION</p> <p>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIV. C. 1. Reporting Sexual Abuse, Sexual Harassment and Retaliation, Employee Reporting</p> <p>INTERVIEWS</p> <p>2. PREA Coordinator</p> <p>3. Warden</p> <p>4. Medical and Mental Health Staff</p> <p>5. Random Sample of Staff</p> <p>DISCUSSION</p> <p>Policy states that employees shall accept reports made verbally, in writing, anonymously, and from third parties, will promptly document any verbal reports and immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is a part of the DOC or not. In addition, any incidents of retaliation against offenders or employees who reported such an incident, and/or any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation must be reported. During interviews with random staff, 8 of 10 staff indicated they were to report knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. Two volunteers, a contractor, and four medical and mental health staff confirmed their knowledge of that duty as well when they were interviewed.</p> <p>(b) Policy prohibits staff from disclosing information related to a sexual abuse report to anyone that does not need to know. Staff shall report to their supervisors and others necessary for appropriate response as per policy.</p> <p>(c) Five medical and mental health staff verified, during interviews, that they provide notice to inmates, at the initiation of services, of limits of confidentiality and their requirement to report incidents of sexual abuse that occurred in an institution, as required by agency policy and the standards. One had reported at another facility, and one had reported at this facility. None of the others has been in a such a situation, but understood the requirements for them to report.</p> <p>(d) For victims under 18 or who are considered a vulnerable adult, policy requires the DOC to report the allegation to the designated state or local bodies under applicable mandatory reporting laws. During interviews, the Warden and the PREA Coordinator indicated the response would be basically the same with a few additions. Meet immediate needs, medical or emotional, and would send out for SANE, if w/in 120 hours. Connect with outside or internal support services. Also added responsibility of child or adult protective services and law enforcement for those vulnerable populations.</p> <p>(e) The Warden indicated that all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported directly to the</p>

designated facility investigators. She indicated, "yes, no matter how we get it." Policy requires that all allegations be investigated.

CONCLUSION

Based on the above evidence, the facility is found to be complaint with this standard.

115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENTATION</p> <ol style="list-style-type: none">1. Executive Directive 72 <p>INTERVIEWS</p> <ol style="list-style-type: none">1. Agency Head/Designee2. Warden3. Random Sample of Staff <p>DISCUSSION</p> <p>The facility reports that there were no reports of an inmate being subject to substantial risk of imminent sexual abuse, and that it would take immediate action to protect the inmate if such a situation arose. An immediate response is required by policy. The Warden indicated that that the agency absolutely prohibits placing an inmate with a substantiated risk of imminent sexual abuse into segregated housing unless other less restrictive housing is not available. During interviews with the Agency Head/Designee, Warden and randomly selected staff, it was further supported that the staff would respond right away. Examples of the immediate action included a housing unit change, or a facility change if necessary, or an attempt to isolate or remove the threat. As a last resort, voluntary or involuntary protective custody could be used.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be complaint with this standard.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72 2. Incident Report documenting referral to other facility <p>INTERIEWS</p> <ol style="list-style-type: none"> 1. Agency Head/Designee 2. Warden <p>DISCUSSION</p> <p>Agency policy requires that when an allegation of sexual abuse that occurred at another facility is received, the head or designee of the facility will notify the head or designee of the facility where the alleged abuse occurred, within 72 hours. Based on the above evidence, the facility is found compliant with the standard.</p> <p>Agency policy requires that when an allegation is received from another facility alleging an incident of sexual abuse occurred at their facility, the appointing authority at the facility must ensure that the allegation is investigated.</p> <p>While policy and interviews confirm these actions are required, the facility did not provide adequate documentation of the notifications sent, and no documentation regarding the ones received or follow-up action. Documentation of both have been requested. Until receipt of documents, compliance cannot be determined.</p> <p>CONCLUSION</p> <p>Based on the available evidence, the facility is not found compliant with this standard.</p> <p>CORRECTIVE ACTION</p> <p>Facility must provide documentation samples of notifications as requested.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Incident Reports in response to allegation 2. Investigation report - evidence for SANE exam 3. First responder summaries, Security, non-security and health/mental health care staff 4. Facility Sexual Abuse Coordinated Response Plan <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Random Sample of Staff-Responders <p>DISCUSSION</p> <p>(a)(b) Agency policy, and the facility's coordinated sexual abuse response plan, require that all first responders report and document the incident to security staff or a supervisor, and if responding within a time frame that still allows for the collection of physical evidence, request victim to not do anything that would damage evidence, such as eat, drink, smoke, shower, brush teeth, urinate, defecate, or change clothing. In addition, policy and the response plan also require security staff responders to separate the victim and suspect, ensure the safety of the victim, secure the scene, maintain the evidence and record chain of custody on form DOC-1445, Chain of Custody. They also require that security staff ensure the inmate doesn't do anything that would damage the evidence. Laminated, ID card sized cards, have been provided to refresh staff with first responder requirements when responding to sexual abuse. These cards are provided to security, non-security and health care/mental health staff.</p> <p>There were no inmates who had reported sexual abuse at the facility still residing at the facility during the onsite portion of the audit, per information received from facility administration. The audit team interviewed two inmates who had filed a complaint, but both of them were complaints of sexual harassment, not sexual abuse. There was one incident of sexual abuse where the facility learned of it within the time frame allowing for a forensic exam (typically within 120 hours per DAI policy) and the inmate was transported to the local hospital for a forensic exam.</p> <p>All security staff are considered first responders. Interviews with random staff confirmed that staff understand what their required duties would be in the event of sexual abuse.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <p>1. Sexual Abuse Coordinated Response Plan 2. Reference cards provided to staff for response</p> <p>INTERVIEW</p> <p>1. Warden</p> <p>DISCUSSION</p> <p>The facility has developed a comprehensive sexual abuse coordinated response plan. It outlines duties of all staff in response to learning of imminent risk of inmate sexual abuse and when an incident of sexual abuse occurs or is alleged to have occurred. The plan includes elements of response, confidentiality, duties by roles and position, investigation, review team requirements, and duties when an allegation is made alleging sexual abuse at another institution or in the community. It includes critical contact information and a flowchart of actions and follow-up required related to an incident of sexual abuse. When interviewed, the Warden confirmed that the facility uses the processes outlined in their plan, which is based on requirements in Executive Directive 72, which closely mirrors the standard language, and also mentioned they have provided reference cards for each staff member.</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews</p> <p>1. Agency Head Designee 2. PREA Director</p> <p>The State of Wisconsin public employees did not work under any union bargaining agreements during the audit period. This was general knowledge from national news, and confirmed by the Agency Head Designee and the agency PREA Director.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be in compliance with this standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 2. Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Checklist DOC-2767 3. Monitoring form for staff DOC-2805 4. Sexual Abuse Coordinated Response Plan (SACRP) <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Agency Head/Designee 2. Warden 3. Designated Staff Member Charged with Monitoring Retaliation <p>DISCUSSION</p> <p>(a)(e) Executive Directive 72 requires that each facility shall designate an employee(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected.</p> <p>(b) Information was not located in the documentation provided that specified multiple protection measures to be employed as indicated by this standard. However, staff at various levels addressed the possibility of housing changes to remove an inmate from a potential threat. They talked about moving or transferring a person who was a known threat in a situation.</p> <p>(c) Monitoring shall be conducted for at least 90 days following the report of sexual abuse. Monitoring will include the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse, and the offender(s) who was reported to have experienced sexual abuse, to determine if retaliation occurred. Psychological Services Unit (PSU) staff members are the designated staff for monitoring retaliation. During an interview, a person designated to conduct monitoring related that some areas to review for retaliation include in an inmate's job or housing, and misconduct patten, to make sure inmates are not acting out against staff. It was mentioned that regular meetings with the inmate, documentation, education and maintaining transparency helps a lot. They also visit the cottages and meet with custody staff so the custody staff feel comfortable contacting them at PSU if they need to and to see if they have noticed any changes in the inmate or problems they may be having.</p> <p>The PSU staff member also stated that, " a lot of times, inmates will get involved in ongoing therapy or groups, so we don't just cut them off at 90 days. " It was also stated that when an inmate transfers, the facility also transfers information so the monitoring can continue at the receiving institution.</p> <p>(d) For offenders, such monitoring shall include periodic status checks, per policy. This was confirmed in interviews with administration and documented on Sexual Abuse and Sexual</p>

Harassment Incident Victim Services Coordinator Checklists provided with investigations.

(f) The DOC's obligation to monitor shall terminate if DOC determines that the allegation is unfounded, per policy.

CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. B. 1. Offenders at High Risk of Sexual Victimization 2. DAI Policy 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization. 3. REVIEW OF INMATE IN RESTRICTIVE HOUSING form <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Warden or Designee 2. Staff who Supervise Segregation <p>DISCUSSION</p> <p>(a)-1, 2, 3, 4 Agency policy prohibits separating offenders at high risk of sexual victimization from the general population unless an assessment of all available alternatives has been made and it has been determined that there is no other available means of separation from likely abusers. It further indicates that if an assessment cannot be made immediately, the facility may separate the offender involuntarily from general population for less than 24 hours while completing the assessment. The warden indicated that the agency absolutely prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse, unless there are no other available alternatives. She indicated there were other ways to protect the inmate. If the perpetrator has been identified, an inmate suspect could be placed in restrictive housing. If the suspect is a staff member, they could be moved to a different position or shift. They try not to place on administrative leave because of the impact to the facility, but would have that option.</p> <p>Policy also requires that offenders separated for this purpose will still have access to programs, privileges, education or work opportunities to the extent possible. Any access to these opportunities shall be documented along with the reason and duration for such limitations. Such separation shall only be used until an alternative means of placement can be arranged and shall not ordinarily exceed 30 days. During an interview, the warden indicated that if it was necessary to separate someone from general population, it would be maybe 12 hours. It wouldn't be days for temporary lockup. She was not aware of any incidents where victims had been placed in temporary lockup, only aware of putting the perpetrator in restrictive housing. Review of investigations did reveal that two inmates who had alleged sexual abuse were housed in restrictive housing for a time. However, one was prior to the allegation when staff thought the inmate was propositioning the staff member. The other one was because of behavioral issues with the inmate, at some point later, while the investigation was going on.</p> <p>(a)-5 Every 30 days, the facility shall afford the offender a review to determine whether there is a continuing need for separation from the general population. Facility staff reported in the PAQ , and in informal and formal interviews with administrative staff, that there had been no inmates placed in restrictive housing due to alleging to have suffered sexual abuse.</p>

CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Investigator Training Curriculum 3. Investigator Training Completion Records 4. State of Wisconsin Records Retention Documentation <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Facility PREA Compliance Manager 2. Investigative Staff 3. Random Staff <p>DISCUSSION</p> <p>(a)-1 Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XVII, Page 15, paragraphs A through M, contains the agency's policy related to criminal and administrative agency investigations. Agency policy requires that all allegations of sexual harassment and sexual abuse be investigated promptly, thoroughly, and objectively. A review of investigations conducted during the audit period bore out that this agency policy requirement is met, and interviews with the Facility PREA Compliance Manager, and facility investigators, also indicated that this requirement is met. All nine investigations conducted during the audit period were reviewed and auditor was able to review pertinent dates, i.e., date allegation was reported, to whom the report was made, and the date the investigation was assigned to staff. In all nine investigative files, the assignments were made promptly, most on the same day the allegation was received. Agency policy requires all allegations, including third party and anonymous reports, to be investigated, and interviews with Random Staff, Investigators and the Facility PCM indicated that all allegations are investigated, no matter how the allegations are received.</p> <p>(b) A review of agency policy verifies that when sexual abuse is alleged, the agency requires that investigators who have received special training in sexual abuse investigations be responsible for conducting investigations. A copy of the Investigator Training curriculum was submitted and reviewed. The curriculum covers:</p> <ul style="list-style-type: none"> *Dynamics of sexual abuse and sexual harassment in confinement, *Youth Considerations, *Techniques for interviewing sexual abuse victims, *Use of Oddsden Warnings, which are specific to the Agency because they do not conduct criminal investigations. Miranda and Garrity warnings are not used by Agency staff because they do not conduct criminal investigations, but they are covered in the training module, *Sexual Abuse evidence collection and preservation in confinement settings, * Criteria and Evidence required to substantiate a case for administrative action, *First Responder Duties, *Evidence Protocol and SANE, *Referrals of allegations for investigation, *Information about outside support services, *Criminal and Administrative Investigator responsibilities,

*Assessment of credibility assessed individually and not on the basis of a person's status as inmate or staff,

*Investigations completed regardless of resignation, departure, cooperation or recantation,

*Evidentiary standard for administrative investigations,

*Reporting to Inmates

Training completion records, demonstrating training completions for facility Investigators, were also reviewed. Investigators who were interviewed verified that they had received information specially designed for investigating allegations of sexual abuse and sexual harassment in confinement settings. The training, they said, was a 40 hour training, 24 hours of which covered general investigations and 16 hours that were, "all about PREA." They appropriately cited topics included in the training, and one investigator said, "there are certain things you want to do to be able to collect evidence that still remains, paper bags for wet materials, secure in a central location." He also said that evidence can include written testimony as well as video footage, etc. "There are a lot of things you wouldn't think would be evidence, but they are," he said.

(c) Agency policy requires that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any electronic monitoring data, and that they follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable evidence. A review of investigations conducted verified that alleged victims, suspected perpetrators and witnesses were interviewed, and investigators said, in interviews, that prior complaints and reports of sexual abuse involving suspected perpetrators were considered in their investigations.

(d) Any allegation that involves potentially criminal behavior is referred to the local police agency, the Fitchburg Police Department, for investigation, and staff investigators do not conduct compelled interviews because they do not conduct criminal investigations. This information is covered in training, however, and both investigators who were interviewed understood the importance of not conducting compelled interviews, so as not to jeopardize the possibility of obtaining a criminal conviction, even though they are not in a position to do them anyway.

(e) Agency policy requires that credibility of victims, suspects, and witnesses be assessed on an individual basis and that no inmate be required to submit to a polygraph examination or other truth-telling device as a condition of proceeding with the investigation. Investigators said in interviews that they do not conduct any lie detector tests when investigating allegations.

(f) All administrative investigations include an effort to determine whether staff actions or failure to act contributed to an instance of abuse and those efforts were noted in investigations.

(g) (h) The agency referred three investigations to the Fitchburg Police Department during the audit period and provided written reports of those three investigations that are maintained by the Facility PCM.

(i) The agency has retained all written reports of investigations conducted by themselves and by the Fitchburg Police Department and provided records retention documentation that identified events, i.e., retirement, dismissal, resignation, that initiated the five-year retention period. A completed document showed that a staff retirement in 2013 triggered a five-year retention period, and the documentation was disposed of five years later, in 2018.

(j) Agency policy stipulates that departure of the alleged abuser or victim from employment does not provide a basis for terminating an investigation. As documentation, the Facility PCM demonstrated how an employee alleged to have committed sexual abuse immediately resigned upon being notified that she was being investigated, but the investigation was not terminated upon her resignation. Instead, the matter was properly investigated and referred to the Fitchburg Police Department who referred to the local Prosecuting Attorney, and the former staff member pled to a lesser felony and was sentenced to probation on 11/7/18.

CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <p>1.Executive Directive #72</p> <p>2. State of Wisconsin Department of Corrections Sexual Abuse and Sexual Harassment Investigator Training Curriculum</p> <p>INTERVIEWS</p> <p>1. Investigative Staff</p> <p>DISCUSSION</p> <p>(a)-1 Agency Executive Directive 72 identifies, in Section XVII, Page 16, paragraph G, that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigative staff who were interviewed were well acquainted with the Agency's requirement and were able to explain it.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.73	Reporting to inmates
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Department of Corrections Forms, DOC-2768, DOC-2768A, and DOC-2768B - forms used to inform the alleged victim of both sexual abuse and of findings with definitions of substantiated, unsubstantiated, and unfounded included. <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Warden or Designee 3. Inmates Who Reported a Sexual Abuse <p>DISCUSSION</p> <p>(a)-1 Agency policy, Executive Directive 72, states, in Section XVII, Paragraph K, that following an investigation of an allegation of sexual abuse, the facility will inform the alleged victim, and document such notification, as to the outcome of the investigation, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>(a)-2, (a)-3 The facility reports that the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months, and the number of notifications that were made, as 1.</p> <p>(b)-1, (b)-2, (b)-3 Executive Directive #72 identifies that if an agency outside the WIDOC conducts the investigation, the agency is responsible for obtaining the relevant information from the investigative agency to inform the alleged victim of the findings. Facility reports that there was one investigation of alleged inmate sexual abuse completed by an outside agency, in the past 12 months, and the alleged victim was properly notified of the findings.</p> <p>(c)-1 Executive Directive 72, Section XVII, paragraph L stipulates that if an offender alleges to have been sexually abused by an employee and the investigation findings are either substantiated or unsubstantiated, the Agency will subsequently inform the alleged victim when the employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the Agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse. Upon review, one investigation, involving an allegation of sexual abuse of an offender by an employee, resulted in the allegation being substantiated and the victim was notified when the employee was placed on suspension and when said employee was terminated from employment with the Wisconsin DOC. Because the matter was referred for criminal investigation and charges, and is still being adjudicated, the victim has yet to be notified of that outcome.</p> <p>(c)-2, 3 Facility identifies that there has been a substantiated complaint of sexual abuse committed by a staff member against an inmate in the past 12 months. The facility conducted an administrative investigation and referred the case to the local Police Department for criminal investigation. The matter is still in the process of being criminally adjudicated. All proper notifications to date have been made and copies were provided for auditor's review.</p> <p>(d)-1 Review of investigations revealed that all required notifications were made.</p>

(e)-1 Agency policy, Executive Directive 72, does require, in Section XVII, paragraphs K and L, that all notifications to inmates described under this standard are documented. The facility documents these notifications by including in the investigative file, a copy of all notifications made to inmates. Separate notifications are used for investigation outcomes of substantiated, unsubstantiated and unfounded. Each notification is in the form of a memo to the inmate, and includes the finding and a definition of substantiated, unsubstantiated, or unfounded as appropriate, a description of advocacy services available and how to access those services, and the name of a staff person to contact with any questions they might have.

(e)-2, 3 In the past 12 months, 9 investigations were conducted and all 9 inmates were notified and the notifications documented by including a photocopy of the notice that was provided to the inmate.

The facility notifies all complainants who have alleged either sexual abuse or sexual harassment, includes definitions of the findings as well the findings in the notification, supplies inmate advocacy information in the notification and a method for accessing those services, and the name of a staff person to contact with questions.

CONCLUSION

Based on the above evidence, the facility is found to exceed the standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <p>1. Executive Directive 72 Sexual Abuse and Sexual harassment in Confinement (PREA)</p> <p>INTERVIEWS</p> <p>1. Facility PREA Compliance Manager 2. Agency PREA Coordinator</p> <p>DISCUSSION</p> <p>(a)-1 Executive Directive 72 identifies that staff members who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions up to and including termination.</p> <p>(b)-1 The facility identifies that, in the past 12 months, two staff were found to have violated agency sexual abuse or sexual harassment policies, and both were terminated, or resigned prior to termination, for those violations.</p> <p>(c)-1 The facility identifies that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, there were no staff who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.</p> <p>(d)-1 Terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, were appropriately reported to law enforcement agencies and/or referred for criminal investigation and subsequent prosecution and were reported to any relevant licensing boards.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <p>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>INTERVIEWS</p> <p>2. Warden</p> <p>DISCUSSION</p> <p>(a)-1,2, 3, 4 Executive Directive 72 identifies, Section XVII, identifies that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. Section XIX, paragraph A, No. 4, says that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies. Section XIX, paragraph A, No. 1. The facility reports that, in the last 12 months, there have been no allegations of sexual abuse or sexual harassment involving contractors or volunteers, no contractors or volunteers reported to law enforcement agencies or any relevant licensing bodies.</p> <p>(b)-1 Executive Directive 72 says that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and that appropriate remedial measures will be taken by the facility to ensure the safety of offenders who have contact with volunteers and contractors.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <p>1. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>INTERVIEWS</p> <p>1. Warden 2 Medical and Mental Health Staff</p> <p>DISCUSSION</p> <p>(a)-1, 2,3 4 Executive Directive 72, in Section XIX, Paragraph B, No. 1, identifies that offenders who commit offender-on-offender sexual abuse will be subject to disciplinary sanctions pursuant to a formal disciplinary process. The facility reports that in the last 12 months, there were no administrative findings of inmate-on-inmate sexual abuse that occurred at the facility and no criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.</p> <p>(b)-1, (c) Agency policy does call for any such sanctions to be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories, and for the disciplinary process to consider whether a perpetrating offender's mental disabilities or mental illness may have contributed to his or her behavior when determining what type of sanction should be imposed. No such sanctions were imposed in the last 12 months.</p> <p>(d)-1, 2 The facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and does consider requiring perpetrating offenders to participate in these interventions to address and correct underlying reasons or motivations for the abuse. (Executive Directive 72, Section XIX, Paragraph B, No. 4</p> <p>(e)-1 Executive Directive 72, Section XIX, Paragraph B, No. 5 says that an offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact. Auditor reviewed one investigation that involved sexual conduct between an offender and an employee where the employee did consent to the contact. The allegation was made by a 3rd party, the matter was properly investigated and referred for criminal prosecution, the employee was terminated, and the offender was not disciplined.</p> <p>(f)-1 Per Executive Directive 72, Section XIX, Paragraph B, No. 6, reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not results in an inmate who makes the allegation being disciplined.</p> <p>(g)-1, 2 Per Executive Directive 72, Section XIX, Paragraph B, No.7, the agency does prohibit all sexual activity between inmates but does not deem consensual sexual activities as sexual abuse if it is determined that the activity is not coerced.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. ISSS065B - PREA Admission - Adult Male Facility - Online Screening Forms <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Inmates Who Disclose Sexual Victimization at Risk Screening 2. Staff Responsible for Risk Screening 3. Medical and Mental Health Staff <p>DISCUSSION</p> <p>(a) The agency uses a computerized database to record screenings of inmates admitted to the facility. Access to this on-line screening tool is limited by restricting log-in and password information to only those employees who need access to this information to perform their jobs. Questions No. 6 and 7 ask the offender if they have ever been the victim of unwanted or abusive sexual contact in the community or while confined, and an affirmative response generates a radio box, item No. 7a, that identifies whether the inmate accepted a referral to medical or mental health. Radio box No. 7b shows the date the referral to HSU or PSU was submitted and identifies the referral form number. The facility reports that, in the last 12 months, there were two inmates who disclosed prior victimization during screening who accepted a mental health visit. Since there were only two, they also provided screening forms that were completed prior to the audit period, and they all appeared to be correctly done, identifying that follow-up meetings were offered with 14 days of the intake screening. In addition, intake screening is conducted by PSU staff, so they are well able to quickly identify the referrals and meet with offenders. PSU keeps documentation of the services provided to offenders who disclose prior victimization during risk screening and who opt to meet with PSU regarding those instances of prior victimization, and they provided examples of those records.</p> <p>(b)(c) The facility houses adult male inmates, and all inmates who indicate during intake screening that they have previously perpetrated sexual abuse, or that they experienced sexual victimization either in an institutional setting or in the community, are offered a follow-up meeting with a mental health practitioner, to be conducted within 14 days of the screening. The facility reports that, within the last 12 months, no inmates have disclosed during intake screening that they previously perpetrated sexual abuse. PSU staff maintain very good records for all contact with offenders which was demonstrated to auditors.</p> <p>(d) During interviews, Health Care and Mental Health staff indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners, and only to other staff who need this information to perform their jobs, by limiting log-on and password access to the online database system.</p> <p>(e) Information was provided during interviews that Medical and Mental Health practitioners do obtain informed consent from inmates in accordance with agency policy, before reporting any information about prior sexual victimization that did not occur in an institutional setting. They</p>

indicated they document that information on agency forms, DOC-1923, Limits of Confidentiality of Health Information, DOC 1163A, Authorization for Use and Disclosure of Protected Health Information (PHI), and, DOC-1163 Authorization for Disclosure of Non-Health Confidential Information. Agency policy requires that inmates be informed of the limits to confidentiality/staff reporting requirements, prior to disclosing sexual abuse. There are no inmates under the age of 18 at this facility.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.82	Access to emergency medical and mental health services
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 507 358">DOCUMENTATION</p> <ol data-bbox="252 369 1396 571" style="list-style-type: none"> 1. Division of Adult Institutions Policy #500.30.19, Sexual Abuse - Health Services Unit procedure in the Event of Sexual Abuse, Effective Date 04/01/17 2. DOC-3001 Off-site Service Request and Report 3. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 4. Division of Adult Institutions 316.00.01 - Inmate Co-Payment for Health Services <p data-bbox="252 622 430 656">INTERVIEWS</p> <ol data-bbox="252 667 997 745" style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Security Staff and Non-Security Staff First Responders <p data-bbox="252 795 430 828">DISCUSSION</p> <p data-bbox="252 840 1476 1265">(a) DAI Policy #500.30.19 outlines the process for ensuring health care staff provides prompt and appropriate health care interventions in response to reported incidents of sexual abuse. The written plan calls for the first staff member to receive the information to notify the on-site Security supervisor and the Health Services Unit Manager who will then coordinate the HSU response. The Director of Nursing verified during an interview that she would provide medical services to an alleged inmate victim as soon as they reached the clinic and that if they needed to go out for a SANE exam, she would coordinate that immediately. Interviews with both Medical and Mental Health staff indicated that they are required to follow Agency practice and protocols, but that, inside those requirements, treatment they provide is determined by their professional judgment.</p> <p data-bbox="252 1310 1484 1467">Documentation of all treatment provided by both Medical and Mental Health staff is maintained in a computerized departmental database that houses offender medical records. During their interviews, both PSU and HSU staff provided demonstrations of how all contacts with offenders and treatment provided are recorded.</p> <p data-bbox="252 1523 1476 1859">(b) DAI Policy #500.30.19 requires that the first staff member to receive information regarding an incident of sexual abuse notifies the on-site Security Supervisor and the HSU Manager/designee, protects the alleged victim from further harm, and requests that the alleged victim not take any actions, i.e., showering, changing clothes, that could have the effect of destroying any available physical evidence. In addition, if there is no medical staff on-site at the time, the Security Supervisor is responsible for notifying the on-call RN. All first responder staff interviewed were familiar with their agency policy and said they would immediately notify their supervisor and medical health staff in any instance of sexual assault.</p> <p data-bbox="252 1904 1476 2150">(c) DAI Policy #500.30.19 also outlines that services offered to inmate victims of sexual abuse are timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There are no female offenders at Oakhill so emergency contraception is not needed. In an interview, the Director of Nursing verified the treatment that would be provided immediately in any instance of sexual abuse of an inmate offender.</p>

(d) Executive Directive 72 provides, in Section XVI, Paragraph B, No. 2, that all medical and mental health treatment services shall be provided to the victim without financial cost, in any instance of sexual abuse of an inmate. The PREA Coordinator also provided a chart of Inmate Co-Payment for Health Services that provided the same information, that inmate victims of sexual abuse will not be charged for services related to the incident. The hospital SANE representative also indicated during the interview that there would be no charge for these services for any victim.

Based on a review of Agency policies, inmate Health Care Co-payment schedule and interviews with Medical and Mental Health Care Staff and Security and Non-Security Staff First Responders, facility meets the standard.

CONCLUSION

Based on the above evidence, this facility is found compliant with the standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Medical and Mental Health Records <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Care Staff <p>DISCUSSION</p> <p>(a) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), identifies that the facility will provide medical and mental health evaluation and treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The care offered is to include any follow-up services needed, treatment plans and referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.</p> <p>(b) During interviews with both medical and mental health care staff, it was demonstrated that medical records are accessible to any Agency Health Care staff, at any facility, from the department's computerized health care record keeping system. Staff indicated that when a prisoner transfers to another facility, medical and mental health care staff at the receiving facility have access to the computerized health records and said that they will also discuss with health care staff at the receiving facility, treatment an inmate may have received at the sending facility, and any special needs an inmate may have. Staff demonstrated documentation of those conversations in the inmate medical records. They described that when prisoners are released, medical health care staff will provide a 30-day supply of any required meds as well as a prescription for another 30 days' worth of medicine, that the offender can fill in the community, at the Agency's expense. Staff will contact identified Parole Agents to discuss an inmate's medical and mental health needs so that Parole Agents can then follow up on the released offender's health care needs and treatment. They further described that, in addition to medicines and prescriptions, the Agency also employs psychologists, in the community, that are accessible to offenders who have been released or paroled.</p> <p>(c) All medical and mental health care staff interviewed affirmed that the services provided at the facility are consistent with the community level of care. Staff are required to submit documentation demonstrating their credentials prior to being hired and are required to meet the same educational and training requirements as health care staff who are employed in the local community.</p> <p>(d)(e) There are no females incarcerated at this facility.</p> <p>(f) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XVI, Paragraph B, No. 7, identifies that victims of sexual abuse will be offered tests for sexually transmitted infections. Staff interviewed verified that they would provide testing for</p>

sexually transmitted infections to inmate victims of sexual abuse while incarcerated as appropriate.

(g) Agency policy also requires that any treatment services provided to an inmate victim of sexual abuse will be provided at no charge regardless of whether the victim names the abuser or cooperates with any investigation of the incident and that facilities will attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and will offer treatment when deemed appropriate by mental health practitioners. The PSU Director verified that these requirements are carried out by PSU staff and demonstrated where they are documented in an offender's computerized health records. This practice was also documented in one of the investigations conducted during the audit period. The inmate requested a test for sexually transmitted infections based on an alleged sexual encounter with an unnamed staff member who no longer worked at the facility. He refused to cooperate with the investigation because his sole interest was in determining whether he has contracted an STI and the tests were performed and free of charge.

Based on the review of agency policy and medical and mental health care documentation, and on interviews with staff, I find that the facility exceeds the standard because the referrals for follow-up care, the medications and prescriptions, the providing for counseling in the community, and the communication with Parole Agents is provided for all inmates who are transferring, paroling and being released, and not solely for offenders who have been victimized or are victimizers.

CONCLUSION

Based on the above evidence, the facility is found to exceed the standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Sexual Abuse Incident Review form - PREA Doc-2863 3. Completed DOC-2864s for each of six Investigations 4. DAI Facility Procedure # 900.404.04 <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Deputy Warden - Incident Review Team 2. Psychologist - Incident Review Team <p>DISCUSSION</p> <p>(a)(b) DAI Facility Procedure #900.404.04 outlines that a sexual abuse incident review will be conducted at the end of every sexual abuse investigation, unless the allegation has been determined to be unfounded. Policy also calls for the review to occur within 30 days of the conclusion of the investigation and for the review team to include the following upper-level management staff members:</p> <ol style="list-style-type: none"> A. Warden B. Deputy Warden C. Security Director D. PREA Compliance Manager E. PREA Investigator <p>The facility reports that, in the last 12 months, the number of criminal and/or investigative investigations of alleged sexual abuse completed at the facility, excluding only, "unfounded" incidents was 6. The facility provided a report for each review conducted by the team, for each of the incidents, showing the items under consideration and which staff comprise the team. The date of the reviews showed that they were conducted timely, most of them on the same day the administrative case closed.</p> <p>(c) Staff assigned to the Incident Review Team include the Warden, Deputy Warden, PSU Supervisor, Corrections Program Supervisor, Security Director, and the Facility PREA Compliance Manager.</p> <p>(d) In reviewing each incident the team considered the area of the facility where the incident was alleged to have occurred, any physical barriers in the area that may enable abuse, the presence of monitoring technology in the area, whether the technology was operable, the level of staffing in the area during the time of the alleged incident, whether the incident or allegation may have been motivated by race, ethnicity, gender identity, status or perceived status, gang affiliation or other group dynamic at the facility. They also decided whether departmental and facility policies and procedures were followed in response to each allegation and whether the allegation, or result of the investigation, indicated a need to change a policy or procedure to better prevent, detect or respond to sexual abuse and if any such changes were made as a result.</p>

In interviews, members of the facility administration stated, "we do a pretty thorough review, digging down in to the specifics of the case, and we also use the facility procedure related to Incident Reviews that outlines what specific items we need to consider, and we consider all of them. Our reviews are very thorough and are based on policy. We have a good multi-disciplinary team, the Warden, HSU PSU, Security, so we have a pretty broad perspective when we are looking at these reviews." It was further indicated taht, "the facility doesn't have a lot of cameras and we recommend that we get more, and we are on the books for a camera project, but we do have to fund it ourselves. We are going to now, out of our own budget, put some cameras in [strategic locations], but we are minimum security, so we don't get as many resources as the Max facilities, which is how it should be. Hopefully, we will get a larger camera project, because technology always helps." As for some of the changes that were made based on incident reviews, administrators identified the upcoming camera project, and said that they have, "changed post orders, put up security mirrors to get better views of areas." He identified that they also, "work with building and grounds crew to do modifications, . . . always with the goal of improving the ability to monitor and make the place safer." Challenges identified were that, "the facility is so old and was not built to be a correctional facility."

Based on a review of Agency and Facility policies and procedures, documented reports of each incident review conducted, and facility administration interviews, the facility meets the standard.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. WIDOC Website <p>INTERVIEW</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator <p>DISCUSSION</p> <p>(a)(b) Executive Directive #72, in Section XXI, Paragraph A, No. 1, requires the agency to collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The data is required to be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the WIDOC's website annually.</p> <p>(c)(d)(e) An interview with the Agency PREA Coordinator revealed that the data is collected and aggregated at least annually, that the data collected does include the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice, and that the agency does maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The Agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates and the data from private facilities complies with SSV reporting regarding content.</p> <p>(f) Agency PREA Coordinator provided a copy of an e-mail verifying that SSV material, on behalf of the State of Wisconsin, was submitted to the Department of Justice as required. Also provided was a copy of the SSV that was submitted, demonstrating that the information was collected and submitted as required.</p> <p>A review of the Agency's website verified that the information is posted there.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <p>1. 2016 Prison Rape Elimination Act (PREA) 2016 Annual Report</p> <p>INTERVIEWS</p> <p>1. Agency Head Designee 2. Agency PREA Coordinator</p> <p>DISCUSSION</p> <p>(a)(b)(c)(d) The facility submitted an annual report of their aggregated data that includes a comparison of the data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The reports are approved by the agency head and are published annually on its website with redacting only information that, if published, would present a clear and specific threat to the safety and security of the facility.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Director 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. WIDOC Website <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Agency Head Designee 2. Agency PREA Coordinator <p>DISCUSSION</p> <p>(a)(b) Executive Directive 72 requires the Agency to collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. It also requires that the collected data include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC's website annually.</p> <p>(c)(d) A review of the agency's published reports were located on the website. Per the reports and interview with the agency PREA Director, it was clear that the agency does not include personal identifiers when publishing the data. Executive Directive 72 and the interview both supported that the agency does maintain the data for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility staff accommodated the audit team's requests and allowed access to all areas of the facility and to all documentation requested by the team. Following the audit, staff provided additional documentation based upon discussions at the facility and requests following the audit. They were responsive and proactive in making corrections prior to receiving the interim report.</p> <p>CONCLUSION Based on the evidence above, the facility is found compliant with this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTTION Agency PREA webpage, https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</p> <p>(f) Agency website was reviewed and all audit reports are appropriately posted. Reports included those posted during the current audit cycle as well as the previous audit cycle.</p> <p>CONCLUSION Based on the above evidence, the agency is found compliant with this standard.</p>

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

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

115.13 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into	yes

	consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	
	Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ?	yes

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.)	na

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates?	no

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes

115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	yes

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

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency: perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	no

115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	yes

115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	no

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes

115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.33 (c)	Inmate education	
	Have all inmates received such education?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	no

115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	no
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	yes

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	no

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a: Referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Request?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes

115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	yes

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	no

115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

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

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na

115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes

115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	no

115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	no

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	no

115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	no

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	no

115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.78 (g)	Disciplinary sanctions for inmates	
	Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes

115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes

115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

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