

# PREA Facility Audit Report: Final

**Name of Facility:** Felmers O. Chaney Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 03/11/2020

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"/>
<b>Auditor Full Name as Signed:</b> Yvonne Gorton	<b>Date of Signature:</b> 03/11/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	Gorton, Yvonne
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<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	01/27/2020
<b>End Date of On-Site Audit:</b>	01/27/2020

FACILITY INFORMATION	
<b>Facility name:</b>	Felmers O. Chaney Correctional Center
<b>Facility physical address:</b>	2825 North 30th St, Milwaukee, Wisconsin - 53210
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Tejuana King
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Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Quala Champagne
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Facility PREA Compliance Manager	
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<b>Email Address:</b>	
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<b>Facility Health Service Administrator On-site</b>	
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<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	100
<b>Current population of facility:</b>	104
<b>Average daily population for the past 12 months:</b>	100
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	20-70
<b>Facility security levels/inmate custody levels:</b>	Minimum/ Minimum Community
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	28
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	85

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	Kevin Carr
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Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Leigha Weber	<b>Email Address:</b>	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.

In September of 2019, Great Lakes PREA Auditing and Consulting, LLC, submitted a bid, to the Wisconsin Department of Corrections (WIDOC), for performing PREA Audits of WIDOC facilities, in the 2019-2020 audit year. The bid was accepted, and the Felmers O. Chaney Correctional Center was identified as one of the WIDOC facilities to be audited. Lead auditor was DOJ certified PREA auditor, Yvonne Gorton, assisted by DOJ certified PREA auditor, Wendy Hart, and one support staff, Vicki Close. The audit was scheduled to take place on January 27, 2020. The last PREA audit, of the Felmers O. Chaney Correctional Center, took place in September of 2017. That audit was conducted by two US Department of Justice certified PREA Auditors. There were no barriers to conducting the current audit.

Communication, between the auditor and the facility, began approximately six weeks prior to the on-site portion of the audit, when audit notices, in both English and Spanish, were sent to the facility. Lead auditor Gorton sent the notices on Wednesday, December 4, 2019, and requested that they be posted on or before Monday, December 9, 2019. She also provided instructions on how, and where the notices should be posted. Specifically, it was requested that the notices be printed on bright colored paper, in large font, and that they be posted at a height where a person sitting in a wheelchair could easily read them. It was requested that the facility remit confirmation of the postings, as soon as they were posted, identifying locations, inside the facility, where they were posted.

On December 10, 2019, the Agency PREA Director provided photos of the postings in nine locations: the Health Services Unit, the Kitchen, both the North and South Wing halls, the Recreation Room, the Dayroom, the Administrative Hallway, the Control Center, and the Dining Hall. She also provided photos of the postings that enabled auditors to ascertain that they were properly printed and properly posted. This posting of notices is required by standard 115.401, which states, "Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel." This allowance is made so that inmates can make confidential reports of information they might not want staff to know they were providing, i.e., that the facility does not investigate all allegations of sexual abuse and sexual harassment, or perhaps that inmates are retaliated against for reporting instances of sexual abuse and sexual harassment. No correspondence was received from inmates, or staff, at the Felmers O. Chaney Correctional Center.

On Monday, January 6, 2020, Lead Auditor, Yvonne Gorton, contacted Superintendent Tejuana King, via e-mail, to initiate discussion regarding the audit. In the e-mail, she identified the audit team, the audit date, the planned time of the team's arrival at the facility, and a discussion of how the audit would proceed. E-mail correspondence continued and on Friday, January 17, 2002, a telephone call was made, by Lead Auditor Gorton, to Superintendent King. Confirmed during that call were items discussed in the e-mail conversation, the date of the audit, anticipated time of the audit team's arrival at the facility, and the plan for the audit day. It was discussed that an entrance briefing would take place, upon the arrival of the team at the facility, and that an onsite review of the facility would immediately follow. Lead auditor explained that auditors would want to interview both staff and inmates and discussed, with Superintendent King, how those interviews could be scheduled considering the small number of staff employed at the facility and the work schedules of inmates. Superintendent King agreed to provide rosters of both staff and inmates to aid the team in making selections of both staff and inmates to interview. She also agreed to provide places, inside the facility, where confidential interviews could be conducted. It was agreed that, at the end of the audit day, an exit briefing would be held.

The agency, and the auditors, had previously agreed that the Online Audit System (OAS) would be used, for the audit, and on October 30, 2019, the Pre-Audit Questionnaire (PAQ), for this audit, was created. On December 19, 2019, the PAQ was released. The PAQ is an audit instrument that identifies the

minimum information, and supporting documents, that the facility should submit to the auditors prior to the onsite portion of the audit. Auditors were able to review the PAQ, and supporting documents, and identify what other documentation, if any, they would want to review during the on-site portion of the audit. On Thursday, January 16, 2020, Lead Auditor Gorton submitted an Issue Log, via e-mail, to the facility Superintendent requesting more information. Several days later, the Agency PREA Director, and the Correctional Superintendent, replied to the items listed on the Issue Log. Some of the documentation, i.e., a schematic of the facility, was supplied via e-mail, and some of the requested items were identified as being available for review on-site.

In further discussion, during the introductory phone call, Auditor Gorton and Superintendent King discussed the information that had already been provided on the PAQ, including agency-wide policies, procedures, and reports, a diagram of the physical plant, and a facility staffing plan. Lead Auditor Gorton also requested that the facility provide specific pieces of information auditors would need to carry out the audit. Specifically requested, of the facility, were:

A complete inmate roster, based on the population on Audit Day 1

A list of inmates who are Limited English Proficient

A list of inmates who identify as LGBTQI

A list of inmates who reported sexual abuse

A list of inmates who disclosed prior sexual victimization during risk screening

A complete staff roster

A list of contractors who have contact with inmates

A list of volunteers who have contact with inmates

A list of all allegations of sexual abuse and sexual harassment made, at the facility, in the past 12 months

A list of hotline calls made in the past 12 months

Auditor also requested a list of the number of sexual abuse and sexual harassment allegations in the past 12-month period including:

Total number of allegations

Number determined to be Substantiated, Unsubstantiated, or Unfounded

Number of cases in progress

Number of criminal cases investigations

Number of administrative case investigations, and the

Number of criminal cases referred for prosecution, number indicted, number convicted or acquitted.

Lead auditor contacted Aurora Health Care Metro, a local agency that provides advocacy and emotional support services for prisoners who seek them out. The facility provides a hotline number that inmates can call. Posters inside the facility, as well as orientations materials given to prisoners, identify that no inmate PIN is required to make the call and that any calls to the advocacy agency are not recorded. Lead auditor contacted the agency to discuss the services provided to the Felmers O. Chaney Correctional Center.

The Director of Aurora Health Care Metro identified that the agency does have an MOU with the Correctional Center, and that, if called upon, they will provide an advocate to accompany an inmate who has alleged sexual abuse through a SANE exam. A representative would meet the inmate at the local hospital, where the exam is to be performed, and would be present with the inmate throughout the exam. An Aurora Health Care Metro advocate will also be present with an inmate victim through any investigative interviews, if the inmate requests it. The agency representative said that, to her knowledge, there have been no allegations of sexual abuse but that, if needed, the agency will talk with inmates on the telephone and will also make a call, at the facility, to meet with them in person. She said that the superintendent is very supportive of this relationship, is very easy to work with, and she feels that the two agencies have a very good working relationship.

Lead auditor was also able to contact Aurora Sinai Medical Center who confirmed that they will perform forensic exams, for inmates from the facility, when necessary. Staff said they did not recall having been called on to provide that service for the facility, in at least the last 12 months. The representative there also said that there are multiple staff who are trained to conduct SANE exams and that one is always on call. Internet research regarding the facility revealed no current litigation, no DOJ involvement, and no federal consent decrees. The facility provided annual reports and SSV information. The agency website was also reviewed, and auditors noted that PREA Audit reports are posted on the web site as is information for third party reporting.

The audit team arrived, at the Felmers O. Chaney Correctional Center, at 7:00 a.m. Central Time, on Monday, January 27, 2020, to conduct the onsite audit. Upon entry to the facility, auditors noted the posted audit notices immediately, in large print, on pink paper. A statement about confidentiality of mail to auditors was included on the notification. An entrance briefing was held with facility leadership. Present at that briefing were Superintendent King, who also acts as the Facility PREA Compliance Manager (PCM), Agency PREA Director, Leigha Weber, Captain Brandon Norris, and the audit team. Introductions were made and the lead auditor explained the audit process and methodology that would be employed during the audit. It was explained, during this briefing, that corrective action is typical at most facility audits, that it is to be expected and not to be viewed as a negative. Rather, it should be viewed as assistance to the facility in the team's identifying things the facility can do to ensure greater sexual safety for inmates incarcerated there. It was explained that an Interim Report of the findings would be presented to the facility within 45 days of the date of the audit and that if the team did not find that any corrective action was necessary, that Interim Report would serve as the Final Report.

Agency PREA Director, Leigha Weber and Superintendent Tejuana King presented auditors with up-to-date rosters of offenders housed at the facility and staff assigned to the facility. The facility is part of the Wisconsin Department of Correction's Correctional Center program, which has a primary focus on work release and preparation for reentry to society. Housed at the facility are minimum security offenders who are evaluated on criteria such as offense history, risk assessment, conduct history, length of sentence and victim concerns, to be eligible for participation in a work release program. At any given time of day, most of the inmates housed at the Center are out to work. The population, on the audit day, was 106. The method selected by auditors, for making random selections of inmates to interview, was to count down the roster five names, chose that name, then count down five more, continuing in this pattern until an adequate sample had been identified. If the inmate chosen was away at work, auditors selected the next name on the roster and continued from there counting down five more names. Because the inmates housed here comprise a special population, those who are minimum security and work ready, they have already been screened carefully before being transferred to this facility. There was one inmate who was hard of hearing but no other targeted inmates at the facility. Twenty-one inmates were interviewed, twenty randomly selected and one targeted. There were no LEP or LGBT inmates housed at the facility at the time of the audit. Auditors also reviewed a staffing roster to determine which staff to interview. Several 3rd shift staff had been held over, so auditors interviewed them first. Because the facility is small, and many staff fill multiple roles, several staff were interviewed using more than one interview protocol.

The facility is housed in one building. Upon entry to the building, the Administration hallway is to the right and, to the left, is the Health Services Unit and a storage area, at the end of the hall, with a stairway that leads to a dry storage area in the basement. There are no mental health services offered at the Center. Opposite the stairway, on the main floor, is the kitchen. To the right of the kitchen is the dining room. The dining room doubles as a visiting room and has a classroom in the back-right corner of the room. There



is adequate camera coverage, in the dining room, that looks into the classroom as well as covers the dining room. A doorway out the back of the dining room leads to the North Housing Unit Wing and the South Housing Unit Wing. A hallway leading to the housing wings has a canteen storage, laundry, weight room, dayroom, and barbershop along it. In between the housing wings are the bathrooms, with glass block walls in the showers and privacy panels on the bathroom stalls. On the walls, at the entrance to the housing unit wings, are the telephones for inmate use. Posters containing PREA information and reporting and hotline crisis counseling numbers were posted adjacent to the telephones. Auditors did check the phones and found that they were able to reach the designated numbers for reporting instances of sexual abuse. The agency PREA Director was able to provide the feedback information, from their calls, to them. Auditors also noted mailboxes, including boxes to place Inmate Complaints in, in the area between the housing unit wings, and the Captain said that he is the only person who can open the box.

Auditors were able to talk with the Work Release Coordinator who assists inmates in finding jobs and schedules transportation to and from the work sites. Auditors also observed logbooks containing documentation of unannounced rounds being performed, on all three shifts, by higher-level custody staff. Auditors noted that there was adequate camera coverage, in all areas of the facility, and the Superintendent explained that a technology upgrade has already been approved that will include both upgrading existing cameras and the purchase, and installation of, additional cameras. Auditors noted no blind spots, and adequate staff presence, as they moved through the facility. The facility is staffed by 18 Correctional Sergeants, five assigned to 1st shift, two assigned to 1st/2nd relief shift, two assigned to second shift, three assigned to 2nd/3rd relief shift, four assigned to 3rd shift, one assigned as a Transportation/Community Service Sergeant, and one assigned as a Work Release Sergeant. Sergeants work staggered and overlapping shifts. First shift is from 7:00 am to 7:00 pm, 2nd shift is from 11:00 am to 7:00 pm, and 3rd shift is from 7:00 pm to 7:00 am. There are two overlapping, relief shifts, that cross 1st and 2nd shift, and 2nd and 3rd shift. There are two full-time social workers at the facility who are responsible for Intake, Risk Screening, and Retaliation Monitoring. There is also a Corrections Food Service leader, one teacher, 1 full-time Registered Nurse and two part-time nurses, one part-time Medical Program Assistant and one full-time Employment Services Specialist. The administrative staff consists of the Superintendent, one Captain and a full-time Employment Services Specialist. During the review of the facility, auditors talked with inmates and staff and noted that both groups were very well versed in the Department's zero tolerance policy. At least one inmate and one staff member, in each area of the facility, were informally interviewed. Inmates were very aware of their rights, and how to report instances of sexual abuse and sexual harassment, and staff were aware of their responsibilities. Both staff and Inmates answered questions readily, and accurately, and reported having been recipients of considerable education on the subject.

Auditors interviewed 21 inmates. The only targeted inmate available for interview was an inmate who was Hard of Hearing. There are no other targeted inmates housed at this facility. Inmates were chosen for interview by reviewing rosters for both housing wings, counting down five names, selecting the 5th name, then counting down five more names and selecting that name, and so on, in this fashion, until an adequate number of inmates were randomly chosen for interview. If a selected inmate was not available, due to being away from the facility at a work site, the very next name on the list was chosen. In this manner, auditors could ensure that an adequate number of inmates were selected for interview and that inmates from both wings were interviewed. Also interviewed were 12 randomly chosen staff, as well as targeted staff including the Warden and the Captain, two Intake Staff, the Health Services Director, Social Workers who perform risk screening and retaliation monitoring, the Facility PREA Compliance Manager, Incident Review Team members, a volunteer, a contracted employee, the Advocacy Agency point of contact and a SANE nurse, the Agency Head, Contract Compliance Manager, and the Agency PREA

Director.

Inmate files, for all the inmates who were randomly chosen for interview were reviewed. The reviews revealed that all the inmates had their initial risk screening completed within 72 hours of their arrival at the facility. A Social Worker completes the risk screens. The screening instrument is in the Wisconsin Integrated Computer System (WICS), a computerized database system that assigns a number score to each answer given and calculates a final score that determines an inmate's risk of victimization and abusiveness. The WICS system is set up so that if an inmate answers yes to having experienced prior sexual victimization, a dialogue box prompts the screener to offer a referral to mental health services. If the inmates accept the referral, the screener checks a box and a referral is automatically made to mental health services. After the follow-up with mental health is completed, staff enter the information into the electronic health record. None of the inmates interviewed indicated they had experienced prior sexual victimization. Also provided for review were Human Resource files of staff hired during the audit period. Auditors noted that all required background checks had been done prior to offers of employment being made. The agency employs a traveling fingerprint service to perform regular background checks on employees on a rotating three year basis. In addition to performing background checks on all new employees, the agency also performs background checks on employees who laterally transfer from one position to another position with substantially different job duties. This adds yet an additional check that could reveal information that otherwise might be overlooked. An example would be when a mailroom employee transfers to a disciplinary investigator. That employee might go from working in an area with little inmate contact to one with a great deal of inmate contact. The background check is appropriate even though the job move does not constitute a promotion.

At Intake, inmates are given printed information detailing the agency's zero tolerance policy regarding sexual abuse and sexual harassment. An intake staff facilitator guide was reviewed. The guide calls for inmates to be informed on the agency's zero tolerance policy on sexual abuse and sexual harassment, to be given definitions of sexual abuse and sexual harassment, to have the facility's cross-gender announcement procedure explained, and to have the facility Victim Services Coordinator identified with contact information. Inmates view a video entitled, "Sexual Abuse and Sexual Harassment Prevention and Intervention," and are given form POC-41B, an informational form that lists contact information for a local community sexual assault service provider. All inmates interviewed recalled having received the information at intake and having viewed the video.

Information provided by the facility, regarding allegations of sexual abuse and sexual harassment made over the past 12 months revealed that no allegations of either sexual abuse or sexual harassment had been made, in the facility, during that time frame. The agency PREA coordinator confirmed that no hotline calls were made from the facility in the past 12 months. The Facility staffing plan identified that there have been no allegations of sexual abuse, at this facility, since 2013. During the review of the facility auditors noted that a box for grievances was on the wall in the Housing area. The Captain indicated that he is only staff who has the key to this box. The agency does not have a grievance procedure for allegations of sexual abuse and sexual harassment. Any grievances filed, alleging sexual abuse or sexual harassment, are immediately removed from the grievance process and referred for investigation of the allegations. Superintendent King and PREA Director Weber confirmed that no such grievances had been filed, at the facility, in the past 12 months.

Because there were no allegations of sexual abuse or sexual harassment made, in the past 12 months, there were no investigations required. The agency did provide a copy of their investigative training that does include all required elements. Unit 1 of the training is entitled, "Sexual Abuse and Sexual Harassment in Confinement," and it provides definitions, information on vulnerable populations,

techniques for interviewing victims, evidence protocol, information on forensic exams, evidentiary standard for administrative investigations, reporting to inmates, sexual abuse incident reviews, and staff duties and responsibilities. Two facility investigators were interviewed and both confirmed that they had received training specific to conducting sexual abuse investigations in confinement settings and that the training covered techniques for interviewing, proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The facility investigators do conduct administrative investigations, when necessary, but any allegation of sexual assault that may involve criminal behavior is immediately referred to the City of Milwaukee Police Department. Facility investigators said that if they referred an allegation to the Milwaukee Police Department for investigation, they would conduct a parallel investigation in order to be able to assist the Police Department, that they would work closely with the Police Department and would maintain close contact with them via telephone and e-mail.

The audit was concluded with an exit briefing with the same staff that were at the in briefing, and the auditors, and auditors explained that they had conducted all appropriate interviews, both formal and informal, had confirmed that they had adequately viewed the facility and had reviewed all pertinent documentation. They explained that they had found no areas of non-compliance, thus, no corrective action was required. It was explained that the interim report would also be the final report and that it would be submitted within 45 days of the audit day. On March 11, 2020, the final report was submitted.

## 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 Felmers O. Chaney Correctional Center is a minimum security/minimum community security level correctional center for male offenders. It has a designed facility capacity of 100 offenders and an average daily population, for the last 12 months, of 104 offenders. The population on the audit day was 106. There were 264 inmates admitted to the facility, in the last 12 months, 256 whose length of stay, in the facility was for 72 hours or more, and 243 whose length of stay, in the facility, was 30 days or more. The age range, of inmates at the facility, is 20 to 70 years and the average length of stay is 12 months at the facility. There are currently 28 staff employed at the facility. Nine staff, who may have contact with inmates were hired, by the facility, in the last 12 months. One contract was entered into, in the last 12 months, for services with contractors who may have contact with inmates, and there is currently one contractor, who may have contact with inmates, authorized to enter the facility. The facility has 85 volunteers, who may have contact with inmates, currently authorized to enter the facility.

The facility is part of the Wisconsin Correctional Center System, an "institution" comprised of 14 adult, male correctional centers, overseen by a single warden whose office is centrally located in Madison. The Center opened in 2000 and offers work release programs with local employers who provide employment for qualified inmates, with an emphasis on maintaining that employment placement after the inmate's release. Money earned through work release helps to pay fees and any restitution, or other financial obligations inmates may have. The primary goal of the Wisconsin Correctional Center System is to prepare offenders for release to the community by helping them, through the work release program, obtain employment that will allow them to develop and demonstrate good work habits, pay their obligations and save money for release. The facility staff evaluate offenders' risk for placement in the community by considering offense history, risk assessment, conduct history, length of sentence and victim concerns. Other factors that affect placement on work release are the local job market, offenders' individual work skills and their willingness to work. The Felmers O. Chaney community service crew assists local government agencies and non-profit organizations on a variety of work projects, incorporating a positive work experience, building new skills, and giving back to the community.

The Center is a small facility, consisting of one building that houses administrative offices on one hallway, a health services unit, a kitchen and dining room, and one housing unit divided into two wings. The administrative offices include three treatment staff offices, a program supervisor's office, a financial specialist's office, the Captain's office, two Social Worker's offices, the Superintendent's office, and a large conference room. Auditors began the on-site review by visiting the Health Services area, the kitchen and the basement dry storage area. There are currently no cameras covering the stairway to the basement, but the facility has been approved for a camera upgrade and this is one area where a camera will be installed. There will also be an additional camera in the kitchen area along, with the camera that is already in the kitchen and the full round mirror that is in the center of the kitchen. Inmates working in the kitchen are supervised by the Food Service Director and Sergeants make regular rounds through the area. It was explained that over a 24-hour period, there are always at least three security staff working. Sergeants work two 12 hours and two eight-hour shifts per week. The 12-hour shift is 7 am to 7 pm and some relief/extra staff typically come in about 11 am. Administrative staff are at the facility various hours, including daytime and overnight shifts.

In the Dining Room, auditors noted PREA postings and a classroom, in the back corner. A camera, on the wall opposite the classroom, shows the entire dining room and into the classroom, and there is a camera, as part of the planned upgrade, scheduled to be installed on the wall outside the classroom for additional coverage from the other side of the room and for when the divider is separating the two sides of the room. There is adequate camera coverage of the entire room, including the classroom. The Dining Room also serves as the Visiting Room. It has a divider that can be used to separate the room into two

parts to make it useable for other purposes in addition to the serving of meals. Through the Dining Room, to the back of the building, is the housing unit.

There are two wings where inmates live, the North Wing and the South Wing. The Control Center sits between the two wings. Both hallways are viewable from the Control Center. Along the hallway leading to the Control Center, and area separating the housing wings, are a weight room, a dayroom, a barbershop, and a room for canteen storage. There is adequate camera coverage of this entire area and some additional cameras are planned with the scheduled upgrade. There is a holding cell next to the weight room that has one-way windows, on one wall, that are viewed by the Control Center, and there is a door to the Control Center from this room that is kept locked. The room contains a movable partition that is used to provide privacy for inmates during strip searches. Staff conduct strip searches using the "L" method, where the staff who is conducting the search can see the inmate while another staff, who can only see the other staff but not the inmate, observes the search. Strip searches are conducted when inmates leave the facility to go to work and when they return from work.

There is a bathroom/shower room at the end of each wing hallway, one for the north housing wing and one for the south housing wing. The shower areas have block glass and privacy curtains to prevent cross-gender viewing. Near the bathroom are boxes for inmates to drop outgoing mail and other inmate requests into. A laundry room for state laundry was observed near this intersection and staff indicated that there is one in each housing wing where inmates can do their personal laundry. The door to the state laundry room is always open, during the day, and there were windows looking into the room as well as a large mirror and camera covering it. The work release office is also housed in this area.

Four inmate telephones were available in the housing unit hallways near the bathroom. Auditors tested all the phones in the units and were able to call all reporting lines. Audit notices and PREA posters were noted at the entrance to the North Unit. Auditors noted that the blue light, in the hallway, was on, and staff explained that the blue light, as well as a PA announcement, let inmates know that female staff were working in the area. The first five cells, along the housing unit living areas are three-man rooms and the rest are two-man cells. Assignments to the cells are made based on inmates' seniority at the facility. Inmate names, work times and photos of those assigned to each room were on the doors, to assist staff in ensuring that only those assigned to the rooms are actually in them.

The Felmers O. Chaney Correctional Center has two supervisors, who are responsible for 24-hour supervision of 18 correctional sergeant and 11 non-uniformed staff. The Superintendent has ultimate responsibility for the Center and is the highest in the chain-of-command on-site. There is also one Captain assigned to the Facility. Of the 18 correctional sergeants, five are assigned to first shift which is a 12 hour shift that runs from 7:00 am to 7:00 pm, two are assigned to an overlapping First/Second relief shift, two are assigned to second shift which runs from 11:00 am to 7:00 pm, three are assigned to an overlapping Second/First shift relief, and four are assigned to third shift which runs from 7:00 pm to 7:00 am. In addition, there is one Transportation/Community Service Sergeant and one Work Release Sergeant. The Center also has one full-time office staff, two full-time social workers, one Corrections Food Service Leader, one Maintenance Repair Specialist, and one teacher. There are four Health Services Unit staff, one full-time Registered Nurse, two part-time Registered Nurses, and one part-time Medical Program Assistant. Lastly, there is one full-time Employment Services Specialist who is a contracted employee.

The Inmate Handbook informs offenders that the Facility's goal is, "to provide a safe and secure environment with programs and activities to assist in your reentry to the community."

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	2
<b>Number of standards met:</b>	43
<b>Number of standards not met:</b>	0

Number of Standards Met: 43

115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

115.12 Contracting With Other Entities for the Confinement of Inmates

115.13 Supervision and Monitoring

115.14 Youthful Inmates

115.15 Limits to Cross-gender Viewing and Searches

115.16 Inmates with Disabilities and Inmates Who are Limited English Proficient

115.18 Upgrades to Facilities and Technologies

115.21 Evidence Protocol and Forensic Medical Examinations

115.22 Policies to Ensure Referrals of Allegations for Investigations

115.31 Employee Training

115.32 Volunteer and Contractor Training

115.33 Inmate Education

115.34 Specialized Trainings: Investigations

115.35 Specialized Trainings: Medical and Mental Health Care

115.41 Screening for Risk of Victimization and Abusiveness

115.42 Use of Screening Information

115.43 Protective Custody

115.51 Inmate Reporting 115.52 Exhaustion of Administrative Remedies

115.52 Exhaustion of Administrative remedies

115.53 Inmate Access to Outside Confidential Support Services

115.54 Third-Party Reporting

115.61 Staff and Agency Reporting Duties

115.62 Agency Protection Duties

115.63 Reporting to Other Confinement Facilities

115.64 Staff First Responder Duties

115.65 Coordinated Response

115.66 Preservation of Ability to Protect Inmates From Contact With Abusers

115.67 Agency Protection Against Retaliation

115.68 Post-allegation Protective Custody

115.72 Evidentiary Standard for Administrative Investigations



115.73 Reporting to Inmates  
115.76 Disciplinary Sanctions for Staff  
115.77 Corrective Action for Contractors and Volunteers  
115.78 Disciplinary Sanctions for Inmates  
115.81 Medical and Mental Health Screenings; History of Sexual Abuse  
115.82 Access to Emergency Medical and Mental Health Services  
115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers  
115.86 Sexual Abuse Incident Reviews  
115.87 Data Collection  
115.88 Data Review for Corrective Action  
115.89 Data Storage, Publication, and Destruction  
115.93 Audits of Standards  
115.401 Frequency and Scope of Audits

Number of Standards Exceeded: Two

115.17 Hiring and Promotion Decisions

The facility conducts background checks, not just on new hires and promotions, but also when an employee moves to another position that has substantially different job duties than his or her current job. This practice introduces yet another opportunity to conduct checks that enhance the facility's ability to protect inmates from sexual abuse and sexual harassment.

115.71 Investigations

The standard only requires that written reports of administrative and criminal investigations be retained for as long as the alleged abuser is incarcerated, or employed, by the agency plus five years, but the agency imposes an added burden upon itself and retains the documentation for as long as the alleged abuser is incarcerated or employed, by the agency, plus ten years.

Number of Standards Not Met: 0

Auditors find that the facility is substantially compliant with all PREA Standards and no corrective action is required.

## **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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Wisconsin Department of Corrections (WIDOC), Secretary's Office, Organizational Chart</li> <li>3. Wisconsin Department of Corrections, PREA Director Job Description</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency PREA Director</li> <li>2. Facility PREA Compliance Manager (PCM)</li> </ol> <p>Findings:</p> <p>115.11 (a)</p> <ol style="list-style-type: none"> <li>1 - Executive Directive # 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section V, (p. 4) outlines the agency's policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. It says, "the Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-related retaliation in its facilities, including those with which it contracts for the confinement of offenders." The Executive Directive is provided to all employees at PREA training and is available on the agency website. All 12 staff who were randomly selected for interview verified that they were informed of the agency's zero tolerance policy during PREA training.</li> <li>2 - The same policy outlines steps the agency takes to implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Those steps include not hiring or promoting anyone who has engaged in sexual abuse in a confinement facility, employing an agency PREA Director to oversee department efforts to comply with PREA standards, designating a facility PREA Compliance Manager to assist with efforts to comply with PREA standards, designating a Victim Services Coordinator, at each facility, to be responsible for connecting victims of sexual abuse in confinement to outside support services, requiring all contractors to adopt and comply with PREA standards, considering, when designing new facilities, the effect of the design, on the agency's ability to protect offenders from sexual abuse using video monitoring systems and electronic surveillance systems, developing, and making best efforts to comply with, a staffing plan that provides for adequate levels of supervision, requiring security staff to make unannounced rounds, properly training staff, inmates, volunteers and contractors, assessing inmates' risk of victimization or abusiveness, placing appropriate controls on the dissemination of information gathered in the screenings, using that same information to make housing, bed, work and program assignments that protect vulnerable offenders, providing adequate reporting methods for offenders who are victims of sexual abuse, ensuring that all allegations are investigated and a report issued, not housing youthful inmates with adult offenders without sight and sound separation, outlining appropriate protocols for responding to allegations of sexual abuse, providing access to treatment and advocacy services for inmate victims of sexual abuse, applying appropriate sanctions for staff and inmates who are found to have committed sexual</li> </ol>	

abuse, reviewing incidents to see where the facility might employ methods to prevent future instances, and collecting and reporting the appropriate data.

3 - Executive Directive #72, in section III, (pp. 1-4), provides definitions of prohibited behaviors regarding sexual abuse and sexual harassment that match those outlined in the PREA standards.

4 - Sanctions for employees and offenders found to have participated in prohibited behaviors are outlined in section XIX, paragraphs A and B, (pp. 17 and 18).

5 - The Directive also outlines agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates that include things like having supervisory staff make unannounced rounds, developing and following a staffing plan that provides for adequate levels of supervision, using video monitoring to enhance officer rounds, assessing inmates risk of abusiveness and victimization, controlling housing assignments of inmates and reviewing substantiated instances in an effort to determine how such events may be prevented in the future.

#### 115. 11 (b)

1 - The agency does employ a full-time PREA Director. Submitted as documentation was a job description for the agency PREA Director.

2 - The agency PREA Director reported, in an interview, that she does have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of the agency's facilities. She said, "we have a growing team that includes two investigators and a research analyst." She also said that the agency has recently filled several Program Policy Analyst positions and identified that filling those positions will help to balance the statewide workload so that facilities will feel well supported.

3 - The facility provided an organizational chart showing that the agency PREA Director's position is in the upper level of the agency hierarchy. The agency PREA Director has full access to the agency director and can develop, implement, and oversee WIDOC's efforts to comply with the PREA standards.

4 - This position is a direct report to the Deputy Secretary to the Agency Secretary.

#### 115.11 ©

1 - The facility employs a Superintendent who also serves as the facility PREA Compliance Manager (PCM).

2 - The facility PCM said, in an interview, that she does have enough time to manage all of her PREA related responsibilities.

3 - The superintendent supervises all staff at the Chaney Correctional Center.

4. The superintendent reports to the Warden of the Correctional Center System.

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

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Memorandums of Agreement (MOA) with 12 local law enforcement agencies for the confinement of inmates</li> <li>2. Division of Adult Institutions (DAI) Policy# 410.00.01 PREA Compliance Review of contracted facilities for the confinement of inmates</li> <li>3. Pre-Audit Questionnaire (PAQ)</li> </ol> <p>Interviews:</p> <p>Agency Contract Administrator</p> <p>Findings:</p> <p>115.12 (a)</p> <ol style="list-style-type: none"> <li>1 – The Wisconsin Department of Corrections (WIDOC) currently has Memorandums of Agreement (MOA) with 12 agencies for the temporary housing of inmates. The facility provided copies of all 12 MOAs. The MOAs are written for a one-year period with the option of automatic renewal, for the next consecutive year, in the absence of the execution of a new or modified agreement. All 12 of the MOAs were automatically renewed, for another year’s period, since the last PREA audit. The facility reported that it may be suspending one of the contracts as no inmates have ever been placed in the facility.</li> <li>2 – Auditors observed that, in each of the 12 MOAs, section VII, paragraph Q, (p. 8) requires the contractors to adopt and comply with PREA standards. Contract agencies are required to, “take all feasible and necessary steps to work toward full compliance and continue to do so until full compliance is achieved.” They are also required to have policies in place for responding to allegations of sexual abuse and sexual harassment and for maintaining reports and records necessary for reporting the appropriate data, and for timely completion of the Bureau of Justice Statistics Annual Survey on Sexual Victimization or its current equivalent survey.</li> <li>3 – Twelve contracts for the confinement of inmates were renewed since the last PREA audit. The facility provided copies of all 12 MOAs currently held with the County Sheriff Departments in the counties of Fond du Lac, Juneau, Sauk, Vernon, Oneida, Jefferson, Ozaukee, Racine, Winnebago, Dunn and Milwaukee.</li> <li>4 – The agency reports that it does not hold any contracts, for the confinement of inmates, that do not require contractors to adopt and comply with PREA standards.</li> </ol> <p>115.12 (b)</p> <ol style="list-style-type: none"> <li>1 – All 12 of the MOAs, held by the WIDOC with counties in the State, in section VII, paragraph Q, require the County Sheriff agencies to subject themselves to a Department of Justice (DOJ) PREA Audit, at least once every three years, and to forward all interim and final facility PREA audit reports, within 30 days of receipt, to the WIDOC. A review of the MOAs also revealed that during the years when the county agency is not audited by a DOJ Certified PREA auditor,</li> </ol>

the WIDOC will conduct an annual compliance review to ensure that the agency is compliant with PREA standards. Submitted as documentation was the Division of Adult Institutions Policy #401.00.01 PREA Compliance Review of Contracted Facilities form DOC-2845, used for documenting this review. Also submitted were completed PREA Compliance Review forms for all the contracted agencies that did not undergo a DOJ Certified PREA Audit in 2019. The forms require WIDOC to review, and record, agency policies regarding PREA compliance, the agency staffing plan, supervision and monitoring of inmates, limits to cross-gender viewing and searches, the performing and documenting of staff and contractor background checks for initial hire, promotions and every five years, medical and mental health care offered to victims of sexual abuse, investigations of allegations of sexual abuse and sexual harassment, agency training of staff and inmates, the availability of sexual abuse and sexual harassment information, initial and follow-up screening of inmates for risk of victimization or abusiveness, and the results of those screenings used in housing, program, education and work assignments, the contracted agency's responsibility for providing outside emotional support for victims of sexual abuse and sexual harassment, the provision for transgender inmates to shower separately, the maintenance of a written coordinated sexual response plan, the conducting of incident reviews after a disposition of an allegation is arrived at, and the responsibility of the agency to prepare an annual report of its sexual abuse data and to post the report to its public website. The agency contract administrator said that her responsibility is to review documentation, at the contracted agencies, looking for high level compliance, and that she works with them on areas where they need assistance. She said that three of the agencies were audited this year and that the remaining facilities underwent a site visit and compliance review. She identified that the county sheriff agencies want to work with the WIDOC and are motivated to achieve compliance, are open to her suggestions, and are working toward that end.

2 – The agency reported, on the PAQ, and the submitted documentation supported the claim, that the number of contracts that DO NOT require the agency to monitor the contractor's compliance with PREA standards is zero.

Conclusion: Based on the above evidence, the facility is found to be compliant with the Standard.

115.13	<b>Supervision and monitoring</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. Felmers Chaney Correctional Center Staffing Plan</li> <li>3. WIDOC PREA Coordinator 2019 PREA Staffing Plan Annual Review Log</li> <li>4. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>5. Logbook Documentation of Supervisory Rounds Conducted</li> </ol> <ol style="list-style-type: none"> <li>1. Interviews:</li> <li>2. Warden</li> <li>3. Agency PREA Director</li> <li>4. Facility Superintendent</li> <li>5. Facility PREA Compliance Manager (PCM)</li> <li>6. Intermediate or Higher Level Facility Staff</li> </ol> <p>Findings: by Provision</p> <p>115.13 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section IX, paragraph A, (p. 6) says, "each facility shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of employees and, where applicable, video monitoring, to protect offenders against sexual abuse." The Directive requires that in calculating adequate staffing levels and determining the need for video monitoring, the facilities must consider; Generally accepted correctional practices; Any judicial, federal investigative and internal/external oversight agency findings of inadequacy; The facility's physical plant including blind spots or areas where employees or offenders may be isolated; The composition of the offender population; The number of placement and security staff; Institution programs occurring on a particular shift; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and, applicable State or local laws, regulations, standards and other relevant factors. The facility submitted a copy of their staffing plan dated April 2019. A review of the plan revealed that it does consider all the factors listed above. The superintendent said, in an interview, that she believes staffing levels are adequate to protect inmates against sexual abuse because the facility is a work release center and, at any given time, at least half the population is out of the building, so that leaves three line staff to supervise roughly 50 to 60 inmates. She also said that the staffing level is in line with the other centers in the agency and with the requirements of the State of Wisconsin. She also indicated that the center has already been approved for additional cameras and the administration has already identified where they will be placed.</p> <p>2 - The facility reported that the average daily number of inmates, at the facility, since the last PREA audits is 100.</p> <p>3 - They identified the same number, 100, as the average daily number of inmates on which the staffing plan was predicated.</p>	

115.13 (b)

1 - The superintendent said that the facility does not deviate from the staffing plan. The staffing plan identifies that the minimum staffing for sergeants is maintained and that overtime is hired when necessary to ensure that three sergeants are present. The superintendent said, in an interview, "we hire overtime, either scheduled or unscheduled, typically a week in advance when we know there is a gap. If we have a last minute call in, then we will force overtime."

2 - The facility does not deviate from the staffing plan. Auditors reviewed daily schedules and shift activity reports that identified staffing levels and where overtime was hired. As identified in the staffing plan, there were no instances where a post was left unattended.

115.13 (c)

1 - Documentation submitted on the PAQ included a WIDOC PREA Coordinator Staffing Plan Annual Review Log. This is a log, used, by the Agency PREA Director, to ensure that all facility staffing plans are reviewed, by her, on an annual basis. The log covered the years 2017, 2018, and 2019, and showed that the plan was reviewed in May of 2017 and in April of 2018 and 2019, with both the superintendent and the captain participating in the review. The Agency PREA Director verified, in an interview, that she is consulted regarding any assessments of, or adjustments to, the facility staffing plan, and that the assessments take place yearly.

115.13 (d)

1 - Executive Directive #72 requires, in section IX, paragraph d, (p. 6), that supervisory staff conduct and document unannounced rounds, on all shifts, to identify and deter employee sexual abuse and sexual harassment.

2 - The facility provided documentation, on the PAQ, demonstrating the documentation of unannounced rounds that shows the identification of the staff who made the rounds. The notations include the date and time of the rounds and the identification of staff who made the rounds.

3 - In addition, auditors were able to review similar documentation on site and were able to determine that the rounds are conducted on all three shifts. The captain said, in an interview, that he does make unannounced rounds, on all shifts, and that he ensures that his rounds are not expected by varying the times he makes the rounds and the route he takes in making the rounds. He also said that staff are aware of the policy requirement that prohibits alerting other staff that the Captain is making rounds and that staff comply with the policy.

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



115.14	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Memo from Jim Schwochwert, Administrator, Division of Adult Institutions (DAI), Dated 12/19/2016</li> <li>3. (DAI) Policy #302.00.20 Placement of Juveniles in Adult Correctional Sites</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. PREA Director</li> <li>3. Facility Superintendent</li> </ol> <p>Findings: by Provision</p> <p>115.14 (a)</p> <ol style="list-style-type: none"> <li>1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XIII, paragraph C, (P. 10), prohibits placing youthful offenders in housing units where they have sight, sound or physical contact with adult offenders through use of shared dayrooms or other common areas, shower areas or sleeping quarters.</li> <li>2 - Division of Adult Institutions Policy #302.00.20 requires, in Section I, paragraph A, that adjudicated juveniles who are less than 18 years old, not be admitted to a Division of Adult Institution facility or the Wisconsin Resource Center. Paragraph B identifies that juveniles sentenced as adults will be admitted to one of the two facilities identified as secure juvenile facilities, Copper Lake School or Lincoln Hills School. By policy, those juveniles can be transferred to a Division of Adult Institutions facility when they reach the age of 18. There are no juveniles housed at Chaney Correctional Center because it is a facility that falls under the Division of Adult Institutions which prohibits housing offenders under the age of 18 with adult offenders. The Center also submitted a letter from the Administrator of the Division of Adult Institutions, dated December 19, 2016, that identifies that, as of that date, all juvenile offenders who were previously housed in adult institutions had been moved to one of the two WIDOC secure juvenile facilities, either Copper Lake School or Lincoln Hills School, and that, going forward, no youthful inmates will be housed in any Division of Adult Facilities institution.</li> <li>3 and 4 – There are no youthful inmates, inmates under the age of 18, housed at the Chaney Correctional Center.</li> <li>5. The facility identified, on the PAQ, that neither of the housing units, at the Chaney Correctional Center, house inmates under the age of 18. A review of the current inmate roster confirmed that there are no inmates housed there that are under the age of 18. Additionally, both the superintendent, and the agency PREA Director, verified that there are no inmates, under the age of 18, housed at the Chaney Correctional Center.</li> <li>6. The facility reported, on the PAQ, that, in the past 12 months, there have been no inmates placed in the same housing units where adult inmates are housed.</li> </ol> <p>115.14 (b)</p>

1 and 2 – There are no inmates under the age of 18 housed at the Chaney Correctional Center.

115.14 ©

1 and 2 – The Chaney Correctional Center does not house youthful offenders.

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

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Division of Adult Institutions (DAI) Policy # 306.17.02 Searches of Inmates</li> <li>3. DAI Policy # 306.16.01 Use of Body Cameras</li> <li>4. Pre-Audit Questionnaire (PAQ)</li> <li>5. DAI Policy #500.70.27 Transgender Inmates</li> <li>6. Agency Form DOC-554 Lesson Plan Correctional Officer Pre-Service, Introduction to Body Searches</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> <li>2. Random Sample of Inmates</li> </ol> <p>Findings: by Provision</p> <p>115.15 (a)</p> <ol style="list-style-type: none"> <li>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) outlines, in Section X, Paragraph B, (p. 7), that WIDOC facilities do not permit cross-gender strip or body cavity searches except in exigent circumstances or when performed by medical practitioners. Division of Adult Institutions Policy #306.17.20 Searches of Inmates, in Section I, paragraph C, says that staff directly observing the inmate, during a strip search, are required to be the same sex as the inmate and that a second staff participating in the search shall only observe the staff performing the strip search. Twelve staff were randomly chosen for interview and all of them said that the facility does not conduct cross-gender strip or body cavity searches of inmates. All 12 of them were aware that their agency policy requires that cross-gender strip or body cavity searches not be done except in exigent circumstances but all of them said that they had never conducted any such strip or body cavity search and that they did not know of any having ever taken place at the Chaney Correctional Center. Staff who were randomly chosen for interview said it would be unlikely that an exigent circumstance would require a female staff to strip search a male inmate because there are more male staff than female.</li> <li>2 - The facility reported, on the PAQ, the number of cross-gender strip, or cross-gender visual body cavity searches of inmates, in the last 12 months, as being zero.</li> <li>3 - The facility also reported, on the PAQ, that the number of cross-gender strip, or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff, was zero.</li> </ol> <p>115.15 (b)</p> <ol style="list-style-type: none"> <li>1, 2, and 3 - There are no female inmates housed at the Chaney Correctional Center.</li> </ol> <p>115.15 (c)</p>

1 – Executive Directive #72, in Section X, paragraph C., (p. 7), that all cross-gender strip and body cavity searches, and cross-gender pat searches of female inmates, are required to be documented.

2 – There are no female inmates housed at the Chaney Correctional Center.

115.15 (d)

1 - Executive Directive #72 outlines the method the facility uses to ensure that inmates have the ability to shower, perform bodily functions, and change clothes without 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. It says that opposite gender staff, when entering a housing unit, shall announce their presence.

2 - Executive Directive #72 requires, in Section IX, paragraph #, (p. 6,) employees of the opposite gender to announce their presence when entering an offender housing unit if there is not already an opposite gender employee in the housing unit. The directive also says that if the opposite gender status quo changes during the shift, another announcement is required. All 19 inmates who were randomly chosen for interview identified that the facility staff turn on a blue light, that is visible in the housing units, when female staff are on duty and that female staff, when entering the housing unit, will sound a tone that is audible throughout the housing unit and will also verbally announce that they are entering the housing unit. All 12 staff who were randomly chosen for interview also identified how female staff announce their presence in the housing unit. As auditors conducted their sight review, they noted that the staff announced that females were entering the housing unit before they went in.

115.15 (e)

1 - Executive Directive #72, in Section X, Paragraph D, (p. 7), prohibits searching, or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status.

2 - The facility reports that no such searches were performed in the last 12 months. All 12 staff who were randomly selected for interview were readily familiar with this prohibition and acknowledged, in interviews, that they were aware of this prohibition outlined in policy.

115.15 (f)

1 - The facility reported that 100% of their security staff were trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner and submitted a training lesson plan and documentation of the training. Of the staff who were randomly selected for interview, all the security staff said they had received the training and were able to accurately describe the training they received.

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

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Division of Adult Institutions (DAI) Policy #300.00.35 Americans with Disabilities Act</li> <li>3. Contract for Video Remote Interpreting (VRI) Services for American Sign Language (ASL)</li> <li>4. Contract for In Person Interpreting Services for American Sign Language (ASL)</li> <li>5. DAI Policy #300.00.61 Language Assistance for Limited English Proficiency (LEP) Inmates</li> <li>6. Contract for Statewide Telephone Interpretation Services</li> <li>7. Contract for In Person Interpretation Services for Foreign Language</li> <li>8. Contract for Written Foreign Language Translation Services</li> <li>9. Wisconsin Department of Corrections (WIDOC) Language Policy Notice</li> <li>10. Inmate Posters</li> <li>11. Inmate Handbook</li> <li>12. Pre-audit Questionnaire (PAQ)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Inmates with Disabilities or Who Are Limited English Proficient</li> </ol> <p>Findings: by Provision:</p> <p>115.16 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) says that offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Division of Adult Institutions (DAI) Policy #300.00.35, in Section I, Paragraph A, requires all facilities to establish a process for inmates with qualified disabilities to request accommodations for access to programs, services, and activities. Paragraph C, of the same policy, outlines that individuals with disabilities may not be excluded from participation in, or be denied the benefits of, DAI services, programs or activities on the basis of their disabilities, and that all DAI programs, services and activities shall be readily accessible to, and useable by, individuals with disabilities. The same policy requires facilities to make reasonable accommodations for individuals with disabilities except where doing so would result in a fundamental alteration in the nature of the program, would threaten or destroy the historic significance of an historic property, or result in undue financial and administrative burdens. Section II, paragraph F says that inmate access to adaptive hearing devices for telephone calls must be equivalent to access to telephone calls by hearing inmates and allows for inmates using adaptive devices for phone calls to be allowed up to three times the amount of time usually permitted for phone calls. This policy also requires facilities to develop procedures to ensure visual alarms, or manual means of notifying deaf or hard of hearing inmates, are in place for such things as emergencies, counts, and announcements whenever, and wherever, the inmate is authorized to be in the facility. Accommodations that must be made may include a qualified sign language interpreter or</p>

other auxiliary aids, services, and devices. The facility provided, as documentation, copies of contracts the agency has entered to provide video remote interpreting (VRI) services for American Sign Language (ASL) and in person services for ASL. The agency head said, in an interview, "we identify inmates . . . with disabilities to ensure that all services are offered to all inmates. We have an agency disability coordinator who is also involved in identifying, and providing, needed assistance. . . .and we have Braille materials available, and audio materials as well. Our inmate education video is closed captioned as well." One inmate who uses two hearing aids was interviewed and he did not require any interpretive assistance to participate in the interview. He said that the hearing aids work very well in one-on-one conversations, and in small groups where typically only one person talks at a time. In larger groups, where there is more background noise, he does not hear as well, but he said that he can always see the blue light, so he knows there is a female entering the housing unit. He said that the blue light works in his favor and always alerts him that a female is entering the housing unit.

#### 115.15 (b)

1 - DAI policy #300.00.61 Language Assistance for Limited English Proficiency (LEP) outlines procedures that ensure LEP inmates in DAI facilities are not precluded from accessing or participating in important programs or proceedings, including those that may affect the duration and condition of their classification or confinement, have meaningful access to important vital documents, are afforded language assistance at no cost, receive meaningful access to medical, dental and mental health services, are not subjected to retaliation for requesting language assistance, and are permitted to communicate verbally and in writing in languages other than English. This policy also requires the posting of important items such as iSpeak cards, visiting room rules, surveillance notices, security warnings, facility regulations, policies, procedures, unit rules, and inmate discipline information in the lobby, visiting area, intake/reception area, waiting rooms of medical and mental health service units, mailrooms, property rooms, libraries, housing areas and school and program areas. It also requires staff to obtain from inmates at intake, their self-identified primary language, to ensure that the information is recorded in the department's computerized database, and to use iSpeak cards to assist in determining the language in which an inmate is attempting to communicate. The policy requires staff to initiate provision of language assistance when there is a question of an inmate's ability to use the English language in reading, writing or speaking, and requires staff to provide specific documents, including a PREA pamphlet, in both Spanish and English. The inmate handbook is also provided in both English and Spanish. The facility presented, as documentation, the inmate handbook and the PREA Pamphlet, printed in both Spanish and English, and auditors were able to observe PREA information posted, throughout the facility, in both English and Spanish, as well. Executive Directive #71 Language Assistance Policy and Implementation for Addressing Needs of Offenders with Limited English Proficiency (LEP) requires facilities to maintain relationships to contract for oral interpretation services, including telephonic interpretation services, develop procedures for obtaining translations from qualified translation services, and to develop procedures for obtaining translations of written material that is uniquely important to individual offenders. The facility provided copies of contracts that the WIDOC has entered into to provide in person interpretation services for foreign languages, written foreign language translation services, and statewide telephone interpretation services. The Agency Head said, in an interview, that staff identify inmates at intake who are Limited English Proficient to help match inmates with the services they need and identified that PREA information is available in three languages and on a close captioned video, all of which auditors were able to view. The facility reports that it does not currently house any LEP inmates

inmates.

115.16 (c)

1 - 115.16 © 1. Executive Directive #71 Language Assistance Policy and Implementation for Addressing Needs of Offenders with Limited English Proficiency (LEP) requires staff to not rely on fellow offenders to provide language services in situations with potentially significant consequences involving LEP offenders, unless an emergency arises. Examples of some of those situations are psychological appointments or treatment, information or hearings associated with the Prison Rape Elimination Act (PREA), parole hearings, disciplinary, and grievance proceedings and filings, and Program Review Committee hearings. Executive Directive #72, in section XVA, paragraph A, no. 4, (p. 13) prohibits relying on offender translators, except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first responder's duties, or the investigation of allegations. Twelve staff were randomly selected for interview and all of them were familiar with the translation services that are available at the facility. Staff were able to describe the iSpeak cards that they can provide an inmate, that show print in different languages. None of the 12 staff randomly selected for interview were aware of any instance, at the facility, where one inmate was allowed to translate for another. The facility reports that there are currently no LEP inmates housed at the Chaney Correctional Center.

2 – The facility indicated, on the PAQ, that any instances where one inmate may be allowed to translate for another would be documented. However, there have been no instances where that happened, thus no documentation was available.

3 – The facility reported, on the PAQ, the number of times, in the past 12 months, where inmate interpreters, readers, or other types of inmate assistants were used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-responder duties, or the investigate of the inmate's allegations, as zero.

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

Conclusion: Based on the above evidence, the facility is found to be compliant with the Standard.

115.17	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Prevention (PREA)</li> <li>2. Executive Directive #42 Police Contact, Arrest and Conviction Policy for Current Employees</li> <li>3. Wisconsin Department of Corrections (WIDOC) Background Procedure Check</li> <li>4. Division of Adult Institutions (DAI) Policy #309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns</li> <li>5. WIDOC Finger print Procedures</li> <li>6. WIDOC Form DOC-1098D Background Check Authorization</li> <li>7. DAI Form DOC-2674 DAI Volunteer Application</li> <li>8. Pre-audit Questionnaire (PAQ)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Human Resources Staff</li> </ol> <p>Findings (by Provision):</p> <p>115.17 (a)</p> <p>1 - Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA), in section VI, paragraph A, no. 1, (p. 4), prohibits the hiring or promoting of anyone who has engaged in sexual abuse in a confinement facility, anyone who has been convicted of engaging, or attempting to engage in, non-consensual sexual activity in the community, or anyone who has been civilly or administratively adjudicated to have engaged in activity described above. Executive Directive #42, Police Contact, Arrest, and Conviction Policy for Current Employees says, in section VIII, no. 1, (p. 7), that the DOC will not hire or promote an applicant for a position which may have contact with inmates, offenders or juveniles based on the following PREA standards: 1) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, 2) 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. 3) Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above.</p> <p>115.17 (b)</p> <p>1 - The same directive, in the same section, requires the agency to consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee. This directive, in section III, defines employee as, "any staff member, contractor or volunteer who performs work inside of a DOC operated facility." Auditors interviewed the Human Resources Administrator who said, "we use the WIDOC form 1098, which is a reference check form provided to previous employers, with three questions at the bottom. We ask for all information that a former employer knows of and, if a candidate worked for a law enforcement agency and didn't put that agency down as a reference, we will contact them</p>



anyway to see if they have any information they want to share with us. There may be a reason why they didn't list them as a reference."

#### 115.17 (c)

1 – Executive Directive #72 says, in section VI, no. 3, (p. 5), that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check. Paragraph a, of the same section, says that the DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment, or any resignation during a pending investigation of a sexual abuse allegation. The facility provided Department of Corrections Human Resources Policy #200.30.507 Employment References – Guidelines for Obtaining and Providing References, that outlines when background checks are to be completed and describes the methods used, and identifies, in Section III, that the agency also requires a criminal background check to be completed when a current employee is moving to a position which has significantly different duties than his or her current position. This policy also identifies, in section VII, no. 4, (p. 5), that, in accordance with PREA standards, if a candidate lists a prior confinement entity as a current or past employer on their resume (e.g. federal or state prison, county or local jail), best efforts shall be made to contact the entity as a reference, even if the employee does not list them as a reference. The policy identifies that the Reference Check Form DOC-1098R should be used, for obtaining reference checks, to ensure the proper PREA questions are asked. The facility provided a blank DOC-1098R Candidate Reference Check form that shows that questions 10 through 12 are additional questions, for positions that may have contact with inmates or juvenile offenders, that ask if the candidate has ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if it has ever been determined that the candidate has ever engaged in any incident of sexual abuse or sexual harassment while employed by the former employer, or if the candidate resigned during a pending investigation of an allegation of sexual abuse or sexual harassment prior to an investigation being completed.

2 – The facility reports, on the PAQ, that, in the past 12 months the number of persons hired who may have contact with inmates who have had criminal background record checks was eight. In an interview, the superintendent identified that five of the eight were new hires and three were lateral transfers. The employee files, for the five newly hired employees, were submitted for review and they showed the requisite criminal background records check having been done.

#### 115.17 (d)

1 – Executive Directive #72 identifies, in section III, (p.2) that the term, "employee," means any staff member, contractor or volunteer who performs work inside of a DOC operated facility so that all required criminal background, and employee reference checks, are required of contractors who may have contact with inmates as well. The facility identifies that one contracted employee was hired in the past 12 months and that the appropriate background check was completed prior to hiring. The Human Resources Administrator said, in an interview, "we do criminal record background checks for promotions, and for all contractors as well as for new WIDOC employees and contractors."

#### 115.17 (e)

1 - Executive Directive #72 says in section VI paragraph A No. 3b (p.5) "The DOC shall

1 - Executive Directive #72 says, in section VI, paragraph A, No. 3b, (p.5), "The DOC shall conduct a criminal background records check every five years for current employees." In addition, the Department of Corrections Human Resources Background Check Procedure also identifies, in Section III, that fingerprints of current employees must be retaken at least once every five years. Submitted as documentation was the Department of Corrections Human Resource Fingerprint Procedure that outlines the process for having fingerprint checks done on current employees. The Human Resources Director said that the facility uses the Portal 100 system for conducting background checks of current employees. She said, "there is a traveling machine that comes here, and they do the ones that are due when the machine is here, or if they are going to be due. We will do those that are due between now and the next time the machine is scheduled to be here so that all those are done timely. The machine is on a rotation, and they do a yearly schedule, so we know when it's coming again so we don't let any checks get overdue." She provided requested samples of employee files, randomly selected by auditors, that verified that the checks are being done as required.

115.17 (f)

1 - The facility submitted, as documentation, the DOC-1098D Background Check Authorization form, that requires all applicants to answer whether they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if they have ever 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, and if they have ever been civilly or administratively adjudicated to have engaged in any of these activities. Executive Directive #42 Police Contact, Arrest, and Conviction Policy for Current Employees imposes a continuing duty to report by saying, in Section VI, Paragraph A, that employees who fail to disclose police contact, arrests and/or criminal convictions, fail to provide accurate details regarding criminal convictions or fail to cooperate in the background check process, including being fingerprinted, may be subject to disciplinary action up to and including discharge. The Human Resources Administrator said, "for new hires and promotions we use the 1098 reference check form and we have authorization to run background checks. Candidates for employment must check the boxes and put them in a sealed envelope. Then, for the candidate we are selecting, we open the envelope."

115.17 (g)

1 - Executive Directive #42 Police Contact, Arrest, and Conviction Policy for Current Employees says, in section VI, paragraph A, that employees who fail to disclose police contact, arrests and/or criminal convictions, fail to provide accurate details regarding criminal convictions or fail to cooperate in the background check process, including being fingerprinted, may be subject to disciplinary action up to and including discharge.

115.17 (h)

1 - Executive Directive #72 requires, in Section VI, Paragraph A, No. 3a, (p. 5), that the DOC provide reference information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. The Human Resources Director said, in an interview, " we do provide that information to a prospective employer, when asked for it, and we go a step further for any state agency that is considering hiring a former WIDOC staff and we do a file review, look at disciplines, attendance, etc. The file review is in the State Statute."

CONCLUSION: Based on the above evidence, the facility is found to exceed the standard because they perform background checks, not just for new hires and promotions, but also when employees laterally transfer to a same level position that has substantially different duties. This practice ensures that a background check is done even when an employee transfers from a non-security position to one that brings them in contact with inmates. Without this additional step, important information could go undetected.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-audit Questionnaire (PAQ)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Warden</li> <li>3. Facility Superintendent</li> </ol> <p>Findings (By Provision):</p> <p>115.18 (a)1 – The facility reports that it has not made substantial expansion, or modification, to the facility since their last PREA audit but that some new cameras were installed in 2018.</p> <p>115.18 (b) 1 – The facility superintendent identified that, since the last audit, the facility has been authorized to receive additional new cameras and said that some of the locations where those new cameras will be installed have already been identified. Two of those locations are the stairway that leads to the kitchen basement and the dry storage area that is at the bottom of the stairway. Two new cameras will be added in the dining room and another one will cover the classroom that is in the corner of the dining room. An exercise room located behind the dining room will also have a new camera installed. There is also a plan to install cameras in the maintenance room that will cover the doorways. In the South Wing of the facility, additional cameras are planned for the laundry and ironing rooms. The agency head said that they are always looking for continuous improvement, that when thinking about acquiring new facilities, or modifying existing facilities, they talk with facility staff, the Agency PREA Director, and the Secretary's office, to make sure they are getting the appropriate emphasis. They also look at other facilities for historical perspective, so the view is broader than just a building. She identified that they also look at other states to identify correctional best practices.</p> <p><b>CONCLUSION:</b> Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Division of Adult Institutions (DAI) Policy #306.00.14 Protection, Gathering and Preservation of Evidence</li> <li>2. DAI Policy #500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse</li> <li>3. Memo of Understanding between Wisconsin Department of Corrections (WIDOC) and Aurora Health Care Metro, Inc.</li> <li>4. WIDOC, Victim Services Coordinators, Support Services Workshop Agenda</li> <li>5. WIDOC/Victim Services Coordinator Training Module</li> <li>6. WIDOC/Prison Rape Elimination Act Victim Accompaniment Guide</li> <li>7. WIDOC Form, DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist</li> <li>8. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>9. Memo from WIDOC Secretary Carr to Local Law Enforcement Agencies, dated March 18, 2019</li> <li>10. Pre-audit Questionnaire (PAQ)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> <li>2. SANE Staff</li> <li>3. Facility PREA Compliance Manager (PCM)</li> </ol> <p>Findings (By Provision):</p> <p>115.21 (a)</p> <ol style="list-style-type: none"> <li>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement says, in Section XVII, Paragraph A, says, "the DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment . . ."</li> <li>2 - The facility does not conduct criminal investigations.</li> <li>3 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement identifies, in Paragraph B, that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior are to be referred to local law enforcement for investigation. The local law enforcement agency designated to investigate allegations, for the facility, that involve potentially criminal behavior, is the City of Milwaukee Police Department.</li> <li>4 - The evidence protocol followed is outlined in (DAI) Policy #306.00.14 Protection, Gathering and Preservation of Evidence, in section I, paragraphs, A through D, (p. 2 and 3), in section II, paragraphs A through E, (p. 3), and section III, paragraphs A through I, (pps. 3 through 6). All 12 random staff who were interviewed were well able to discuss the agency's procedure for collecting usable evidence in an instance of sexual abuse. They identified that they would request that a victim not do anything to destroy potential evidence, such as washing, brushing teeth, changing clothes, and said that they would secure any potential crime scene for</li> </ol>

evidence collection. They said that they would not allow a suspected perpetrator to do any of these things. They were also able to identify that both the captain and the superintendent are trained investigators.

115.21 (b)

1 - The facility does not house youthful offenders so there is no requirement for the protocol to be developmentally appropriate for youth.

2 – The facility reports that the protocol was developed from the National Commission on Correctional Healthcare – Response to Sexual Abuse.

115.21 ©

1 - Executive Directive #72 requires, in Section XVI, Paragraph B, (p.14), identifies that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment, and that forensic medical examinations will be performed by Sexual Assault Nurse Examiners (SANEs) where possible.

2 – The facility does not offer forensic exams onsite.

3 - The facility has an arrangement with Aurora Sinai Medical Center to perform any needed SANE exams. A telephone interview, with a SANE verified that the hospital does have SANEs on staff, and that they will perform forensic exams for inmates from the Chaney Correctional Center.

4 – Agency policy, Executive Directive, also says, in paragraphs B, No. 2 and 3, that forensic exams will be provided to inmates at no cost.

5, 6 - Agency policy, Executive Directive, also says, in paragraph B, No. 3, that if SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The SANE staff, at Aurora Sinai Medical Center identified that a SANE is always available.

7 – Agency policy does require that efforts to provide SANEs will be documented. No allegations of sexual abuse have been made, during the audit period, therefore, no such documentation was available for review.

8 – The facility reports the number of forensic medical exams conducted in the past 12 months was zero.

9 – The facility reports that the number of forensic medical exams conducted by SAFEs or SANEs, in the past 12 months was zero.

10 – Likewise, the number of exams performed by a qualified medical practitioner, during the past 12 months, was also zero.

115.21 (d)

1 and 2 – Executive Directive #72, in Section XVI, Paragraph B, No. identifies that the facility will attempt to make an advocate, from a local sexual assault service provider, available to the victim to accompany and support the victim through the forensic medical examination process and investigatory interviews. The Wisconsin Department of Corrections Victims Services Coordinator Sexual Abuse and Sexual Harassment in Confinement Reference Guide also identifies that victims will be given access to outside victim advocates for emotional support services. Submitted as documentation is a copy of the MOU between the Wisconsin Department of Corrections and Aurora Health Care Metro, an outside agency located in Milwaukee, WI. Outlined in the MOU are the services Aurora Health Care Metro agrees to provide. Those services include providing an advocate to accompany and support victims of sexual abuse through the forensic medical examination, and investigatory interview processes as required by the victim via DOC. An interview with the Manager of Advocacy

processes, as required by the victim via DOC. An interview with the manager of Advocacy Services confirmed that the agency can provide an advocate to accompany and support victims of sexual abuse during a forensic medical examination and through any interviews related to their assault. The Facility PREA Compliance Manager verified that the facility does have an MOU with Aurora Healthcare and said that they ensure that it meets the qualifications of the standard by meeting with them, telling them what the standard requires and receiving assurance that the local agency can meet the requirements.

3 - She also said that WIDOC correctional facilities each have a victim services coordinator, who has been screened for appropriateness and has the necessary educational background, who can fill the advocate role if necessary. This information, as well as a hotline number and a mailing address for the advocacy agency is provided to inmates in educational materials and on posters throughout the facility.

#### 115.21 (e)

1 – Aurora Healthcare Metro will also provide advocacy services to inmates and will accompany an inmate through investigatory interviews if that service is requested. The Director reported having a very good working relationship with facility staff and said that they have not been called on to provide accompaniment through forensic exams, and have not received reports of sexual assault, from inmates at Chaney.

#### 115.21 (f)

1 – The agency PREA Director reports that the WIDOC Secretary reached out to the State DOJ, requesting all Wisconsin law enforcement agencies that support WIDOC correctional institutions, to follow provisions (a) through (e) of this standard. A copy of the WIDOC Secretary's correspondence was provided to the auditor by the agency's PREA Director, demonstrating compliance with this standard on behalf of all WIDOC facilities.

#### 115.21 (g)

Auditor is not required to audit this standard.

#### 115.21 (h)

1 - The facility superintendent indicated that a qualified advocate will be provide to an inmate victim of sexual abuse through the Aurora Healthcare Metro agency.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Pre-audit Questionnaire (PAQ)</li> <li>3. Division of Adult Institutions (DA) Policy #303.000.05 Law Enforcement Referrals</li> <li>4. Wisconsin Department of Corrections (WIDOC) Web site</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.22 (a)</p> <ol style="list-style-type: none"> <li>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) says, in section XVII, paragraph A, (p.15) that the agency will ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. The Warden said, in an interview, "when an allegation comes in, the Security Director ensures that the Administration reviews and assigns investigators and makes a referral to law enforcement for the first right of refusal." The agency head said, "yes, we do ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. There would be a disciplinary investigation, of staff, if it didn't happen."</li> <li>2 - The facility reported, on the PAQ that, in the past 12 months, zero allegations of sexual abuse and sexual harassment were received.</li> <li>3 – The facility reported, on the PAQ, that in the past 12 months, the number of allegations resulting in an administrative investigation was zero.</li> <li>4 – The facility reported, on the PAQ, that in the past 12 months, the number of allegations referred for criminal investigation was zero.</li> <li>5 – The facility reported, on the PAQ, that within the last 12 months, no allegations of either sexual abuse or sexual harassment were made at the facility.</li> </ol> <p>115.22 (b) 1 - Executive Directive #72 says, in section XVII, paragraph B, (p. 15) that allegations of sexual abuse or sexual harassment that involve potential criminal behavior will be referred for investigation to local law enforcement and that all such referrals will be documented. Additionally, Division of Adult Institutions policy #303.00.05, Law Enforcement Referrals, identifies a variety of offenses that the Warden/designee shall refer to Law Enforcement for investigation. On that list is, "Sexual abuse per Executive Directive 72, Staff sexual assault of an offender per Executive Directive 16A, and Sexual assault per Wisconsin Statutes s. 940.225." This policy also identifies that the Warden may also refer, to law enforcement, "any other incident deemed appropriate." The agency head said, "we use sort of a layering effect. The Security Director, or designee, at a location, is paired with a PREA Investigator who has special PREA investigator training. The Security Director notifies</p>



the PREA Office, and local law enforcement, if there may be criminal behavior involved. Our agency will often refer all allegations to law enforcement for their review and will run a parallel investigation. If local law enforcement sends it back saying that there isn't enough to bring charges, we will complete the investigation." Investigative staff who were interviewed also verified that all allegations are investigated and that investigations that involve potentially criminal behavior are referred to the Milwaukee Police Department for investigation.

2 - The facility offered, as documentation, a printout of a page found on the Agency web site. In addition, auditors did review the Agency web site and were able to determine that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency web site.

3 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XVII, paragraph B, (p. 15) requires that all referrals to law enforcement shall be documented. The facility reported, on the PAQ, that there were no referrals made to law enforcement, in the past 12 months, thus no documentation was available.

15.22 © 1 - The Wisconsin Department of Corrections website identifies that the agency PREA Office educates, and trains offenders, staff, and community partners regarding PREA, reviews and conducts administrative investigations of sexual abuse and sexual harassment allegations, provides technical assistance and interpretation of PREA standards, coordinates PREA compliance and auditing, and collects and analyzes data. It also identifies that local law enforcement agencies investigate when the alleged conduct involves potentially criminal behavior.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

115.31	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Wisconsin Department of Corrections (WIDOC) Employee Training Module</li> <li>3. State of Wisconsin, Department of Corrections, Correctional Officer Preservice Program</li> <li>4. PREA PAGE, WIDOC Communications from the PREA Office</li> <li>5. Pre-audit Questionnaire (PAQ)</li> <li>6. Employee Training Records</li> <li>7. DOC-1558 Employment Statement of Acknowledgement</li> <li>8. DOC-2397 WCCS Staff Orientation Checklist</li> <li>9. Staff PREA Training Completion Roster</li> <li>10. Staff Pre-Service PREA Training Completion Roster</li> <li>11. FCCC Healthcare Staff PREA Training Completion Roster</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> </ol> <p>Findings: By Provision:</p> <p>115.31 (a)</p> <ol style="list-style-type: none"> <li>1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XI, paragraph A, No. 1, (p. 7), requires the agency to train all employees who may have contact with prisoners on the department's zero-tolerance policy for sexual abuse and sexual harassment,</li> <li>2 - how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures,</li> <li>3 – the right of inmates to be free from sexual abuse and sexual harassment,</li> <li>4 – the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment,</li> <li>5 – the dynamics of sexual abuse and sexual harassment in confinement,</li> <li>6 – the common reactions of sexual abuse and sexual harassment victims,</li> <li>7 – how to detect and respond to signs of threatened and actual sexual abuse,</li> <li>8 – how to avoid inappropriate relationships with inmates,</li> <li>9 - how to communicate professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates, and,</li> <li>10 – how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ol> <p>The facility provided, as documentation screen shots of the required online module all WIDCOC employees are assigned and required to take upon hire. The module is narrated, and knowledge checks are spaced through the module; understanding is assessed, at the end, in the form of a “final exam.” Receipt of training is tracked electronically. Twelve staff</p>	

were randomly chosen for interview and all twelve of them were able to articulate the training they received and were able to identify the above components of the training. The facility also provided a list of training modules that are part of the preservice corrections academy that all security staff are required to successfully complete prior to beginning employment with the WIDOC.

115.31(b)

1 - Auditors' review of the training modules confirmed that the training is tailored to the gender of the inmates at the facility.

2 – The training is also designed to provide additional training to employees who are reassigned from facilities housing the opposite gender. The Chaney Correctional Center is an adult male institution.

115.31 (c)

1. 115.31 © 1 – The facility provided a database printout that tracks staff PREA training completion. The trackers verified that all current employees who may have contact with inmates have successfully completed the required training.

2 – Executive Directive #72 requires, in section XI, paragraph A, No. 1, (p.7), that all staff members receive training every two years and that in years during which staff members do not receive training, the WIDOC will provide refresher information on current sexual abuse and sexual harassment policies. The facility provided copies of newsletters, sent from the PREA office to staff, that contain the refresher information. Copies were provided for multiple years, including 2019, which was the refresher provided during the audit year.

3 – All twelve staff who were randomly chosen for interview were aware that they receive PREA training every two years and refresher information during the in between years. The facility provided documentation showing the refresher information that was presented in 2015, 2017 and 2019. The facility also presented sample training records that verified that all staff have completed the required trainings and refreshers.

115.31 (d)

1 – The facility does document that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. The DOC-1558 Employment Statement of Acknowledgement is used to document this. Computerized printouts were provided that document electronic verification of the appropriate training of all staff at the facility. The training is provided in a computer-based format and includes a test that staff must take, and pass, or their training completion will not be recorded.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors</li> <li>2. Division of Adult Institutions (DAI) Policy #309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns</li> <li>3. DAI Volunteer, Pastoral Visitor, Program Guest &amp; Intern Orientation</li> <li>4. Wisconsin Department of Corrections (WIDOC) Contractor &amp; Volunteer Training Materials</li> <li>5. POC-0080 DAI Brief Volunteer Orientation</li> <li>6. Pre-audit Questionnaire (PAQ)</li> <li>7. Memo from Kelli West to Facility Volunteer Coordinators, dated March, 2, 2018</li> <li>8. DOC-2809 Volunteer Orientation Roster Attendance Record</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Volunteers</li> <li>2. Contractors</li> </ol> <p>Findings: by Provision:</p> <p>115.32 (a)</p> <ol style="list-style-type: none"> <li>1 - Training materials were presented, as documentation, that verified that volunteers are trained on the agency's zero tolerance policy regarding sexual abuse and sexual harassment of inmates and the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Training materials reviewed included a pamphlet entitled, "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors. The pamphlet contains information on responsibilities of reporting any knowledge, suspicion or information about sexual abuse or sexual harassment, retaliation against a victim or reporter, and violation of responsibilities that may have contributed to an incident or retaliation. The training materials contain definitions of sexual abuse and sexual harassment and describe, "red flags," that may indicate abuse. They also provide different avenues for reporting sexual abuse or sexual harassment.</li> <li>2 - The facility reports that 85 volunteers who may have contact with inmates have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Presented as documentation was a Volunteer Training roster form, DOC-2809, that is used to track volunteer participation in the required training. Two volunteers were interviewed, and both verified that they had received the training on agency policies and procedures regarding the prevention, detection and response to sexual abuse and sexual harassment. An interview with a volunteer verified that he had received PREA training from the agency. When asked, he was easily able to explain the agency's zero tolerance policy and identify various methods of reporting sexual abuse and sexual harassment. He said that no inmate has ever reported to him that he was being victimized but</li> </ol>

that if that were to happen he would be very comfortable reporting that information to any staff, and said that he would do so immediately upon receiving the information. In addition, the facility presented signed acknowledgements, for 18 contractors and volunteers, demonstrating their verification that they had received training on the Department's zero tolerance policy regarding sexual abuse and sexual harassment, that they had been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, and that they have received training based on the services they provide and the level of contact they have with inmates.

115.32 (b)

1- Auditors reviewed the Volunteer Orientation and training materials presented and verified that volunteers are trained based on the level of contact they have with volunteers.

2 - Auditors noted that the materials used to train volunteers, and the handbooks they are given, do outline the agency's zero tolerance policy regarding sexual abuse and sexual harassment of inmates. Volunteers who were interviewed were familiar with the agency's zero tolerance policy.

115.32 (c)

1 – The facility provided the training roster form, DOC-2089, and the instructions to staff, dated March, 2016, to begin documenting volunteer orientations and training in a departmental computerized database.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

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

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. POC-41B Sexual Abuse in Confinement, A Resource for Offenders</li> <li>2. Wisconsin Department of Corrections (WIDOC) Division of Adult Institutions (DAI), Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates</li> <li>3. WIDOC Division of Juvenile Corrections, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Youth</li> <li>4. Video titled, Sexual Abuse and Sexual Harassment Prevention and Intervention</li> <li>5. POC-0041C Inmate PREA Education Facilitator Guide</li> <li>6. Inmate WIDOC Identification Card</li> <li>7. Pre-audit Questionnaire</li> <li>8. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>9. Wisconsin Department of Corrections (WIDOC) Division of Adult Institutions (DAI), Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates, Spanish</li> <li>10. POC-41BS Sexual Abuse in Confinement, A Resource for Offenders, Spanish</li> <li>11. Braille version of Inmate Handbook</li> <li>12. Audio Recording of Inmate Handbook</li> <li>13. POC-99 Acknowledgment of Receipt of/Access to Information Prison Rape Elimination Act (PREA) Education</li> <li>14. POC-99S Acknowledgment of Receipt of/Access to Information Prison Rape Elimination Act (PREA) Education, Spanish</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Intake Staff</li> <li>2. Random Sample of Inmates</li> </ol> <p>Findings: by Provision:</p> <p>115.33 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) requires that all inmates receive information detailing the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. Division of Adult Institutions Policy #410.20.01 requires all institutions to provide education to inmates, upon intake, explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment, including report-related retaliation and agency response procedures. Presented as documentation was POC-0041C, Inmate and Youth PREA Education Facilitator Guide. The Facilitator Guide calls for inmates to be informed on the agency's zero tolerance policy on sexual abuse and sexual harassment, to be given definitions of sexual abuse and sexual harassment, to have the facility's cross-gender announcement procedure explained to them, and to have the facility Victim Services Coordinator identified with contact information. Inmates view a video entitled, "Sexual Abuse and Sexual Harassment Prevention and Intervention, " and are given form POC-41B, an informational form that lists contact information for a local community sexual assault service</p>

provider. The auditor did view the video and it is available on YouTube. In addition to the material presented at intake, as of December 19, 2018, the agency's zero tolerance statement and reporting methods are printed on the back of new, or reprinted, inmate identification cards.

2 - The facility reports the number of inmates admitted, in the past 12 months, who were given this information, at intake, as 264. Auditor interviewed the facility Victim Services Coordinator, who is also the facility Intake staff, and he verified that he does give all incoming inmates information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. He explained that he shows the agency PREA video, gives the inmates a Red Book with more PREA information, and documents the intake for each inmate present. All 20 inmates who were randomly chosen for interview were able to recall that they had received the printed information, and had viewed the video, on the day they arrived at the facility. They all also said that they had been informed about their right to not be sexually abused or sexually harassed, and all could articulate how they would make a report of sexual abuse or sexual harassment, for themselves or someone else, if they needed to.

#### 115.33 (b)

1 – The facility reports that 243 inmates were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents with 30 days of intake. The facility reports that 100% of inmates who were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents with 30 days of intake. An interview was conducted with Intake Staff who said that he ensures that inmates have been educated as required by conducting weekly orientation for prisoners. He also said he can check on the Wisconsin Integrated Computerized System (WICS), to ensure that all inmates have received orientation.

#### 115.33 ©

1 through 3 – The facility reports that all inmates are educated within 30 days of intake. 4 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) says, in Section XI, paragraph B, No. 3, (p.8), that inmates who transfer from one facility to another will receive education specific to the facility's sexual abuse, sexual harassment and report-related retaliation policies and procedures to the extent they differ from those of the previous facility.

#### 115.33 (d)

1 – Presented as documentation that inmate PREA education is available in formats accessible to all inmates including those who are LEP were the orientation materials printed in Spanish.

2 – Presented as documentation that inmate PREA education is available in formats accessible to inmates who are deaf was confirmation of the availability of a PREA education video, that is closed captioned. The video is also available on YouTube and auditors were able to view it there.

3 – Presented as documentation that inmate PREA education is available in formats accessible to all inmates including those who are visually impaired was confirmation of the

accessible to all inmates, including those who are visually impaired was confirmation of the availability of a Braille version of the inmate handbook, which Agency PREA Director presented for auditor review.

4. PREA Information is available in written materials printed in both Spanish and English and on video with closed caption.

5. Intake Staff, and Social Work staff, verified that they will read the inmate PREA information to any inmate who is limited in their reading skills, and will ask appropriate questions to determine if the inmate understood the information. Agency PREA Director also presented an audio recording of the Inmate Handbook that is also provided to inmates with limited reading skills. There are currently no inmates who are LEP, deaf, visually impaired, or otherwise disabled. One inmate who uses hearing aids was interviewed, without assistive devices, and he verified that he does not have trouble hearing when working one-on-one with staff or in small groups. He verified that he had received both Prisoner Orientation and PREA education and was familiar with both. Another inmate randomly chosen for interview said that the Social Worker who delivered his prisoner orientation showed it to him on the computer screen to ensure that he understood everything.

115.33 €

1 – The agency does maintain documentation of inmate participation in PREA education sessions on the Wisconsin Integrated Computerized System (WICS). Intake Staff document inmate receipt of intake materials there and Social Work staff document inmate participation in Orientation in the same manner.

115.33 (f)

1 – Auditors noted, during the site review, that information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, on the back of every inmate's ID card.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.



<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Investigation Training Outline</li> <li>3. Sexual Abuse and Sexual Harassment Investigations, Training Module</li> <li>4. Sexual Abuse and Sexual Harassment Investigations Checklist</li> <li>5. Wisconsin Department of Corrections (WIDOC) Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement Directory</li> <li>6. Pre-audit Questionnaire (PAQ)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.34 (a)</p> <p>1 - Executive Directive #72, in section XI, paragraph A, No. 4, (p. 8), requires all staff who investigate incidents of sexual abuse and sexual harassment to receive specialized training for conducting sexual abuse investigations in confinement settings. The facility presented a copy of their investigator training lesson plan. A facility investigator was interviewed who confirmed receipt of training specific to conducting sexual abuse investigations in confinement settings.</p> <p>115.34 (b)</p> <p>1 - The same policy requires that investigative staff receive training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. Unit 1, of the training, is entitled, "Sexual Abuse and Sexual Harassment in Confinement, " and it provides definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations, and proper use of Miranda and Garrity warnings. Investigative staff who were interviewed verified having received this training.</p> <p>115.34 ©</p> <p>1- Executive Directive #72, in section XI, paragraph A, No. 4, (p.8), requires the agency to maintain documentation of the training completions. 2 - The facility provided a computerized database printout that the agency uses to record, and track, investigator training. The report shows that the agency currently has 455 trained investigators. The printout shows the name of each investigator, their job title, work location, and the date they completed the training. The printout verified that three investigators at the Chaney Correctional Center have completed the appropriate training.</p>

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

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Training Module, PREA for Healthcare Staff</li> <li>3. Pre-audit Questionnaire (PAQ)</li> <li>4. FCCC Healthcare Staff PREA Training Completion Roster</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Medical Healthcare Staff</li> </ol> <p>115.35 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XI, paragraph A, no. 5, requires all medical and mental health care practitioners, who work regularly in agency facilities, to be trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how, and to whom, to report allegations or suspicions of sexual abuse and sexual harassment. The facility submitted screenshots of the online module all Wisconsin Department of Corrections healthcare employees are required to complete upon hire and in yearly trainings. Understanding of the training is assessed, at the end of the module, in the form of a quiz. Receipt of the training is tracked electronically. Auditor reviewed the module and found that the training does cover the topics required by agency policy.</p> <p>2 - The facility reports that one medical staff completed the required training and presented a computerized database printout verifying that. That person was interviewed and confirmed that she had completed the required training for health care workers. There are no mental health staff at the Chaney Correctional Center, but the facility presented verification that two Treatment Specialists also completed the training for Medical and Mental Health Care Staff.</p> <p>3 – The facility presented documentation verifying that 100% of Health Care Staff, at the facility, were properly trained.</p> <p>115.35 (b)</p> <p>1 – Medical staff, at the facility do not conduct forensic medical exams.</p> <p>1151.35 ©</p> <p>1 – The facility presented a computerized database printout verifying that the one medical staff employed at the facility had received the proper training.</p> <p>115.35 (d)</p> <p>1 – The facility presented training documentation that demonstrated that medical staff and Treatment Specialists receive training mandated for employees by 115.31.</p>

2 – The facility does not have contracted, or volunteer, healthcare employees.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse an Sexual Harassment in Confinement (PREA)</li> <li>2. Division of Adult Institutions (DAI) Policy #410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization</li> <li>3. Pre-audit Questionnaire (PAQ)</li> <li>4. PREA Screening Tool Adult Male Facility</li> <li>5. PREA Screening Tool Adult Female Facility</li> <li>6. Records for Inmates Admitted to the Facility Within the Past 12 Months</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Staff Responsible for Risk Screening</li> <li>2. Random Sample of Inmates</li> <li>3. PREA Director</li> <li>4. Facility PREA Compliance Manager (PCM)</li> </ol> <p>Findings: (By Provision):</p> <p>115.41 (a)</p> <p>1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) says, in section XII, paragraph A, "Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, and again upon transfer to another facility, for risk of being sexually abused by other offenders or sexually abusive toward other offenders."</p> <p>115.41 (b)</p> <p>1 - DAI Policy# 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization says, in section I, paragraph A, (p. 3), "inmates shall be screened within 72 hours of admission to any DAI facility for risk of being sexually abused by other inmates or sexually abusive towards other inmates."</p> <p>2 – The facility reports the number of inmates, whose length of stay at the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, within the past 12 months, was 256. The facility provided copies of risk screens completed for 10 prisoners who were randomly chosen for interview and auditors verified that their risk screening was completed within 72 hours of their admission to the facility. An Intake Staff who was interviewed said that most often the screening is completed on the day of inmates' arrival. All 20 inmates who were interviewed said they were asked questions about things like whether they had ever been incarcerated before, whether they had ever been sexually abused, if they identified with being lesbian, bisexual or transgender, and if they felt safe at the facility. Fifteen of them recalled that interview having taken place on the day they arrived, two said it happened the following day, and three said it happened soon after they arrived at the facility, all of them verifying that it was no longer than three days after arrival. During the facility walk through, all inmates that</p>

auditors talked with also recalled those questions being asked of them upon their arrival at the facility or very soon after.

115.41 ©

1 - The facility provided a copy of the instrument used to screen inmates for risk of victimization and abusiveness, DOC-2781B PREA Screening Tool Adult Male Facility.

115.41 (d)

1 - The screening is divided into two sections. Section A involves an inmate interview to obtain information. Inmates are asked their age, height, weight, all questions that can be verified by the screener. Section A also includes questions about the inmates' own perception of themselves and their safety, including whether they consider themselves gay or bisexual, and if others think they are gay or bisexual, if they are transgender or have an intersex condition, if they have ever been the victim of unwanted or abusive sexual contact in the community, if they have ever been the victim of unwanted or abusive sexual contact while confined, if they have ever had sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them, and if they have any concerns about their safety in this particular facility. Those questions include whether the inmate has a mental illness, developmental limitation or physical disability that might make them vulnerable in a confinement setting, if the inmate is serving a first prison sentence and has been confined for less than one year, if the inmate has any convictions for violent offenses or sexual offenses, if the inmate has a history of previous sexual victimization while confined or has ever been the perpetrator in a substantiated sexual abuse case while confined, and if the inmate has ever received a conduct report for either sexual assault, or physical assault, while confined. The assessment tool has, at the top of the page, instructions to staff completing the screening. It tells them what information to read to inmates, as they conduct interviews with inmates. The tool has a scoring mechanism, based on inmate answers, that calculates an objective number score denoting the inmates' risk of victimization or abusiveness. The assessment tool is automated through the Wisconsin Integrated Corrections System (WICS), a computerized agency database. It asks all inmates the same questions and each response has a numeric value assigned to it. The numbers are totaled, for each part of the assessment, that allows a determination to be made if the offender is at risk of either victimization (ROV) or abusiveness (ROA).

115.41 (e)

1 – The screening tool, and the completed screens reviewed by auditors, showed that the screening does ask, in section A, question 7, if the inmate has ever had sexual contact in confinement with someone without their consent or because the inmate forced, coerced or threatened them. Section B, the Record Review section, asks, in question 3, if the inmate has had any convictions for violent offenses, in question 4 if the inmate has had any convictions for sexual offenses, and, in question 6, if the inmate has ever been the perpetrator in a substantiated sexual abuse case while confined or if the inmate ever received a conduct report for sexual assault while confined.

115.41 (f)

1 - Executive Directive #72 also requires that, in addition to the initial screening, within 30 days of arrival, the facility will reassess inmates' risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening was completed. The risk screening instrument includes the 30-day reassessment on the same

completed. The risk screening instrument includes the 30-day reassessment on the same form for ease of conducting the reassessment, with the previous information at the ready, to enable staff to easily note any changes. The Social Worker who was interviewed said, and auditor confirmed, that most of the reassessments are conducted somewhat earlier than at 30 days. Of the 10 screens that were reviewed, all of them demonstrated that the reassessment was conducted within 30 days of the initial screening.

2 – The facility reports that the number of inmates entering the facility within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake is 243.

#### 115.41 (g)

1 – Executive Directive #72 says, in section XII, paragraph D, (p. 8) that after the initial and follow-up screens are completed, an offender's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

#### 115.41 (h)

1 - Executive Directive #72, in section XII, paragraph A, (p. 8), states that offenders will not be disciplined for refusing to answer or for failing to disclose information regarding the assessment questions. In addition, the screening instrument itself includes a paragraph that staff conducting the screening are required to read to the inmate being interviewed. Included in those statements is one that informs inmates that they are not required to answer any of the questions, and that, if they wish, they may answer some, but not all the questions. Staff who were interviewed verified that inmates are not disciplined, in any way, for refusing to respond to, or for not disclosing complete information related to any of the questions.

#### 115.41 (i)

1 - Executive Directive #72, in section XII, paragraph F, (p. 9), requires appropriate controls to be placed on the dissemination of information gleaned in initial and follow-up screenings of inmates to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders. It limits any information related to sexual victimization or abusiveness occurring in an institutional setting to medical and mental health practitioners and to other employees, as necessary, to make housing, program and work assignments, or as otherwise required by law. The PREA Director said, in an interview, "when we transitioned to the electronic version of the screen, we put a disclaimer on the screen notifying staff that they should only be entering if they need to know. I have the ability to query the system to see who has accessed it so I can ensure that it has been accessed appropriately." The facility PREA Compliance Manager, when asked who has access to an inmate's risk assessment within the facility, said, "those who need the information to do their jobs, the Work Release Coordinator, Medical and Mental Health staff, based on need to know."

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the Standard.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse an Sexual Harassment in Confinement (PREA)</li> <li>2. Division of Adult Institutions (DAI) Policy #306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization</li> <li>3. DOC-2570 Inmate Offsite Review</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility PREA Compliance Manager (PCM)</li> <li>2. Staff Responsible for Risk Screening</li> <li>3. PREA Director</li> </ol> <p>Findings: (By Provision)</p> <p>115.42 (a)</p> <p>1 - Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XIII, paragraph A, (p. 10) requires that information obtained from the initial, or follow-up screening, be used to inform housing, bed, work, education and programming assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The Facility PCM said the screenings are always used by all staff who make housing assignments. In addition, the computerized database that the agency uses is programmed to not allow an inmate whose screening score indicates he is at high risk of victimization to be housed with an inmate whose screening score indicates he is at high risk of abusiveness. She also said that the information is used in assigning jobs and that the Work Release Coordinator is made aware of Intake scores and does ensure that inmates who score ROA (Risk of Abusiveness) and ROV (Risk of Victimization) are not assigned to a work transportation van together. Currently, there is only one inmate who scores ROV, and only one inmate who scores ROA, housed at the facility. Facility PCM also identified that inmates are assigned to a variety of programs, all of which are supervised by both Program and Custody staff, in rooms that also have good visibility and cameras that provide coverage of the rooms.</p> <p>115.42 (b)</p> <p>1 - Agency policy, Executive Directive #72, requires that individualized determinations be made regarding the safety of each inmate. The staff uses information from risk screening to make housing assignments, as demonstrated by the facility PCM and Control Center staff, individual decisions regarding programming are made for each inmate, and information from risk screening is considered when making job assignments. Staff said that each inmate is reviewed before being assigned to a job so that inmates at high risk of victimization and</p>



inmates at risk of being abusive will never be transported, to a work site, in the same van at the same time.

115.42 (c)

1 - Executive Directive #72, in section XIII, paragraph E, No. 2, (p. 11) requires staff to consider on a case-by-case basis, housing and programming assignments for transgender or intersex offenders. The placement should be one that ensures the offender's health and safety and whether the placement would present management or security problems.

115.42 (d)

1 - There are currently no transgender or intersex inmates housed at the Chaney Correctional Center. Social Work staff are responsible for risk screening and they verified in interviews that they maintain continued contact, at least twice yearly, and typically more often, and reassess housing, programming and work assignments of all inmates regularly.

115.42 (e)

1 - Executive Directive #72, in section XIII, paragraph E, no. 2, (p.11) requires staff to give serious consideration of the transgender or intersex offender's view of their own safety with respect to housing, programming and job assignments. There are currently no transgender or intersex inmates housed at the Chaney Correctional Center.

1151.42

(f) There are currently no transgender or intersex inmates housed at the Chaney Correctional Center. However, the inmate bathroom has individual shower stalls with shower curtains, so all inmates can shower separately. There are no communal shower rooms at the facility.

115.42 (g)

1 - Agency policy requires, in section XIII, paragraph E, no. 1, (p. 11), that lesbian, gay, bisexual, transgender or intersex offenders shall not be placed in dedicated facilities, wings or unit solely on the basis of such identification or status. Chaney Correctional Facility does not have dedicated housing units, or wings, for housing gay, bisexual, transgender or intersex inmates.

CONCLUSION: Based on the above evidence, the facility is found to be compliant with the Standard.

115.43	<b>Protective Custody</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Division of Adult Institutions (DAI) Policy #306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization</li> <li>2. DOC-30 Review of Inmate In Restrictive Housing</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Warden</li> <li>2. Facility Superintendent</li> <li>3. Staff Responsible for Risk Screening</li> <li>4. PREA Director</li> </ol> <p>Findings: (By Provision):</p> <p>115.43 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XIII, paragraph B, no.1 (p. 10), says that offenders at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternative has been made and a determination has been made that there is no available alternative means of separation from likely abusers. It also says that if an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment. DAI policy #306.00.72 Screening for Risk of Abusiveness and Risk of Victimization says, in Section II, paragraph I, that inmates at high risk of victimization will not be involuntarily separated from the general population unless an assessment of all viable alternatives has been made and none have been identified.</p> <p>The facility superintendent was interviewed and verified that inmates at risk of victimization will not be involuntarily separated from the general population. In fact, there is no segregated housing unit at the facility. All housing units are general population. The superintendent said she would move the inmate to the other housing unit, to attempt to solve the problem, or transfer him to another facility. She said that there is another WIDOC Correctional Center only one mile away so swapping inmates with that facility is very easy to do.</p> <p>2 - The facility reports that the number of inmates who were separated from the general population involuntarily, in the past 12 months, was zero.</p> <p>115.43 (b)</p> <p>1 - Executive Directive #72, in section XIII, paragraph B, (p.10) identifies that if an inmate is involuntarily segregated from the general population they will have access to programs, privileges, education or work opportunities to the extent possible and that if the facility does find it necessary to limit access to these things, for safety reasons, they will document the</p>	

opportunities limited and the reason. There is no segregated housing unit at the facility.

115.43 (c), (d), and (e)

1 - The facility reports that, in the past 12 months, the number of inmates at high risk of sexual victimization who were assigned to segregated housing for more than 30 days while awaiting alternative placement was zero. The facility does not have a segregation housing unit.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Inmate Handbook</li> <li>3. Wisconsin Department of Corrections (WIDOC) PREA Posters in English and Spanish</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> <li>2. Random Sample of Inmates</li> </ol> <p>Findings: by Provision</p> <p>115.51 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XIV, paragraph, A (p.11), says that the agency will provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents. The agency provided, on the PAQ, copies of postings that are made available to inmates in the facility, that identify the multiple ways they can report an incident of sexual abuse or sexual harassment. Information on the posters tells inmates that they can report in writing, to any staff person, that they can call #777, an internal reporting line that does not require an inmate PIN, and by dialing #888, to report to an agency outside of the WIDOC, where, again, an inmate PIN is not needed. The postings also identify that inmates can tell a friend, or family member, who can report for them. Auditors saw numerous postings, throughout the facility, that had information on how to report an incident of sexual abuse or sexual harassment, staff neglect or violation of responsibilities that led to an incident, and any retaliation against inmates or staff for having reported an incident.</p> <p>Twelve randomly chosen staff were interviewed and all of them were easily able to articulate how inmates could make a report of sexual abuse or sexual harassment. All of them were familiar with the reporting lines, #777 and #888, as well as with the outside agency, Tri-County Council, that will take reports, and all twelve of them knew that inmates can report, to any staff, verbally or in writing, and that they can report to a friend, or family member, who can report for them. Nineteen randomly chosen inmates were interviewed and all were very familiar with the methods they could use to privately report sexual abuse or sexual harassment, retaliation, or staff neglect or violation of responsibilities. They were all familiar with the postings by the telephones that have the hotline numbers on them. When asked how they could report they all readily answered, "#777 or #888."</p> <p>115.51 (b)</p> <p>1 - Executive Directive #72, in section XIV, paragraph A, also requires the agency to provide at least one way for offenders to report sexual abuse and sexual harassment to a public or</p>

private entity that is not part of the agency. The agency provides phone numbers for inmates to report privately to agency officials, and to a public or private entity that is not part of the agency by printing phone numbers on the postings that are posted, in multiple places, in the facility and are easily visible. The facility provided copies of these posters, on the PAQ. Also, on these posters is the hotline number for an outside advocacy agency where inmates can call and report. The facility PCM identified that inmates can call an inside reporting line by dialing #777, a reporting line outside the agency by calling #888, and can also call the hotline number for Tri-County Council, the local advocacy agency that will take reports as well. Auditors called all these numbers, from inside the housing units, and were able to contact persons who took our reports and provided that information to the agency PREA director that same day.

2 – The facility reports that the WIDOC does not detain inmates solely for immigration purposes.

115.51 © 1 and 2 - Executive Directive #72, in section XIV, paragraph C, No. 1, (p.11) says that employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports; and immediately report. All twelve random staff who were interviewed said that inmates can report an incident of sexual abuse or sexual harassment verbally, in writing, anonymously and from third parties. All of them said they would treat all allegations the same, regardless of how they were reported, that they would immediately report all allegations to their supervisor and document them in an Incident Report. All 19 randomly chosen inmates, and the one targeted inmate, who were interviewed, acknowledged that they were aware they could make reports either in person or in writing, and that they could have a friend or relative make the report for them.

115.51 (d) 1 and 2 – Paragraph C, No. 3, (p.12) of section XIV, of Executive Directive #72, identifies that the agency shall provide a method for employees to privately report sexual abuse and sexual harassment of offenders. The facility identified on the PAQ, that staff are informed of this in the Executive Directive which they are required to sign for. All twelve staff who were randomly chosen for interview were aware of ways to privately report sexual abuse and sexual harassment of inmates. They said that they would report directly to the Warden, to the Security Director, or to the PREA Director in Madison.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Department of Corrections, Chapter DOC 310, Complaint Procedures</li> <li>2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>3. Division of Adult Institutions (DAI) Policy #310.00.01 Inmate Complaints Regarding Staff Misconduct</li> <li>4. Pre-audit Questionnaire (PAQ)</li> <li>5. Inmate Handbook</li> </ol> <p>Interviews:</p> <p>Findings (By Provision):</p> <p>115.52 (a)</p> <p>1 - Wisconsin State Statute, Chapter DOC 310, requires that inmates in institutions be afforded a process by which grievances may be, "expeditiously raised, investigated, and decided." In DOC 310.08, PREA Complaint Procedure, the statute says that complaints filed under this section will be referred for a PREA investigation and that DOC policy must address the requirements that investigations regarding allegations of sexual abuse or sexual harassment be completed within established time frames. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XV, (p.12), says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. DAI Policy #310.00.01 Inmate Complaints Regarding Staff Misconduct outlines the agency procedure for processing administrative complaints regarding staff misconduct by saying, in section 1, paragraph A, (p.1), that such complaints will be handled according to the provisions of Executive Directive #72 to ensure an investigation by facility or law enforcement is not impeded. Paragraph B identifies that if an inmate alleges staff sexual misconduct, the Inmate Complaint Examiner shall not interview the complaining inmate, or anyone else, but instead shall immediately refer the complaint to the Warden/designee to ensure processing in compliance with Executive Directive #72. Although the facility reported, on the PAQ, that the agency does have an administrative complaint procedure for dealing with inmate grievances regarding sexual abuse, in actuality, any such inmate complaint that is filed is immediately removed from the grievance process and treated like any other allegation of sexual abuse, and is not processed as a grievance. Thus, auditor finds that the agency is exempt from this standard because there exists no administrative remedies process to address sexual abuse and, in this instance, the administrative process acts simply as another method of reporting.</p> <p>115.52 (b) 1 - Agency policy, Executive Directive #72, Sexual abuse and sexual harassment in</p>

confinement (PREA), in section XI, paragraph A, (p. 12) says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System will be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. The policy requires that time limits not be imposed on when an offender may submit a complaint regarding an allegation of sexual abuse or sexual harassment.

2 – The Executive Directive says, in paragraph B, that the complaint process shall not include a mandatory informal resolution requirement.

115.52 © 1 and 2 – The same directive says, in paragraph C, that offenders who allege sexual abuse or sexual harassment may submit a complaint without submitting it to an employee who is the subject of the complaint and that such a complaint is not referred to an employee who is the subject of the complaint.

115.52 (d) 1 – Executive Directive #72 requires, in section XV, that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation and that 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.

2, 3, 4, 5, 6, and 7 - The facility reports that there were no grievances filed, in the past 12 months, that alleged sexual abuse.

115.52 (e)

1 and 2 – Section XV, paragraph D, (p. 13), says that third parties, including fellow offenders, employees, family members, attorneys and outside advocates, shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment. Any such complaint filed is treated the same way that any other report of sexual abuse is treated and is immediately referred for investigation.

3 - The facility reports that there were no grievances filed, in the past 12 months, that alleged sexual abuse.

115.52 (f)

1 – Agency policy, Executive Directive #72, in section XV, paragraph E (p.13), says that if an offender believes that he or she is subject to a substantial risk of imminent sexual abuse, they can report that to any employee who is not the subject of the allegation. Staff are then required to forward that report immediately to facility leadership for immediate corrective action.

2 – Paragraph E goes on to say that facility leadership will provide an initial response within 48 hours.

3 – The facility reports that they do not have an emergency grievance procedure but that all reports of imminent sexual abuse will be responded to within 48 hours.

4 – The facility reports that no reports of imminent sexual abuse were received within the past 12 months.

5 - The facility reports that while there exists no emergency grievance procedure, agency policy outlines that any complaint of imminent sexual abuse will be responded to within 48 hours and a final decision issued within five calendar days.

6 – The facility reports that no reports of imminent sexual abuse were received within the past 12 months.

115 52 (g)

11032 (9)

- 1 – Agency policy, Executive Directive #72, in section XV, paragraph F, (p. 13) says that the WIDOC may discipline an offender for a complaint filed alleging sexual abuse or sexual harassment only where the agency can demonstrate that the complaint was filed in bad faith.
- 2 – The facility reports that no complaints alleging sexual abuse that resulted in the agency bringing disciplinary action against an inmate, for having filed a complaint in bad faith, were received.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.



115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in (PREA)</li> <li>2. Inmate Handbook</li> <li>3. POC-41B Sexual Abuse in Confinement A Resource for Offenders</li> <li>4. Memorandum of Understanding Between Wisconsin Department of Corrections (WIDOC) and Aurora Health Care Metro, Inc.</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Sample of Inmates</li> </ol> <p>Findings (By Provision):</p> <p>115.53(a)</p> <ol style="list-style-type: none"> <li>1 - Agency policy, Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XVI, paragraph B, no. 5, (p. 14), identifies that the facility will provide offenders with access to outside victim advocates and that the agency will maintain, or attempt to enter into, a memorandum of understanding, with such an agency that will provide emotional support services related to sexual abuse, for inmates at the facility. The facility provided a copy of an MOU between the facility and a victim advocate service in the local community, Aurora Healing and Advocacy Services.</li> <li>2 - The facility provided a copy of a poster that tells inmates that Aurora Healing and Advocacy Services is available to provide emotional support services related to sexual abuse. The posting provides the name of the agency, and contact information, both phone numbers and a mailing address, and informs inmates that their PIN is not needed to make the call and that the calls are not monitored or recorded. The posters also provide national hotline numbers as well. Auditors observed multiples of this posting in every housing unit, and in every other area of the facility where inmates may be, i.e., classrooms, library, health care, etc. Auditors dialed the number, from the phones in the housing units, and were able to reach the agency and report that they were PREA auditors checking the phones. Facility staff were able to provide the information received, from the service, documenting auditors' calls. Facility staff also provided a form, POC-41B Sexual Abuse in Confinement, A Resource for Offenders, part of orientation materials, that explains the service and the availability of the service and provides contact information. Every inmate at the facility is given one of these forms at Orientation. Nineteen inmates were randomly chosen for interview and all of them said they were aware of the outside advocacy agency. Their answers were, "there are posters in the housing unit that have phone numbers, " and "they told us that at Orientation and it's on posters everywhere." When asked if they knew what kind of services were available, they identified that they thought they were trauma counseling services and mental health and support types of services but weren't certain because they did not have any personal experience with them. They also said,</li> </ol>

"I know I can call if I need to find out," "the PREA posters explain it for us." When asked if they got mailing addresses and telephone numbers, for these services, all of them said that information was on the posters throughout the facility. When asked if they had been able to talk to people from these services, none of them said that they had used them but all of them said they knew where to find contact information if they needed them. When asked if they knew when they were able to talk with people from this service they all said, "anytime," and two said, they could make a call anytime the phones are open but that if they needed to make a call of that type, they were confident staff would let them do it anytime.

3 – The facility reports that they do not detain inmates solely for immigration purposes.

4 – Auditors noted that there are posters located beside the inmate telephones so that inmates can make these calls without having to copy the contact information on a piece of paper, but will have it readily available, by the telephone if they need to make such a call.

#### 115.53 (b)

1 – Form , POC-41B Sexual Abuse in Confinement, A Resource for Offenders, includes information telling the inmate that every effort will be made to keep their communications with the advocacy agency confidential, that their PIN is not required to make this call, and that the calls are not monitored or recorded. It does identify that written correspondence may be opened or inspected and may be read with the written approval of the agency security director. It also identifies that in person communication will be arranged in as private and confidential manner as possible.

2 – Information on the POC-41B form also tells inmates that all communications are monitored in accordance with Administrative Code Chapter DOC 309, DOC policy and facility procedure. All 20 inmates who were interviewed said that they believed that any conversations held with staff from the advocacy would remain private.

#### 115.53 ©

1 and 2 - The facility reports that they have entered into an MOU with a local advocacy agency, Aurora Healing and Advocacy Services, and provided a copy of the MOU. The MOU outlines the scope of the agreement and the terms of service. The outside agency agrees to provide advocates to accompany victims through a forensic medical exam and investigatory interview processes. They also agreed to participate in inmate orientation and to tour the facility. Auditors interviewed the Director of Aurora Healing and Advocacy Services, the local advocacy agency that the facility has an MOU with. She said that her agency provides a 24/7 hotline for inmates to call for emotional support and advocacy, and that staff are trained as advocates to respond in person or over the phone. She is familiar with facility's intake and prisoner orientation processes. She also identified that her agency has done some presentations for staff as well. She reported that few calls are received and that her agency has not received any reports of sexual abuse from the Chaney Correctional Center.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Wisconsin Department of Corrections (WIDOC) Web Site</li> <li>2. WIDOC PREA Poster in English and Spanish</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Sample of Inmates</li> </ol> <p>Findings (By Provision):</p> <p>115.54 (a)</p> <p>1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) identifies, in section XIV, paragraph B, (p.11), that the DOC shall provide a method for third parties to report sexual abuse and sexual harassment on behalf of an offender. It also requires that information on how to report sexual abuse and sexual harassment on behalf of an offender be posted publicly. 2 - The facility submitted, as documentation, copies of a posting that explains the agency's zero-tolerance stance on sexual abuse and sexual harassment and identifies how to report on behalf of an inmate. Specifically, the poster identifies telling any staff person, reporting on the WIDOC web site, and contacting local law enforcement as options for third party reporting. Auditors saw many of these posters, in various locations, throughout the facility. The facility also submitted copies of the agency web site page that addresses PREA matters. On that page, it says, "To notify DOC on behalf of an inmate or youth, a third party may report by email." Included are instructions on what information the third-party reporter might include in the report, such as the name of the victim, age, date of birth, DOC number, description of the incident, suspect information and the reporters contact information.</p> <p><b>CONCLUSION:</b> Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> <li>2. Medical Staff</li> <li>3. Warden</li> <li>4. Superintendent</li> <li>5. PREA Director</li> </ol> <p>Findings (By Provision):</p> <p>116.61 (a)</p> <ol style="list-style-type: none"> <li>1 – Agency policy, Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XIV, paragraph C, No.1, (p.11), requires all employees to accept reports made verbally, in writing, anonymously, and from third parties, to promptly document any verbal reports and to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC. Staff are required to immediately report to a supervisor who is not the subject of the allegation. All 12 random staff who were interviewed were aware of this policy requirement. When asked if all staff are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, their answers were, “yes, we are required to report”, “we’re here to protect everyone, inmates and staff,” and, “yes, we have a duty and an obligation to report.” There was not one staff person interviewed that did not know the answer to this question.</li> <li>2 – Executive Directive #72, in the same section, requires staff to immediately report any incidents of retaliation against offenders or employees who reported such an incident. Again, every staff person interviewed was aware of this requirement.</li> <li>3 – Executive Directive #72, in letter C, of the same section and paragraph, requires all staff to immediately report any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Again, all staff randomly chosen for interview were aware of this agency requirement.</li> </ol> <p>115.61 (b)</p> <ol style="list-style-type: none"> <li>1 – Executive Directive #72, in section XIV, paragraph C, no. 5, (p. 12), says that employees shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators and designated officials. Such information is, by agency policy, to be limited to information necessary to make treatment, investigation and</li> </ol>

other security and management decisions only. When asking staff if they had an obligation to report, auditors asked a follow-up question, "is there anyone you wouldn't tell?" Responses were, "I would not tell other inmates or any staff who didn't need to know," and "I would only tell staff who need to know." All staff interviewed were aware of the impropriety of talking to other staff and inmates about any such report they might receive.

115.61 ©

1 – Executive Directive #72, section XIV, paragraph C, no. 6, (p. 12) requires medical and mental health practitioners to report sexual abuse and to inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services. The nurse supervisor was interviewed, and she said, "I do not make that statement to them when I'm doing their intake process." Because auditor was uncertain, from that answer, that this staff understood the limitations of confidentiality and her duty to report, a request was made, of the Superintendent, that the appropriate training again be provided to ensure that she thoroughly understood her obligation. On the following day, the Superintendent reported that this training was given. Certificates were provided verifying that both the PREA for Healthcare Staff and the Privacy Awareness training was successfully completed. In addition, the Superintendent reported that she and the staff had a conversation about the limits of confidentiality and the responsibilities of a mandated reporter, and she verified that this staff is now aware of the circumstances in which confidentiality doesn't apply, as well as when she is obligated to make a report. There are no mental health staff at the Correctional Center. The nurse supervisor also said that she has never become aware of any such incidents at the Chaney Correctional Center.

115.61 (d)

1 - Executive Directive #72, section X, paragraph C, no. 7, (p. 12) does say that if the alleged victim is under 18, the facility shall promptly, in no later than 14 days, report the allegation to the alleged victim's parents or legal guardians, unless the facility has documentation showing that the parents or guardians should not be notified, to the child welfare caseworker, if the alleged victim is under the guardianship of the child welfare system, or to the attorney, or other legal representative, if a juvenile court has jurisdiction over the alleged victim. The Chaney Correctional Center does not house any inmates under the age of 18.

115.61 €

1 – Executive Directive #72, in section XIV, paragraph C, no.5, requires employees to report knowledge regarding an incident of sexual abuse to supervisors, investigators, and designated officials. The superintendent said, "we have not had any allegations of sexual abuse but if we do have, we certainly will report them to agency investigators."

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation: Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> <li>2. Medical Staff</li> <li>3. Warden</li> <li>4. Superintendent</li> <li>5. PREA Director</li> </ol> <p>Findings (By Provision):</p> <p>115.62 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) says, in Section XVI, that when the department or facility learns that an offender is subject to an imminent risk of sexual abuse, it shall take immediate action to protect the offender. The superintendent said, "we would review the information as to why there may be a potential risk and, if confirmed, separate the victim from the abuser. We separate ROVs and ROAs on separate wings, we keep them separated, or in direct line of sight for programming and work, and we can transfer to another center that is literally a mile away if we have to. We could swap inmates, if needed to ensure safety." Staff who were randomly chosen for interview said that they would, "separate the two and immediately involve the Captain and the Superintendent." A non-security staff said they would, "watch out for them and ensure that nothing happened to them until the Captain came and took over." All twelve random staff, who were interviewed, said that they would immediately alert the captain or superintendent and move the inmate to a safe place until security came to take charge of the situation. When asked how quickly they would take that type of action, all of them said, "immediately."</p> <p>2 - The facility reports the number of times an inmate was in immediate danger of being sexually assaulted, in the last 12 months, as zero.</p> <p>3 – The agency did not make such determinations in the past 12 months.</p> <p>4 – The agency did not make such determinations in the past 12 months.</p> <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>Agency Head</li> <li>Warden</li> <li>Superintendent</li> </ol> <p>Findings (By Provision):</p> <p>115.63 (a)</p> <ol style="list-style-type: none"> <li>Agency policy, Executive Directive #72 says, in Section XIV, paragraph C, no. 8, (p.11), that within 72 hours of receiving an allegation that an offender was the victim of sexual abuse at another facility, the information shall be forwarded to the head of the facility where the alleged abuse occurred.</li> <li>The facility reports that, in the last 12 months, staff received zero reports of sexual abuse that occurred at another facility.</li> <li>Staff reported, on the PAQ, that if they did receive any such reports, they would gather information, notify the supervisor and compliance manager, submit an incident report and refer the allegation to the head of the facility where the alleged abuse occurred with 72 hours. They also said they would assist with an investigation as needed.</li> </ol> <p>115.63 (b)</p> <ol style="list-style-type: none"> <li>Agency policy, Executive Directive #72, says, in section XIV, paragraph C, no. 8, (p.11), that within 72 hours of receiving an allegation that an offender was the victim of sexual abuse at another facility, the information shall be forwarded to the head of the facility where the alleged abuse occurred.</li> </ol> <p>115.63 ©</p> <ol style="list-style-type: none"> <li>Agency policy, Executive Directive #72 says, in section XIV, paragraph C, no. 8, (p. 11) to document all such notifications. The facility reported, on the PAQ, that, in the past 12 months, no inmates have reported that they were abused while confined at another facility.</li> </ol> <p>115.63 (d)</p> <ol style="list-style-type: none"> <li>Executive Directive #72 says, in section XIV, paragraph C, no. 9, (p. 11), that all notifications shall be documented and the appointing authority that received such notification shall ensure that the allegation is investigated. The agency head said, in an interview, “we have two points of contact, the Warden at a facility, or the PREA Director in Central Office. The standard procedure, when one is notified, is for them to notify the other person and then begin an investigation. That’s what happens when we receive that type of notification.” The facility PREA compliance manager said that if an allegation is received from another facility, they</li> </ol>

would report it as an allegation and investigate it.

2 – The facility reports as zero the number of allegations of sexual abuse received from other facilities in the past 12 months.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.



<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Sexual Abuse Incident Response Healthcare Staff First Responder Action Steps</li> <li>3. Sexual Abuse Incident Response Non-Security Staff First Responder Action Steps</li> <li>4. Sexual Abuse Incident Response Security Staff First Responder Action Steps</li> <li>5. Pre-audit Questionnaire (PAQ)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Security and Non-Security Staff First Responders</li> </ol> <p>Findings (By Provision):</p> <p>115.64 (a)</p> <ol style="list-style-type: none"> <li>1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) in section XVI, paragraph A, No. 1, (p.13), outlines the required response of staff upon learning that an allegation that an offender was sexually abused.</li> <li>2 – The policy requires that the first security member to respond to the report to, at a minimum, separate the victim and abuser.</li> <li>3. The policy requires the first security member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</li> <li>4 – The policy requires, that if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security member to respond to the report must 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.</li> <li>5 – The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security member to respond to the report must ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</li> <li>6 through 11 - The facility reports as zero the number of allegations that an inmate was sexually abused in the past 12 months.</li> </ol> <p>Nine of the 12 staff who were randomly chosen for interview were security staff. All of them were well able to relate the security staff first responder duties to auditors.</p> <p>115.64 (b)</p> <ol style="list-style-type: none"> <li>1 – Executive Directive #72 says, in section XVI, paragraph A, no. 2, “if the first employee responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify</li> </ol>

security staff.”

2 – The policy requires non-security staff first responders to notify security staff.

3, 4, and 5 – The facility reports as zero the number of allegations than an inmate was sexually abused in the past 12 months. Three of the 12 staff who were randomly chosen for interview were non-security staff. All of them said they would separate the inmates, request that the alleged victim not take any actions that might destroy potential useable evidence and call security immediately. They all said that they would keep the alleged victim with them, until security staff arrive, to ensure their safety. The facility has not had any allegations of sexual abuse, in the past 12 months, but all staff appear to have been well trained and know what to do if it should happen.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

115.65	<b>Coordinated response</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>

The following evidence was analyzed in making the compliance determination:

Documentation:

1. Wisconsin Department of Corrections (WIDOC) Sexual Abuse in Confinement Coordinated Response Plan

Interviews:

1. Warden
2. Superintendent

Findings (By Provision):

115.65 (a)

1 - The facility submitted, as documentation, a written institutional plan to coordinate actions taken, by first responders, medical and mental health practitioners, investigators, and facility leadership, in response to an incident of sexual abuse. The plan clearly identifies the responsibilities of security staff first responders, the security director, and non-security staff first responders, including actions to take, other staff to notify, and written documentation to prepare. It also identifies who is responsible for notifying both medical and mental health care services, local law enforcement. The plan lists facility staff by name, position and provides contact information for them as well as for SANE/SAFE staff at the designated hospital and for a community advocate agency. Also included in the written plan is a Sexual Abuse Incident Flowchart that presents all required steps, in the coordinated response, and shows the order they should happen in. Findings (By Provision):

115.65 (a)

1 - The facility submitted, as documentation, a written institutional plan to coordinate actions taken, by first responders, medical and mental health practitioners, investigators, and facility leadership, in response to an incident of sexual abuse. The plan clearly identifies the responsibilities of security staff first responders, the security director, and non-security staff first responders, including actions to take, other staff to notify, and written documentation to prepare. It also identifies who is responsible for notifying both medical and mental health care services, local law enforcement. The plan lists facility staff by name, position and provides contact information for them as well as for SANE/SAFE staff at the designated hospital and for a community advocate agency. Also included in the written plan is a Sexual Abuse Incident Flowchart that presents all required steps, in the coordinated response, and shows the order they should happen in. The Superintendent said, in an interview, "we do have a first responder plan and we put it on the PAQ for auditors' review."

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <p>Interviews:</p> <p>1. Agency Head</p> <p>Findings (By Provision):</p> <p>115.66 (a)</p> <p>1 - The facility reports that it has not entered into any collective bargaining, on the agency's behalf, since the last PREA audit. The agency head confirmed that by saying, "in Wisconsin, there is a state statute, Act 10, that prohibits any collective bargaining on the behalf of State employees."</p> <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. DOC-2767 Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Response Checklist</li> <li>3. DOC-2805 Sexual Abuse Allegation Staff Retaliation Monitoring</li> <li>4. Pre-audit Questionnaire</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Warden</li> <li>3. Superintendent</li> <li>4. Designated Staff Member Charged with Monitoring Retaliation</li> </ol> <p>Findings (By Provision):</p> <p>115.67(a)</p> <ol style="list-style-type: none"> <li>1 - Executive Directive #72 identifies, in section XVIII, paragraph A, (p.16), that all agency facilities are required to designate employees to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and sexual harassment are protected.</li> <li>2 – The facility reported, on the PAQ, that a staff Treatment Specialist is assigned as the facility Victim Services Coordinator whose responsibility it is to monitor inmates for retaliation. That person, a Social Worker at the facility, described her responsibilities as including making sure that inmates are aware of the agency’s zero tolerance policy, watching for warning signs that inmates may be experiencing retaliation, and encouraging inmates to report to her if they believe they are being retaliated against.</li> </ol> <p>115.67 (b)</p> <ol style="list-style-type: none"> <li>1 – The facility Victim Services Coordinator said that the facility has not received any allegations, in the past 12 months, of sexual abuse or sexual harassment, so she has not been involved in any retaliation monitoring activities either.</li> </ol> <p>115.67 ©</p> <ol style="list-style-type: none"> <li>1 – The facility reported, on the PAQ, that no reports of retaliation have been received in the past 12 months, thus no monitoring was performed.</li> <li>2 – Executive Directive # 72, in section XVIII, paragraph B, (p. 17), says that for at least 90 days following a report of sexual abuse, designated staff are to monitor the conduct and treatment of the offender, or employee, who reported the sexual abuse, and the offender who was reported to have experienced the sexual abuse, to determine if retaliation has occurred.</li> </ol>

The facility Victim Services Coordinator acknowledged that there have been no allegations, in the past 12 months, but said that she would monitor anyone who did report the sexual abuse of an inmate for, “at least six months to a year and they see if they feel comfortable.”

3 - The monitoring should include periodic status checks and employees are required to act promptly to remedy any such retaliation.

4 - The policy calls for the monitoring to continue beyond 90 days if the initial monitoring indicated a continuing need. If offenders, or employees, express fear of retaliation, the facility is required to take appropriate protective measures to protect them.

5 – The facility reported, on the PAQ, the number of times an incident of retaliation occurred in the past 12 months as zero.

115.67 (d)

1 – Executive Directive #72, in section XVIII, paragraph B, also identifies that for offenders, the required monitoring must include periodic status checks. The facility Victim Services Coordinator identified that, in the past 12 months, there have been no reports of retaliation but said that if she were called on to monitor an inmate for potential retaliation, she would, “call them out to my office and check in with them, ask them questions about how they are doing, what is going on, and ask if they are experiencing any particular problems.”

115.67 €

1 – The Agency head said, when asked how they protect inmates and staff from retaliation for allegations of sexual abuse and sexual harassment, “we do a couple of things. First, we have Executive Directive #72 that clearly articulates our zero-tolerance policy and all employees are required to sign that they received a copy of the Directive. We also have Victim Services Coordinators, who monitor inmates for at least 90 days, and more if they deem it necessary. They look for typical signs that might indicate retaliation, program or housing changes, conduct reports, and so on. The PREA office does something similar for staff who report. They look at performance reviews, assignments and reassignments, and different patterns of behavior, and we document everything. Moreover, Victim Services Coordinators do initiate contact with inmates.”

115.67 (f) 1 – Executive Directive # 27, identifies, in section XVII, paragraph D, (p.17), that the agency’s obligation to monitor retaliation shall terminate if the agency determines that the allegation is unfounded.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

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

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. DOC-30 Review of Inmate in Restrictive Housing</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Warden</li> <li>2. Superintendent</li> </ol> <p>Findings (By Provision):</p> <p>115.68 (a)</p> <ol style="list-style-type: none"> <li>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) says, in section XVI, paragraph A, no. 5, (p. 14), says that any use of restricted status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of Standard 115.43. The Superintendent said, and auditors noted during the site review, that the facility does not have a segregated housing unit.</li> <li>2 - The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were held in involuntary segregated housing, within the past 12 months, for one to 24 hours, while awaiting completion of assessment.</li> <li>3 - The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were assigned to involuntary segregated housing, in the past 12 months, for more than 30 days, while awaiting alternative placement.</li> <li>4 - The facility has not held any inmates who alleged sexual abuse, in, or assigned any inmates who alleged sexual abuse to, segregated housing, in the last 12 months.</li> <li>5 - The facility submitted a Department of Corrections Form #DOC-30, Review of Inmate in Restricted Housing, that would be used to conduct a 30-day review if the facility did hold any inmates in, or assign any inmates to, restrictive housing.</li> </ol> <p><b>CONCLUSION:</b> Based on the above evidence, the facility is found to be compliant with the standard.</p>



115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. PRB-0001 Records Retention/Disposition Authorization</li> <li>3. PREA Administrator Memo, dated 07/21/2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> <li>2. Warden</li> <li>3. Superintendent</li> <li>4. PREA Director</li> <li>5. Facility PREA Compliance Manager</li> <li>6. Investigative Staff</li> </ol> <p>115.71</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) is the agency policy related to criminal and administrative agency investigations. Section XVII, paragraphs A through M, (p. 15) require:</p> <p>a, b - investigations to be completed for all allegations of sexual abuse and sexual harassment, allegations that involve potentially criminal behavior to be referred to local law enforcement for investigation,</p> <p>c- agency investigators to follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions and is adapted from a comprehensive and authoritative protocol developed after 2011, and to request that any investigating law enforcement agency follow the same protocol when investigating Allegations for the agency,</p> <p>d - investigators to collect and preserve any direct and circumstantial evidence, to interview alleged victims, suspected perpetrators and witnesses and to review prior complaints and reports involving the suspected perpetrator,</p> <p>e - assessing the credibility of an alleged victim, suspect or witness on an individual basis and not on the person's status as an offender and not requiring a complainant to submit to a lie detector, or other truth-telling device as a condition for proceeding with the investigation,</p> <p>f - administrative investigations to include an effort to determine whether employee actions or failures to act contributed to the abuse,</p> <p>g - the Wisconsin Department of Corrections to impose no higher standard than preponderance of the evidence,</p> <p>h - all investigations to be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the agency plus ten years,</p> <p>l - the departure of an alleged abuser or victim from employment or control of the facility, or the recantation of the allegation, to not provide a basis for terminating an investigation,</p>

j - for the facility to cooperate with outside agencies that investigated allegations for them and to work to remain informed about the progress of the investigation,

k - the agency to inform all victims, following an investigation, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and to document the notification,

l - the agency to inform an alleged victim when an 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 and to document such notification, and for,

m - the agency to inform an alleged victim whenever the agency learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse and to document the notification. Auditors interviewed a facility investigator who, when asked how long it takes staff to begin an investigation when an allegation of sexual abuse is received, said, "we haven't had any but we would try to get it going within 72 hours. I report, it goes to the Security Director and ours is in Central Office, and the allegation would be sent out right away. They will assign investigators as soon as possible. "

115.71 (b) (c)

1 – Executive Directive #72 Sexual abuse and Sexual Harassment in Confinement (PREA), in Section XI, paragraph A, No. 4, (p. 8) requires all staff who investigate incidents of sexual abuse and sexual harassment to receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsden warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. It also requires the agency to maintain documentation of the training completions. The facility presented a copy of their investigator training lesson plan. Auditors reviewed the lesson plan and found that it does include all items listed above. Unit 1, of the training, is entitled, "Sexual Abuse and Sexual Harassment in Confinement, " and it provides definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations, reporting to inmates, sexual abuse incident reviews, and staff duties and responsibilities.

The facility provided, as documentation of investigator training, a computerized database printout that the agency uses to record, and track, investigator training, showing that the agency investigators were properly trained. A facility investigator was interviewed who confirmed that he had received training specific to conducting sexual abuse investigations in confinement settings and that the training covered techniques for interviewing, proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The investigator identified that the training included the Executive Directives, mock interviews of victims and/or perpetrators, practice in report writing and evidence collection.

115.71 (d)

1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XVII, paragraph B, (p.15), identifies that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior will be referred for investigation to local law enforcement and that all referrals will be documented. Investigative staff, when asked what their role is in criminal investigations, said that they work with local law enforcement, turn over any evidence and investigative materials they may have, let law enforcement take the lead and follow their directives. When asked about compelled interviews, they said they would

read and follow their directives. When asked about compelled interviews, they said they would not conduct compelled interviews. Those would be left to the criminal investigators.

115.71 (e)

1 – Agency directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) identifies, in Section XVII, paragraph E, (p. 15) that the credibility of an alleged victim, suspect or witness will be assessed on an individual basis, not by the person's status as an offender or employee. It goes on to say that WIDOC will not require an offender who alleges sexual abuse to submit to a polygraph examination or any other truth telling device as a condition for proceeding with the investigation. Facility investigators confirmed that the standard of evidence required to substantiate allegations of sexual abuse is a preponderance of evidence, that is, if it is more likely than not that the abuse occurred. They also confirmed that they do not ask offenders who make allegations of sexual abuse to submit to a polygraph examination.

115.71 (f)

1 - Agency directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) identifies, in Section XVII, paragraph F, (p. 15) says, "administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse." Facility investigators who were interviewed identified that the facility incident review team reviews all allegations, and subsequent investigations, and makes that determination.

15.71 (g)

1 – Facility investigators verified that all investigations of sexual abuse and sexual harassment are documented in a written report that contains a thorough description of all evidence relied on in making a final determination and attaches copies of all documentary evidence where feasible.

115.71 (h)

1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XVII, paragraph B, (p. 15) requires that all allegations of sexual abuse or sexual harassment that involve potentially criminal behavior be referred for investigation to local law enforcement. Facility investigators verified that the facility will refer any such allegations to the City of Milwaukee Police Department for investigation. 2 – The facility reports the number of allegations that were referred to local law enforcement for investigation, in the past 12 months, as zero.

115.71 (i)

1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XVII, paragraph H, (p. 16) requires that documentation of administrative and criminal investigations be retained as long as the alleged abuser is incarcerated or employed by the WIDOC plus ten years. The facility submitted, as documentation, Public Records Board Form PRB-001, used to document the disposition of retained records. The creation date of the record is 2013, the form indicates that the record contains personally identifying information, and the disposal date is September of 2018, with the appropriate box checked identifying the reason for disposal of the record as, "termination/end of employment."

**CONCLUSION:** Based on the above evidence, the facility is found to exceed the standard. The standard only requires that written reports of administrative and criminal investigations be retained for as long as the alleged abuser is incarcerated, or employed, by the agency plus

five years, but the agency imposes an added burden upon itself and retains the documentation for as long as the alleged abuser is incarcerated or employed, by the agency, plus ten years.

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> </ol> <p>115.72 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) stipulates, in section VII, paragraph G, (p. 16) that the agency will impose no higher standard than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. Interview with facility investigator bore out that they use a preponderance of evidence in determining the outcome of an allegation. That is, they rely on evidence to assist them in determining if the incident was more likely than not to have occurred as the complainant alleged.</p> <p><b>CONCLUSION:</b> Based on the above evidence the facility is found to be compliant with the standard.</p>

115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Departmental Memo of Notification to Inmate of Outcome of Allegation of Sexual Abuse or Sexual Harassment</li> <li>3. Pre-audit Questionnaire (PAQ)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Warden</li> <li>2. Superintendent</li> <li>3. Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.73 (a)</p> <p>1 - Agency policy, Executive Directive #72 Sexual Abuse and Sexual Harassment (PREA) requires, in section XVII, paragraph, K, that following an investigation of an allegation that an offender suffered sexual abuse in the facility, the facility shall inform the alleged victim, and document that notification, whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Interviews with the Warden and the Facility PREA Compliance Manager verified that every investigation that is conducted will culminate with a report of the findings to the inmate who brought the allegation.</p> <p>2 and 3 - The facility reports that no allegations of sexual abuse or sexual harassment were made, in the last 12 months, thus no administrative, or criminal, investigations were investigated during that time frame and no notifications made.</p> <p>115.73 (b)</p> <p>1 - Executive Directive # 72, section XVII, paragraph K (p. 16) requires that if the facility did not conduct the investigation, it must request the relevant information, from the investigating agency, in order to inform the alleged victim.</p> <p>2 and 3 - The facility reports that no allegations were investigated by an outside agency during the audit period, thus no notifications were made.</p> <p>115.73 (c)</p> <p>1 - Executive Directive #72, in section XVII, paragraph L, (p. 16) outlines that, following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the agency is required to inform the alleged victim, and document the notification, whenever 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</p>

agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The Directive goes on to say, in Paragraph M, that the agency will notify an alleged victim whenever it learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse.

2 and 3- The facility reports that no allegations of sexual abuse or sexual harassment were received, in the past 12 months, thus there were no reports made to inmates.

115.73 (d)

1 - Executive Directive #72 requires, in section XVII, paragraph M, (p.16) that following an offender's allegation that he or she has been sexually abused by another offender, the WIDOC will inform that alleged victim, and document such notification, whenever the agency learns that the alleged abuse has been indicted or convicted on a charge related to the initial allegation of sexual abuse. No allegations of sexual abuse or sexual harassment were received, during the past 12 months, thus no notifications were made.

3 (e)

1 - Executive Directive #72 requires that all notifications made to inmates, regarding outcomes of investigations of all allegations of sexual abuse and sexual harassment be documented. This requirement is noted in section XVII, paragraphs K, L and M, (p.16). The facility reports that no allegations of sexual abuse or sexual harassment were received, in the past 12 months, thus no investigations were conducted or documented. The facility submitted copies of forms that are used to notify inmates when allegations are received, investigations are conducted, and notifications are required.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Pre-audit Questionnaire</li> </ol> <p>Findings (By Provision):</p> <p>15.76 (a)</p> <ol style="list-style-type: none"> <li>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XIX, (p. 17) outlines administrative sanctions for staff who are found to have violated the agency's sexual abuse, sexual harassment, and retaliation policies as up to, and including, termination.</li> </ol> <p>15.72 (b)</p> <ol style="list-style-type: none"> <li>1 - The facility reports that, in the past 12 months, no employees have violated agency sexual abuse and sexual harassment policies. 1 – The facility reports that, in the past 12 months, no staff have been terminated for any such violations.</li> </ol> <p>115.76 ©</p> <p>– The Executive Directive goes on to say that disciplinary sanctions will be commensurate with the nature and circumstances of the violation, the staff member's disciplinary history and the sanctions imposed for comparable offenses by staff with similar histories. 2 - The facility reports that no facility staff have been disciplined, short of termination, for violation of the agency's sexual abuse and sexual harassment policies.</p> <p>115.76 (d)</p> <ol style="list-style-type: none"> <li>1 - Executive Directive #72 says, in paragraph A, no.3, that all terminations for violations of the agency's sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies. 2 - The facility reports that, in the past 12 months, no facility staff have been terminated, thus there have been no reports made to law enforcement or any relevant licensing boards.</li> </ol> <p><b>CONCLUSION:</b> Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Pre-audit Questionnaire</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Warden</li> <li>2. Superintendent</li> </ol> <p>Findings (By Provision):</p> <p>115.77 (a)</p> <p>1 and 2- Section XIX, paragraph A, no. 4, of Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA) says that any volunteer or contractor who engages in sexual abuse will be prohibited from contact with offenders and will be reported to relevant licensing bodies. It goes on to say that appropriate remedial measures will be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors.</p> <p>3 and 4 - The facility reports that, in the past 12 months, they have not reported any volunteers, or contractors, to any law enforcement agencies, or to any relevant licensing bodies, for engaging in sexual abuse, or sexual harassment of any inmates. The facility received no allegations of sexual abuse or sexual harassment in the past 12 months.</p> <p>115.77 (b)</p> <p>1 – By policy, Executive Directive #72, facility administration is required to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In an interview, the facility superintendent said that an allegation made against a contractor or volunteer would result in an investigation being conducted. She also said he would suspend volunteers, against whom an allegation was made, pending the final outcome of the investigation.</p> <p><b>CONCLUSION:</b> Based on the above evidence, the facility is found to be compliant with the standard.</p>



115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement</li> <li>2. Pre-audit Questionnaire (PAQ)</li> <li>3. Department of Corrections Chapter 303 Discipline</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Warden</li> <li>2. Superintendent</li> <li>3. Medical Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.78 (a)</p> <p>1 and 2- Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XIX, paragraph B, no. 1, explains that offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.</p> <p>and 4 - The facility reports that, in the past 12 months, there have been no administrative findings of inmate-on-inmate sexual abuse, at the facility, and no criminal findings of guilt for inmate-on-inmate sexual abuse. The superintendent identified, in an interview, that discipline is imposed based on an Administrative Code that the agency adheres to. "Whatever the disciplinary process calls for. We have to do what the State requires."</p> <p>115.78 (b)</p> <p>1 – Paragraph B, No. 1 of Executive Directive #72 also says that sanctions imposed on inmates will 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.</p> <p>115.78 ©</p> <p>Paragraph B, No. 3 says that the disciplinary process shall consider whether a perpetrating offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The superintendent verified this by saying, “yes, we would consider if an offender’s mental disabilities or mental illness may have contributed to an incident.”</p> <p>115.78 (d) 1</p> <p>and 2 - The Correctional Center does not have mental health staff on-site, so no therapy is</p>

available. There are Social Workers onsite who do conduct some programming, but they are not considered mental health staff. Inmates requiring mental health services are transferred to another facility.

115.78 (e)

1 – The Executive Directive says, in section B, no. 5, (p. 18), 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.

115.78 (f)

– Section B, no. 6, on the same page, says that inmates will not be disciplined for filing an allegation in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the claim.

115.78 (g)

and 2 – Section B, No. 7 says that consensual sexual activity between offenders is prohibited by the Department of Corrections but that sexual activity between inmates that is not coerced will not be considered sexual abuse.

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

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. PREA Admission Risk Screening Tool</li> <li>2. Division of Adult Facilities (DAI) Policy #500.70.01 Mental Health Screening, Assessment and Referral</li> <li>3. Agency Electronic Medical Record Note</li> <li>4. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>5. Pre-audit Questionnaire</li> <li>6. DOC-1923 Limits of Confidentiality of Health Information</li> <li>7. DOC-1163 Authorization for Disclosure of Non-Health Confidential Information</li> <li>8. Authorization for Use and Disclosure of Protected Health Information (PHI)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Staff Responsible for Risk Screening</li> <li>2. Medical Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.81 (a)</p> <p>1 and 2 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XII, paragraph C, (p.0), requires that if either the initial, or a follow-up, screening indicates that an offender has previously experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional or community setting, staff are required to refer them for a follow-up meeting with a mental health provider, to take place within 14 days of the initial, or follow-up screening, whenever the prior victimization was revealed. DAI policy #500.70.01 holds staff who conduct PREA risk screening responsible for offering inmates a follow-up meeting with PSU staff when the screening reveals that the inmate has experienced prior sexual victimization or has been previously sexually abusive. If an inmate accepts the follow-up meeting with PSU staff offer, that meeting is to take place within 14 days of the PREA screening.</p> <p>3 – The facility reports that, in the past 12 months, the number of inmates who disclosed prior sexual victimization during risk screening was one. That inmate was interviewed and he confirmed that a follow-up meeting, with PSU staff was offered to him, at the time of the screening, but he declined the offer.</p> <p>4 - The Wisconsin Integrated Computer System, (WICS) the agency's computerized database system used to record screenings of inmates, has the referral process built into the system. Question 6 asks the offender if they have ever been the victim of unwanted or abusive sexual contact in the community or while confined. An affirmative response generates a radio box that prompts staff to then offer the referral to mental health services. If an affirmative response is given to the offer of mental health contact, the system automatically documents the date of acceptance and the referral is electronically generated. When the follow-up meeting takes</p>

place, healthcare staff make a notation, in the electronic medical record noting the date, time, and reason for the meeting, as well as the name of the staff who met with the inmate. WICS can then be queried, and a printout generated, documenting the referrals made and the date the follow-up meetings were conducted.

115.81 (b)

1 and 2- Staff who perform risk screening were interviewed and verified that inmates who disclose, during screening, that they have ever had sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them are also offered a meeting with PSU. The facility presented, as documentation, copies of the screening assessment that shows that question number 8 asks this question. If the inmate answers in the affirmative, a radio button is generated that prompts staff to then offer the referral to mental health services. If the inmate accepts the referral, the system, and the appropriate box is checked, the system automatically documents the date of acceptance and the referral is electronically generated. When the follow-up meeting takes place, health care staff make a notation recording the date, time, and reason for the meeting, and the name of the staff who met with the inmate. The system can be queried, and a printout generated, documenting the referrals made and the date the follow-up meetings were conducted.

3 – The facility reported, on the PAQ, that, within the past 12 months, there were no inmates who disclosed prior sexual victimization during risk screening.

4 – Documentation is electronically generated and maintained using WICS. A Social Worker who was interviewed said, " When you go into WICCS, it is access controlled. It's not easy to get access to everything here. You have to go through proper channels to get the access you need to do your job."

115.81©

1 - When asked when the follow-up meetings take place, staff identified that the rule is that the meeting is to take place within 14 days of the screening but said that they typically take place within a few days. The facility reported, on the PAQ, that, within the past 12 months, there were no inmates who disclosed prior sexual victimization during risk screening.

115.81 (d)

1 and 2- Executive Directive #72, in section XII, paragraph E, says that appropriate controls shall be placed on the dissemination of information gathered during initial, and follow-up, screenings so that sensitive information cannot be exploited to the offender's detriment. It goes on to say that any information related to sexual victimization or abusiveness occurring in an institutional setting is considered confidential and access to that information is strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment and program assignments or as otherwise required by law. On-site, staff demonstrated that the information is stored electronically and is protected by user profile. Access to the information is controlled by restricting log-in and password information to only those employees who need access to perform their jobs.

115.81 (e)

1 - Agency policy, Executive Directive #72, in section SXX, paragraph F, states, in part, " 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." The agency provided several forms that require the inmate's signature prior to disclosure of such information. Medical staff indicated that upon receiving information that an

disclosure of such information. Medical staff indicated that upon receiving information that an inmate experienced prior sexual victimization that did not occur in an institutional setting, informed consent would be obtained. They also reported that prior to disclosure, the inmate is required to sign a form allowing staff to release this information.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Division of Adult Facilities (DAI) Policy #500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse</li> <li>2. DOC-3001 Off-Site Service Request and Report</li> <li>3. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>4. DAI 316.00.01 – Inmate Co-Payment for Health Services</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Medical Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.82 (a)</p> <ol style="list-style-type: none"> <li>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XVI, Paragraph B, No.1, (p.14), states, “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.” DAI Policy #500.30.19 Sexual Abuse Health Services Unit Procedure in the Event of Sexual Abuse identifies that facilities shall ensure health care staff provides prompt and appropriate health care interventions in response to reported incidents of sexual abuse. The medical staff who was interviewed said that the facility has not had any allegations of sexual abuse but that if they did, they would provide immediate treatment.</li> <li>2 - She also said that the nature and scope of the services provided would be determined according to her professional judgment.</li> <li>3 – The facility provided a WIDOC form that is used to document forensic examinations for victims of sexual assault. The form is DOC-3001 Off-site Service Request and Report. The facility has not received any allegations of sexual assault, in the past 12 months, so there was no documentation of services offered by healthcare available for review.</li> </ol> <p>115.82 (b)</p> <ol style="list-style-type: none"> <li>1 - Executive Directive #72, in Section XVI, Paragraph B, No 1, says that if there are no qualified medical or mental health practitioners on duty when a report of abuse is made, security staff first responders will take preliminary steps to protect the victim and will immediately notify appropriate medical and mental health care staff. All 12 staff who were randomly chosen for interview were also asked the first responder questions, both non-Security and security staff, and all of the identified that if they were the first person to respond to a report of sexual abuse, they would separate the victim and perpetrator, move the victim to a safe place, call security and health care immediately, ask the inmate not to do anything that might compromise potential evidence, and stay with the inmate until security arrived.</li> </ol>

115.82 ©

1 - Executive Directive #72, in Section XVI, Paragraph B, No.3, says, "The DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infection prophylaxis." The facility reports that, in the past 12 months, there were no allegations of sexual abuse made by inmates. Medical staff reported that inmates would be provided timely information about access to emergency sexually transmitted infection prophylaxis. STD testing and medication would be administered at a local hospital with on-site health care follow up as needed. If follow-up treatment cannot be completed on-site, an inmate would be transported off-site for that treatment.

115.82 (d)

1 - Executive Directive #72, Section XVI, Paragraph B, No. 2, says, " All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care." The facility also submitted DAI for 316.00.01 Inmate Co-Payment for Health Services Attachment – Copayment Table, effective November of 2017, that identifies that no co-payment is required for treatment for a medical emergency as determined by a physician, dentist or registered nurse, for a written referral from a PREA risk assessment screener, or for crisis intervention evaluation and treatment related to sexual abuse in confinement.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Division of Adult Facilities</li> <li>2. Division of Adult Facilities (DAI) Policy #500.70.01 Mental Health Screening, Assessment and Referral</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Medical Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.83 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XVI, paragraph B, no.6, says, “The facility shall offer medical and mental health evaluation, and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. “</p> <p>115.83 (b)</p> <p>Executive Directive #72 goes on to say, “The evaluation and treatment of such victims shall 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.” The facility has not received any allegations of sexual abuse in the past 12 months, but staff who were interviewed said that if allegations were to be made, inmate victims of sexual abuse would be seen immediately for stabilization services and subsequently transferred to the local hospital for further evaluation and additional services as necessary.</p> <p>115.83 ©</p> <p>1 - Medical staff also reported that any medical orders received from the local hospital, and any treatment needed by the inmate, would be followed up by on-site health care, and that services provided would be consistent with community level of care.</p> <p>115.83 (d) and €</p> <p>1 – The Chaney Correctional Center houses only adult males so no pregnancy tests, following an allegation of sexual abuse, would be necessary.</p> <p>115.83 (f)</p> <p>1 - Executive Directive #72, section XVI, paragraph B, no. 7, says that victims of sexual abuse will be offered tests for sexually transmitted infections. The facility has received no allegations of sexual abuse in the past 12 months.</p>



115.83 (g)

1 - Agency policy, Executive Directive #72, requires, in section XVI, paragraph B, no. 2, (p. 14) that all medical and mental health treatment services will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There have been no allegations of sexual abuse, at the facility, in the past 12 months.

115.83(h)

1 – Agency policy Executive Directive #72, says, in section XVI, paragraph B, no., 8, (p.15), that facilities shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. DAI Policy #500.70.01 Mental Health Screening, Assessment and Referral, says, in section XVI, paragraph B, “PSU staff shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of when DOC staff first learn of the abuse history.” There is no mental health staff at the facility. Inmates requiring such treatment would be transferred to another facility.

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

115.86	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. DOC-2863 Sexual Abuse Incident Review (SAIR) – PREA</li> <li>3. Pre-audit Questionnaire</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Warden</li> <li>2. Superintendent</li> <li>3. Facility PREA Compliance Manager (PCM)</li> <li>4. Incident Review Team</li> </ol> <p>Findings (By Provision):</p> <p>115.86 (a)</p> <ol style="list-style-type: none"> <li>1 - Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PPREA) in section XX, paragraph A, (p. 18), says that the facility must conduct a review, within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded.</li> <li>2 – The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents is zero.</li> </ol> <p>115.86 (b)</p> <ol style="list-style-type: none"> <li>1 – Agency policy, Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), requires the review to be done within 30 days. (see No. 1 above)</li> <li>2 – The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding “unfounded” only incidents is zero. There were no allegations filed, in the past 12 months, no investigations conducted, and no sexual incident reviews completed.</li> </ol> <p>115.86 ©</p> <ol style="list-style-type: none"> <li>1 - Executive Directive #72, in section XX, paragraph A, (p. 18) says that the review must be conducted by a team that consists of upper level management officials with input from supervisors, investigators, and medical and mental health staff. The Sexual Incident Review Team includes, among other staff, the Superintendent, the Captain, and a Social Worker.</li> </ol> <p>115.86 (d)</p> <ol style="list-style-type: none"> <li>1 – Executive Directive #72 requires the review team to: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse, Consider whether the incident or allegation was motivated by race, ethnicity,</li> </ol>

gender identify, LGBTI identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility, Examine the area in the facility where the incident alleged occurred to assess whether physical barrier in the area may enable abuse, Assess the adequacy of staffing levels in that area during different shifts, Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees, and Prepare a report of its findings, including but not limited to, determinations made in the above items, and any recommendations for improvement and submit the report to the facility head and facility PCM. The facility has not had any allegations of sexual abuse, in the past 12 months, no investigations were conducted, no sexual incident reviews held, and no reports written. The facility did submit a form that would be used to document and submit a report, if any were to be done. That form is Sexual Abuse Incident Review - PREA - DOC 2863. The Security Director said, in an interview, that there have been no allegations of sexual abuse, at the Chaney Correctional Center, but that staff do always review conditions, at the facility, with an eye toward what changes they can make to improve sexual safety. The Warden said, in an interview, "We would review the information and discuss different factors, look at staffing, technology, alarms, alerts, etc., to see ways we can improve those, and we would also look at policy and procedure."

115.86 €

1 – The facility has not had any allegations of sexual abuse and has not conducted any sexual incident review but the facility PCM said that staff are always considering what things they can do proactively, always with sexual safety in mind.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Survey of Sexual Victimization, 2017</li> <li>3. Survey of Sexual Victimization, 2018</li> </ol> <p>Findings (By Provision):</p> <p>115.87 (a)</p> <p>1 - Agency policy, Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA) requires the collection of 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 the agency contracts for the confinement of offenders, using a standardized instrument and set of definitions.</p> <p>(115.87 (b)</p> <p>1 – Agency policy, Executive Directive #72, requires that the data be aggregated annually, reported to the Department of Justice as requested, and, with personal identifiers removed, posted publicly to the agency's website annually.</p> <p>115.87 ©</p> <p>1 – Agency Policy, Executive Directive, also requires that the extracted data, at minimum, include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization.</p> <p>115.87 (d)</p> <p>1 - The agency collects data via the agency wide Sensitive Investigation Network Communication (SINC) database. The SINC database serves as the agency's standardized instrument for collecting accurate and uniform allegation data. A review of the agency's most recent SSV 2017 submission noted that the data collected via SINC provided the information necessary to complete the SSV.</p> <p>115.87 €</p> <p>1 and 2 - Each private facility the WIDOC contracts with submits an SSV to the agency who then aggregates this information and incorporates these results into the agency's SSV that is submitted to the US Department of Justice (US DOJ). Annual reports, dating back to 2010, are published online and can be found on the agency website. A review of the Wisconsin Department of Corrections, Prison Rape Elimination Act Annual Reports, from 2017, noted that the agency does aggregate incident-based sexual abuse and sexual harassment data on an annual basis. Data is reported for each facility as well as for the agency.</p>

115.87 (f)

1 - The agency provided the most recent SSV and e-mail documentation of having submitted that documentation to the US DOJ.

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

115.88	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Wisconsin Department of Corrections (WIDOC) Prison Rape Elimination Act 2017 Annual Report</li> <li>2. WIDOC Web Site</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Director</li> <li>2. Facility PREA Compliance Manager (PCM)</li> <li>3. Agency Head</li> </ol> <p>115.88 (a)</p> <p>1 - Executive Directive #72, in section XXI, paragraph A, no. 2, states, in part, "The data collected and aggregated shall be analyzed to assess and improve effectiveness of the DOC's sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility as well as the DOC as a whole." The agency does aggregate incident-based sexual abuse data at least annually. Annual reports are published online and can be found on the agency website.</p> <p>115.88 (b)</p> <p>1 – The 2017 Annual Report, on page 10, provides data that compares the total number of sexual abuse and sexual harassment allegations, by disposition and division, from 2017 to previous data as well as corrective measures taken.</p> <p>2 – Page 5 outlines achievements made, by the agency, during the 2017 year. Among them are regular training of staff and the addition of an on-line training module, the addition of a sexual abuse investigations training track for sergeants, development of a first responder duties pocket card for staff, beginning the testing of an allegation and investigation tracking database, revised the screening tool for greater clarity and use, and programmed an electronic alert to avoid housing those at risk of being sexually victimized with those at risk of being sexually abusive. Identified as facility accomplishments and corrective action taken in 2017 are modified physical plants for greater visibility using windows and mirrored bubbles, adapted showering areas for greater privacy, installed additional locking mechanisms on doors and outbuildings, adjusted camera angles and installed new cameras, incorporated incident and compliance reviews into multidisciplinary team meetings, added telephones and access to telephones to report sexual abuse and sexual harassment, and formalized opposite gender announcing procedure. The agency head said, in an interview, that facility leadership, including medical and mental health staff, investigators, and Victim Services Coordinators, evaluate all the factors, staff, and physical barrier, and look for recommendations they can take to the PREA office to review and look for potential patterns and take appropriate</p>

corrective action.

115.88 ©

1 - The agency does make its annual report available on the agency website. The facility presented a printout of the page, from the website, where the link to the report is located. In addition, auditors reviewed the report on the website.

2 – N/A

3 – The annual report bears the signature of Kevin A. Carr, Secretary, Wisconsin Department of Corrections.

115.88 (d)

1 – The agency does not print information in annual reports that would present a clear and specific threat to the security of the facility. 2 – The agency does not redact information from the annual report. The agency PREA director said that they do not include any inmate information, just totals and qualitative information, so they do not redact any information from annual reports.

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

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>PREA Director</li> </ol> <p>Findings (By Provision):</p> <p>115.89 (a)</p> <p>1 - Executive Directive #72, in section XXI, paragraph a, no. 3, (p. 19). states, "All data shall be securely retained and maintained for at least 10 years after the date of the initial collection." The agency PREA coordinator said electronic data is store in a folder that only PREA office staff have access to. She also said that the data contains no inmate identifying information.</p> <p>115.89 (b)</p> <p>1 - Executive Directive #72, in section XXI, paragraph A, no 2, (p. 19) requires that corrective action reports be posted publicly to the agency's website. It also says that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Annual reports are published and available for review through the agency website. Auditor reviewed the Wisconsin Department of Corrections, Prison Rape Elimination Act Annual Report for 2017 and verified that it does show a comparison of current year data with those from prior years. The report also includes aggregated sexual abuse data for all facilities. The agency makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts via the annual report published on the agency website.</p> <p>115.89 ©</p> <p>1 - Executive Directive #72, in section XXI, paragraph A, no. 1, (p. 18), says that data must be aggregated annually, reported to the US DOJ with personal identifiers removed, and posted publicly to the agency's website. It goes on to say that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must include the nature of the material being redacted. The agency PREA coordinator reported, and a review of annual reports, on the agency web site, verified, that there is no personally identifiable information, or sensitive information, contained within the annual report. Therefore, there is no need to redact information from the annual report.</p> <p>115.89 (d)</p>



1 - Executive Directive #72, in section XXXI, paragraph A, no.3, says that all data must be securely retained and maintained for at least 10 years after the date of the initial collection. Annual reports dating back to 2010 are published and available for review. A review of the 2016 and 2017 annual reports verified that the data, absent personal identifiers, is maintained as required.

**CONCLUSION:** Based on the above evidence, the facility is found to be compliant with the standard.

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> <li>1. Audit notices posted throughout the facility</li> <li>2. Photos of audit notices posted through the facility</li> <li>3. Agency website</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency PREA Director</li> </ol> <p>Findings (By Provision):</p> <p>115.401 (a) and (b)  The agency has ensured that all facilities it operates, and any operated by private organizations on behalf of the agency, were audited at least once, and that during each one-year period since August 20, 2013, at least one-third of each facility type was audited.</p> <p>115.401 (h) and (l) (h), (i)  Auditors were allowed access, and the ability to observe, all areas of the facility. Auditors were provided all documents they requested at all phases of the audit.</p> <p>115.401 (m) and (n)  Auditors were permitted to conduct private interviews with inmates. Facility staff provided three separate rooms, one for each auditor, to conduct private interviews. Facility staff did provide photos of the audit notices after they posted them in the facility and auditors were able to observe the postings as they walked through the facility. Lead auditor did not receive any inmate correspondence.</p> <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation: 1. Agency Website</p> <p>Interviews: 1. Agency PREA Coordinator</p> <p>Findings (By Provision): 115.403 (f) Auditor reviewed the agency website and determined that all audit reports are posted appropriately.</p> <p><b>CONCLUSION:</b> Based on the above evidence, the facility is found to be compliant with the standard.</p>

## Appendix: Provision Findings

115.11 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Contracting with other entities for the confinement of inmates</b>	
	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)	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes

	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

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

<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the facility does not have female inmates.)	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 (N/A if the facility does not have female inmates)?	na



115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies 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 have procedures 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	
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	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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	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

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

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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)	<b>Hiring and promotion decisions</b>	
	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)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether 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

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

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	na

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

115.21 (a)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.21 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	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 always makes a victim advocate from a rape crisis center available to victims.)	yes



115.22 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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?	yes

115.22 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy 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)	<b>Employee training</b>	
	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

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

<b>115.33 (a)</b>	<b>Inmate education</b>	
	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

<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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

<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	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 receive 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)	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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)	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

115.35 (c)	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na

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

115.41 (c)	<b>Screening for risk of victimization and abusiveness</b>	
	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?	yes

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, as 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, as 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, as 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 an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to 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

<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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

<b>115.42 (b)</b>	<b>Use of screening information</b>	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na

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? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na

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.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

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

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.)	yes

115.53 (a)	<b>Inmate access to outside confidential support services</b>	
	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? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

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

115.53 (c)	<b>Inmate access to outside confidential support services</b>	
	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)	<b>Third-party reporting</b>	
	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

<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

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

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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?	yes

<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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

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



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

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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

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

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

<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

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

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

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

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

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

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

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

115.78 (c)	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between 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

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



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

115.81 (c)	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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? (N/A if the facility is not a jail).	yes

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

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

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

<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

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

<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

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

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

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

<b>115.87 (c)</b>	<b>Data collection</b>	
	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

<b>115.87 (d)</b>	<b>Data collection</b>	
	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

<b>115.87 (e)</b>	<b>Data collection</b>	
	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

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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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

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

<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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

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

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

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

<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na
	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.)	na

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

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



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

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes