

# PREA Facility Audit Report: Final

**Name of Facility:** St. Croix Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 01/03/2020

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> Wendy J. Hart	<b>Date of Signature:</b> 01/03/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	Hart, Wendy
<b>Address:</b>	
<b>Email:</b>	HartW2@michigan.gov
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	11/18/2019
<b>End Date of On-Site Audit:</b>	11/18/2019

<b>FACILITY INFORMATION</b>	
<b>Facility name:</b>	St. Croix Correctional Center
<b>Facility physical address:</b>	1859 North 4th Street, New Richmond, Wisconsin - 54017
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	JoAnn Skalski
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<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Jo Skalski
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<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	JoAnn Skalski
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<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Lon Becher
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<b>Telephone Number:</b>	608-240-5144

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	120
<b>Current population of facility:</b>	118
<b>Average daily population for the past 12 months:</b>	111
<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>	18-40
<b>Facility security levels/inmate custody levels:</b>	Minimum
<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>	45
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	1

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
<b>Email Address:</b>	Kevin.Carr@wisconsin.gov
<b>Telephone Number:</b>	(608) 240-5065

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.

The onsite portion of a certified PREA Audit of the St. Croix Correctional Center (SCCC), 1859 North 4th Street, New Richmond, WI, Wisconsin Department of Corrections (WIDOC), was conducted on November 18, 2019. The audit was conducted through a contract between Great Lakes PREA Auditing and Consulting and the Wisconsin Department of Corrections. For this audit, the audit team was comprised of Department of Justice certified auditors Wendy Hart (primary auditor) and Yvonne Gorton (secondary auditor) and support staff Paul Gorton and Vicki Close. A previous PREA audit was conducted for this facility in October 2015 and August 2017. Both resulted in a final report finding full compliance with the PREA standards.

The Wisconsin Department of Corrections central office is located in Madison, Wisconsin. Its Department of Adult Institutions (DAI) oversees both correctional institutions and correctional centers. Each correctional institution has a warden, and the Wisconsin Correctional Center System (WCCS) has a warden who oversees all 14 correctional centers. The warden's office is located in Madison, with each correctional center overseen by a superintendent who reports directly to the WCCS warden.

Leigha Weber, the WIDOC PREA Director, (agency PREA Coordinator) initiated the audit on the Online Audit System (OAS). The OAS records the start date of the audit as September 17, 2019, the time that the facility was able to begin uploading documentation for the audit. The completed Pre-Audit Questionnaire (PAQ) was released to the auditor on October 23rd, following coordination between the auditor, facility PREA Compliance Manager and the agency PREA Director. This allowed 26 days for the audit team to review the information provided in the PAQ.

### **Pre-Onsite Audit Phase**

Prior to the onsite review, the lead auditor communicated by telephone and e-mail with the PREA Director (agency PREA Coordinator) for the Wisconsin Department of Corrections (WIDOC), and the facility superintendent (who is also the PREA Compliance Manager) to discuss the audit process and purposes, and the role of auditors. On October 2, in order to invite correspondence from staff, visitors and inmates at the facility, the audit team provided large-print audit notices to the PREA Director, who then provided them to the facility to be posted. The notices were in both English and Spanish, and included the audit dates, auditor contact information, and addressed the confidentiality requirement for any correspondence to the auditor. These were sent via e-mail, along with the team's request for photographs of the posted notices in each housing unit and various locations where staff and inmates gather. The audit team was provided with a copy of the PREA Director's instructions regarding posting the notices, which included placing them in housing units and other areas as requested, printing the notices on colored paper and instructions that any correspondence to the auditor would be treated as confidential mail. On October 8th, the auditor received photographs via email verifying the notices were posted in visible areas in housing units and areas such as the visiting room, dining facility and other common areas, in both English and Spanish, on colored paper and in large text. No mail regarding the facility inmates or staff

was received by the auditor prior to or following the onsite portion of the audit. Had the auditor received any letters from staff or inmates, the audit team would have discreetly requested to interview any inmates or staff who wrote to the auditor by adding them to the names randomly selected for interviews.

The PREA Director's instructions also discussed logistics related to the audit process including the sequence of events for the pre-audit, audit and post-audit phases of the audit process, including information about final reports and interim reports if corrective action is needed. The instructions reinforced that auditors will be requesting documents and that staff are to provide them. It was specifically stated that this also includes medical and investigative files.

It was agreed that the audit team would arrive at 7:00 am for introductions and an opening meeting with the Superintendent and facility staff to review the plan for the audit. Background check request forms for auditors entering the facility were provided by the agency PREA Director and completed as requested to allow audit team members to enter the facility and have contact with inmates. A meeting with the SCCC leadership was conducted via telephone on October 30th to discuss logistics and specific details about the audit requirements and process. Facility staff related that they have been through two audits before and understood the process.

Two members of the audit team are certified auditors so were able to access the OAS in order to review documentation in preparation for the audit. The other two members of the team were support staff with experience working with inmates in a confinement facility. Policy and procedures and samples of templates were provided for multiple standards, but very little information with PII was included in order to triangulate compliance with the standards. However, during the onsite review, the facility and agency were forthcoming with any documentation requested while the team was onsite, and post-audit via e-mail as requested by the team.

Prior to the onsite portion of the audit, the auditors reviewed the WIDOC website to glean more information about the agency and the facility, and to review any reports from prior PREA audits of the facility. Auditors also reviewed the agency's most recent annual report posted on the WIDOC PREA webpage.

The WIDOC Prison Rape Elimination Act web page is comprehensive. It contains their Executive Directive 72 (PREA), other PREA information, reporting information, including a link for third parties/community members to contact the PREA office to report sexual abuse. This reporting link was tested and the auditor received a response the next day. The site also contains volunteer/training and contracted agency information. Also conveniently available on the web page are the PREA annual narrative reports, Survey on Sexual Victimization summary reports (SSV-2) and previously-completed PREA audit reports for all the WIDOC facilities. The web address is <https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx>.

The MOU between Turningpoint for Victims of Domestic and Sexual Violence, the WIDOC and St. Croix Correctional Center was included in the PAQ. The MOU states that Turningpoint will provide victim advocacy services for forensic exams and during investigatory interviews, as well as confidential emotional support services. The current agreement has been in effect since early 2017. Prior to the onsite portion of the audit, a Turningpoint administrator was contacted by the audit team. The administrator affirmed that there is an MOU between Turningpoint, St. Croix Correctional Center and WIDOC. She further elaborated that Turningpoint provides a 24-hour hotline for victims to access for information and emotional support, and that her organization will provide advocacy to inmate victims of sexual abuse. She related that the facility will call her if someone discloses prior trauma and wants to

she speak with someone about it and that the assistance she provides the facility depends on the need. When staff from Turningpoint go to St. Croix, the facility staff make room for them and provide private space for interviews. She also verified that Turningpoint will provide an advocate to accompany an inmate through a SANE exam and through investigatory interviews if requested. She also mentioned they did a presentation at the facility this past year. Staff mentioned that she has been welcomed into the facility. It appears there is a good working relationship between the facility and Turningpoint. The PAQ contains a copy of an insert to the WIDOC PREA inmate education booklet "Sexual Abuse and Sexual Harassment Prevention and Intervention – A Guide for Inmates" that is given to inmates at orientation and contains the Turningpoint contact information. A victim services staff member indicated that if an incident occurred where the facility was transporting an inmate to the hospital for a forensic exam, the facility would make contact with Turningpoint to arrange for an advocate to support an inmate through the process.

#### On-site Audit Phase

The audit team arrived at 7:00 a.m. on November 18, 2019 and were escorted to a conference room in the administrative section of the building that served as our staging area during the audit. After introductions and welcoming remarks, a discussion of the audit schedule and process took place.

Present at the opening meeting, in addition to the audit team, were:

- Superintendent/PREA Compliance Manager
- Agency PREA Director and team member
- Corrections Program Supervisor
- 3 Captains

The audit process and previously-requested rosters of staff and inmates were reviewed. Requested rosters included a roster of inmates, including targeted inmates (disabled, including deaf or blind, limited English Proficient - LEP, any who reported sexual abuse/sexual harassment, who disclosed prior victimization during risk screening, LGBTI inmates). It was explained that, due to the nature of the Challenge Incarceration Program, there are physical and medical criteria to qualify for the program, and with the short amount of time the inmates are present at the facility to complete the program (approximately 5 months), there were no inmates at the facility during the onsite review who fit targeted criteria. Through research following the audit, it was confirmed that these physical, mental, criminal history and age requirements are required by Wisconsin statute.

It was discussed that St. Croix Correctional Center's Challenge Incarceration Program combines a unique blend of discipline and programming. The audit team observed glimpses of this during the onsite review, through formal and informal interviews with staff, and while reviewing documentation for the audit.

Other documentation provided included a roster of facility staff with shifts worked during the onsite audit, including specialized staff, contractors and volunteers as identified in the PREA protocols. Contact information for the local victim advocate and hospital had been provided in the PAQ. Interview selections were determined by the audit team members and the list provided to the superintendent to coordinate the interviews.

The superintendent confirmed that interview rooms for auditors would be provided for confidential interviews of both offenders and staff, and that specialized staff could be interviewed in their offices. A team had been put together to ensure that when a person went in for an interview, another would be made available for the next interview, so that neither people being interviewed, nor auditors would waste

time waiting. Interviews went very smoothly and efficiently.

## INTERVIEWS

Following the meeting, the audit team members began interviews immediately in order to allow the held-over third shift staff to be able to leave. When those interviews were complete, the onsite review began. Once that was complete, all four members of the audit team resumed conducting interviews.

### Inmate Interviews

The inmate population was 104 on November 18, 2019 as documented on the inmate roster. Interviews were conducted with facility administration and other specialized and randomly selected staff, as well as targeted and randomly selected inmates. Auditors interviewed the random and specialized staff and random inmates using the auditor resource interview protocols. There were no targeted inmates identified. The lack of inmates who fit the targeted interview criteria required that the audit team interviewed additional random inmates to attain the required number of interviews as specified in the PREA Auditor Handbook.

All 21 inmates randomly selected for interview were interviewed. This number comprised approximately 20 percent of the population at the center. Selections were made using a roster of inmates by unit. The audit team selected every sixth or seventh inmate on the list, depending on the size of the unit, then randomly selected two additional inmates to ensure the appropriate number of inmates were interviewed. Facility staff efficiently provided the inmates requested as verified at the beginning of each interview.

### Staff Interviews

Seventeen individuals were formally interviewed onsite, to include:

- The Superintendent (Warden or Designee and PREA Compliance Manager interviews)
- Captain A (Incident Review Team, Retaliation Monitoring, Risk Screening, Random interviews)
- Captain B (PREA Compliance Manager interview) Also volunteer coordinator
- Captain C (Investigative Staff Interview)
- Sgt A (Intake)
- Twelve randomly selected staff with whom only random interviews were conducted, including 1 administrative staff, 2 program staff, 2 support staff and 7 security staff.

Because there are so few staff available at the facility, a number of staff completed two or more interview protocols. Two PREA Compliance Manager interviews were conducted because a backup had recently been appointed and was new in the job. Both were very knowledgeable. Information collected for a specialized protocol not counted in the total number of staff was still used in triangulating evidence during the audit. The total number of staff interviewed above was 17 persons, for 8 specialized interviews and 13 random interviews.

Eleven additional persons were interviewed pre or post-audit as listed below. The facility does not have youthful offenders or segregation so those interviews were not applicable. No staff were identified to have responded to sexual abuse at the facility; however, all random security and non-security staff were asked about first responder actions during their interviews. The two sets of interviews included 30 individuals interviewed for 13 random and 21 specialized interviews.

Interviews completed pre- or post-audit included:

- Agency Head/Designee (1)
- Agency PREA Director (1)
- Wisconsin Correctional Center System (WCCS) Warden (1)
- WCCS Security Director (1)



- WCCS Human Resource staff member (1)
- Agency PREA contract compliance manager (1)
- Health Care staff (1)
- New Richmond police department staff member (1)
- Local Hospital SANE representative (1)
- Local Sexual Assault Response Team representative (1)
- Turningpoint representative (1)
- Volunteers and Contractors (2)

The recommended Department of Justice interview protocols were used in conducting both staff and inmate interviews. Each member of the audit team was provided a room from which to work and conduct confidential interviews with both inmates and staff. Some interviews were conducted in staff offices. Inmates were escorted by staff to the auditors to be interviewed.

#### Facility Site Review

We began the review in the administrative offices immediately after the 3rd shift staff were interviewed. From there we entered the main hallway where there was a break room and some additional offices which were used during the audit for the remainder of the random staff interviews, and the random inmate interviews. At the end of the hall was the gym/multipurpose room (some uses included a classroom, dining facility, study hall). Camera coverage was noted in the dining facility. The kitchen is located in the far end of the gym. A camera was located at the back of the kitchen, with a sign posted that only one inmate would be at the back of the kitchen at a time. The superintendent explained that the inmates start out in green uniforms and then khaki once they reach "senior" status. She reported that every inmate will have completed their GED or equivalent when they complete the program. From the gym we observed a group room and moved to the health services unit (HSU). Audit notifications and PREA posters were observed in the gym and in HSU.

The housing units were on either side of the gym. The three housing units included the East Barracks, and Upper and Lower West Barracks. All three look very similar, a large bay with a control center and phones in front, rows of neat bunks, and a bathroom and shower area in the back. PREA posters and audit notifications were observed in the units, as well as the inmate resource, the "Red Book" with PREA information. The superintendent pointed out that their maintenance person had constructed saloon-type doors for the entrance of the shower area, which has a  $\frac{3}{4}$  wall in front. Staff mentioned during interviews that female officers do not get close to the wall when showers are occurring; they can see heads of inmates while showering for security while remaining closer to the front of the dorm. There is camera coverage in each of the dorms and each control center is staffed when inmates are in the dorms. Staff move with inmates throughout their day. It was reported that from 0530 on, the inmates are busy.

The last part of the review was in the basement. There is a large room that is used as a storm shelter and an additional multipurpose room. The light automatically goes on when there is movement in the room. If someone is in there when they are not supposed to be, staff will see the light and respond. There is an elevator, but it must be keyed, and it is off limits to inmates. There is also locked for food service.

The facility does not have segregation, but does have two temporary holding/observation cells, where the toilet was viewable in the monitor. When mentioned to the superintendent that there could be a cross-gender viewing issue, she had her staff remedy the situation. Before we finished the onsite review, they had found a way to manually obscure the toilet from view of the camera yet still allow for the observation

of an inmate in the cell.

Cameras and mirrors were strategically deployed in housing unit to have maximum visibility, security, and to appropriately protect inmates from cross-gender viewing. There was excellent coverage in stairwells as well.

Auditors tested the phones in each of the three dorms and received acknowledgement of receipt for calls to each of the hotlines.

A blue light and audible tone is used to announce the presence of female staff entering a housing unit. An added level of protection for both staff and inmates is that an inmate must acknowledge the notification and then the staff will enter.

It was noted that when movement was not as a group, staff would call ahead to where an inmate was going, and other staff would communicate back when the inmate arrived.

The progression of the inmates through the program was discussed during the review. The program is individual. When an inmate enters the program, they are called "inmate" from Day One. At graduation, there is a ceremony, often family attend. It is during the graduation ceremony that they earn their name back. She indicated SCCC has graduations almost every Monday. They even have reunions that former inmates return for and are recognized for the amount of time they've stayed out of trouble.

With the strict discipline and monitoring that occurs in this program, use of the phones by the inmates was discussed. Inmates can use phones in the Housing Unit to dial #777, #888 and the Turningpoint rape crisis hotline. There is no charge for these calls and the calls are not recorded. All phones were checked by auditors and found to be in working order. Acknowledgement of auditors' calls was received from the agency PREA office by this auditor, demonstrating the process for calls to the internal and external PREA Hotline and reporting line.

Observation of control center monitors demonstrated that while cameras monitor the housing wings, they do not monitor inside cells or the bathroom. Control center maintains two evidence collection boxes that are sealed and would be used to assist with collection of any evidence collected if an incident of sexual abuse was to occur. They contain gloves, sheets, evidence containers, required forms and other relevant items. They also include instructions on how to properly use items in the kits.

Staff and inmates were informally interviewed at various locations in the facility. Inmates showed they had been given bookmarks with PREA information for an additional reminder of zero tolerance and how to report. Staff indicated that they knew how to respond to allegations of sexual abuse and that they knew about their duty to report.

#### Risk Screenings for Sexual Victimization and Aggressiveness

Executive Directive 72 requires that initial risk screenings are conducted for all incoming inmates within 72 hours of arrival, then a follow-up screening is to be conducted within 30 days of arrival. During interviews with staff responsible for risk screening and the PREA Compliance Manager, it was learned that the nurse conducts the first part of the assessment, asking questions about previous abuse, disabilities, sexual orientation and gender identity, etc. Following the first part of the assessment, a captain completes the assessment using the inmate's file. If the risk assessment indicates previous sexual abusiveness or victimization, one of the two staff will offer a meeting with mental health. For a

victim, the facility may contact the Turningpoint staff to speak with the victim if the victim accepts the offer.

The 30-day follow-up will be conducted in the same manner.

#### Inmate Education

A sergeant briefs the incoming inmates on a variety of topics related to the facility, including the facility's zero tolerance for sexual abuse and sexual harassment, and how to report at the facility. Inmates' PREA education is tracked and signed in WICS. Inmates are provided the WIDOC's "Red Book" with information about the department's zero tolerance of sexual abuse and sexual harassment the day they arrive. The book also provide specific contact information for local law enforcement and the agency through whom they may receive emotional support. The comprehensive prisoner education is conducted approximately two weeks after arrival at which time the orientation sergeant provides a more comprehensive inmate education session with those who have arrived since the previous education session was conducted. The PREA Compliance Manager indicated this includes the WIDOC's inmate education video. This video, viewed by the auditor, was produced in coordination between the WIDOC and Wisconsin Coalition Against Sexual Abuse (CASA). It contained a lot of good information for inmates, not just regarding the agency's zero tolerance for sexual abuse and reporting procedures, but also provided information about what a victim of sexual abuse might experience, and measures that could be taken to get through such an experience.

#### File Review.

Personnel files were not reviewed onsite. The human resources staff member provided sample proof of background checks for random staff and a contractor, as requested by the auditor, for staff hired or promoted in the last 12 months.

There was one investigative files to review which was an inmate-on-inmate sexual harassment complaint. The investigation was closed as substantiated.

Digital files were reviewed for PREA risk screenings, prisoner education and staff training, with reports from those databases printed as well. Samples of initial and 30-day risk screenings as well as documentation of inmate PREA education were requested for each of the inmates interviewed. Documentation of staff and contractor training was provided in the PAQ and while onsite.

#### Investigations

There were no allegations of sexual abuse and one allegation of sexual harassment reported during the audit period. Documentation of the response was reviewed by this auditor.

Cases involving potentially criminal behavior are referred to the New Richmond Police Department for investigation as confirmed by interviews with facility leadership and investigators. A phone call by the auditor verified that the New Richmond Police Department would conduct criminal investigations at the facility.

#### Exit Meeting.

Following the onsite review and interviews, a brief exit meeting was held. Present at this meeting, in addition to the audit team, were:

- Superintendent/PREA Compliance Manager
- Agency PREA Director and team member
- Corrections Program Supervisor

- 3 Captains

#### Post-Audit.

A telephone interview, with SANE/SAFE staff at the Westfields Hospital, confirmed that the hospital will provide forensic exams, when needed, for the facility. The representative did say she was not aware of any inmates from the St. Croix Correctional Facility at the hospital in quite some time but verified that a victim advocate coordinated through the St. Croix Valley Sexual Assault Team would be made available, upon request, and would meet a victim at the hospital, to provide support during a forensic exam.

Email and telephone contact with the agency PREA Director and facility Compliance Manager occurred as it was determined additional information was required to determine compliance with the standards. Both were very good about providing documentation requested.

Additional information and documentation were requested during the onsite portion of the audit, and there was communication post-audit between the auditor and the Agency Head designee, facility PREA Compliance Manager/Superintendent, agency PREA Director, WCCS Warden, and Human Resources staff. Additional documentation included investigation information, PREA inmate risk assessment and education communication requested clarification and verification of information and practices. Agency and facility staff graciously responded to every such request to the satisfaction of the auditor.

## 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 St. Croix Correctional Center (SCCC) is a minimum-security prison for adult male offenders, and is part of the Wisconsin Correctional Center System, an "institution" comprised of 14 correctional centers housing adult, male inmates, overseen by a single warden whose office is centrally located in Madison. It has a designed capacity of 120 offenders and a current population of 104 as of the onsite audit, with an average daily population of 111.

The Challenge Incarceration Program began at St. Croix Correctional Center in the early 1990s. It provides participants with manual labor, personal development counseling, substance abuse treatment and education, military drill and ceremony, counseling and strenuous, age-appropriate physical exercise. The program is voluntary but certain eligibility requirements exist: an offender must be deemed eligible by the sentencing judge, have an identified substance abuse treatment need, have no physical, psychological or medical limitations that would preclude participation in the program, be under the age of 40 and have not have committed certain violent crimes, including certain crimes against children, including sexually abusive crimes. Upon completion of the program, an inmate may be paroled and released from prison with extended supervision or certain conditions of parole.

The facility houses minimum and minimum-community level adult males, between the ages of 18 and 40. The average length of stay is about 5 months.

SCCC has been allocated forty-five staff positions. Forty-one staff are currently employed and there are 17 volunteers and contractors, who may have contact with inmates, currently authorized to enter the facility.

The facility consists of one building with an administrative area, gym/multipurpose area, kitchen, and three open dorm housing units. There are no single housing cells at the facility. All areas with inmate access have strategically deployed video monitoring and mirrors.

There is a minimum staffing pattern of five sergeants on first and second shift and four on third. The facility staffing is comprised of a superintendent, 27 sergeants and 3 security supervisors, two nurses (1 vacant), a Program Supervisor, 2 social workers (1 vacant), 2 teachers, 2 treatment specialists and an intern. There are no mental health staff. Support staff include a food service leader, a facilities maintenance specialist, and a financial specialist, an offender records specialist.

The Wisconsin Correctional Center objectives include maintaining safe and secure centers, providing work experience opportunities for eligible inmates prior to their release, providing education and treatment programming that meets the needs of the inmate population, and providing inmates being released to the community with the tools needed to succeed. Inmates can participate in work release, project work crews, learn employability skills, and programming is evidence based. In addition, staff work with assigned probation and parole agents, and other community partners, to address the risks and the

needs of each inmate. Inmates released from the Center are provided proper documents, i.e., Social Security Card, Wisconsin Driver's License or identification card to enhance their employability in the community.

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.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

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

#### Standards Exceeded:

115.11 115.53

#### Standards Met:

115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21 115.22, 115.31, 115.32, 115.33 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401 and 115.403.

#### Standards Not Met:

0

## 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> Exceeds Standard
	<b>Auditor Discussion</b>
	<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. Agency PREA Director Position Description</li> <li>3. Agency Organizational Chart</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. PREA Director (WIDOC PREA Coordinator)</li> <li>2. PREA Compliance Manager</li> </ol> <p>DISCUSSION</p> <p>(a) Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA) outlines the Wisconsin Department of Corrections (WIDOC) policy, procedure and processes as they relate to preventing, detecting and responding to sexual abuse and sexual harassment of inmates under its jurisdiction. Its scope includes all staff, contractors and volunteers with the Wisconsin Department of Corrections. It establishes a zero tolerance policy for sexual abuse, sexual harassment and report-related retaliation within its facilities and addresses requirements for those agencies with which the WIDOC contracts for confinement of its inmates. Executive Directive 72 also defines terms related to prohibited sexual conduct in WIDOC facilities and addresses sanctions for such conduct for both staff and inmates. Sections of the policy include reference to the PREA standards with which they correspond.</p> <p>The Directive reinforces that the DOC provides a coordinated victim-centered response to reports of sexual abuse and sexual harassment. This includes providing medical and mental health services to victims of sexual abuse and sexual harassment while investigating all allegations. The DOC provides multiple avenues to report allegations of sexual abuse and sexual harassment and, further, recognizes the right of employees and offenders to be free from retaliation for reporting sexual abuse and sexual harassment.</p> <p>It requires that the DOC trains all staff members, contractors and volunteers to recognize, respond to and report sexual abuse and sexual harassment and requires that the DOC provides offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment and report-related retaliation. The directive also includes the requirement that the DOC employs a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identify core causal factors and take corrective action so as to align with a zero tolerance environment.</p> <p>(b) The agency has established the position of PREA Director to serve as the agency's PREA coordinator within the WIDOC Secretary's Office. During a review of the annual report, it was noted that the number of staff in the PREA office increased in 2018, each responsible for various elements of PREA compliance throughout the department. The agency PREA Director's position description was provided with the Preaudit Questionnaire (PAQ) in addition to an organizational chart showing where her office fits in the organization, demonstrating that this position has direct access to the WIDOC Secretary to be able to develop, implement and</p>



oversee agency efforts to comply with the PREA standards in all WIDOC facilities.

(c) At St. Croix Correctional Center (SCCC), the Superintendent serves as the PREA Compliance Manager, leads the facility management team and reports directly to the Wisconsin Correctional Center System (WCCS) warden. During an interview, the superintendent indicated that one of the captains has been newly appointed as a secondary PREA compliance manager at the facility and both were interviewed. She confirmed that while preparing the PAQ required more time at crunch time, on a daily basis at the center, she feels she has enough time to manage all of her PREA-related responsibilities.

She stressed the importance of training both staff and inmates. She mentioned that her facility has initiated some practices such as created "PREA bookmarks" that they provide to inmates as useful, portable, quick reference materials related to the zero tolerance and reporting methods in the event of sexual abuse or sexual harassment. She also arranged for saloon-style doors to be placed at some shower entrances to provide better protection from cross-gender viewing yet allow for inmate safety and staff supervision in the showers.

It is noted by the auditor that both the facility and the agency have exceeded the requirements of elements (b) and (c) of this standard in that they have employed multiple staff dedicated to assisting with and ensuring PREA Compliance for all of its facilities.

#### CONCLUSION

Based on the above evidence, the facility is found to exceed this 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>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. WIDOC Contract Compliance Review Report Form – DOC-2845 - Blank</li> <li>2. DAI Policy #410.00.01 PREA Compliance Review of Contracted Facilities, effective 4/1/18</li> <li>3. DOC-2845 Contract Compliance Review Report (Oneida)</li> <li>4. DOC-2845 Contract Compliance Review Report (Sauk)</li> <li>5. DOC-2845 Contract Compliance Review Report (Jefferson)</li> <li>6. DOC-2845 Contract Compliance Review Report (Juneau)</li> <li>7. DOC-2845 Contract Compliance Review Report (Vernon)</li> <li>8. DOC-2845 Contract Compliance Review Report (Sheboygan)</li> <li>9. DOC-2845 Contract Compliance Review Report (Racine)</li> <li>10. DOC-2845 Contract Compliance Review Report (Vilas)</li> <li>11. Vilas County PREA MOA</li> <li>12. Oneida PREA MOA</li> <li>13. Sauk County PREA MOA</li> <li>14. Fond du Lac PREA MOA</li> <li>15. Dunn County MOA</li> <li>16. Juneau County MOA</li> <li>17. Vernon County MOA</li> <li>18. Jefferson County MOA</li> <li>19. Ozaukee County MOA</li> <li>20. Racine County MOA</li> <li>21. Milwaukee House of Corrections MOA</li> <li>22. Winnebago County MOA</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. PREA Contract Administrator</li> </ol> <p>DISCUSSION</p> <p>(a) Documentation provided with the pre-audit questionnaire (PAQ) demonstrates that the Wisconsin Department of Corrections (WIDOC) has entered into 12 Memoranda of Agreement with other agencies to house WIDOC inmates. All of these are county facilities. Review of the MOAs demonstrates that the agencies agree to fully comply with the PREA Standards.</p> <p>(b) WIDOC has demonstrated a great amount of activity and focus on compliance with this standard over the past year. The PREA Office has established a streamlined and increasingly consistent monitoring process between WIDOC and the facilities with which it contracts. In an interview, the PREA Contract Administrator indicated that her position was created at the end of 2018. The MOA's include agreement to fully comply with the standards and to submit to monitoring for compliance by the WIDOC.</p> <p>Documentation that the agency is actively monitoring these agencies for compliance and required corrective action as a result of the monitoring was provided with the PAQ.</p>

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

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72</li> <li>2. Facility Staffing Plan</li> <li>3. DIVISION OF ADULT INSTITUTIONS FACILITY PROCEDURE 900.404.0212. Unannounced Supervisory Rounds (PREA).pdf</li> <li>4. Logbook excerpt - unannounced rounds samples</li> <li>5. PREA Director Log of Staffing Plan reviews</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Warden</li> <li>3. Facility Superintendent</li> <li>4. PREA Compliance Manager</li> <li>5. Intermediate and Higher Level Staff</li> </ol> <p>DISCUSSION</p> <p>(a) Review of most recent staffing plan demonstrated that it does address all of the elements listed in the standard. During interviews, the warden and PREA compliance manager both reinforced that all the required elements listed were considered. (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p>The WCCS warden indicated that she meets weekly with the HR Director to review position control and review vacancies. She shares this information with the facility superintendents to discuss the positions that can be filled. Long-term leaves of absence are also discussed with occasional acting positions being approved. She also stated that as a short-term emergency fix, captains and superintendents can cover absences, but the most common method to ensure compliance with the staffing plan is to use overtime for uniform and nonuniform staff. The facility superintendent mentioned during her interview that they are constantly evaluating staffing needs. They meet every other week to discuss and review how best to deploy staff, as well as camera placement, and how best to cover any areas that could be problematic. She related that required positions must be filled. If overtime is used, or a post on a shift is collapsed, it is documented.</p> <p>(b) The warden further stated that overtime would be mandated to cover required positions in the event of a staff shortage. There would not be a time that a housing unit wasn't staffed so there were no deviations from the staffing plan.</p>

(c) During an interview, the agency PREA Coordinator indicated that the facilities coordinate with her during staffing plans reviews which occur at least annually. She provided a spreadsheet of her review of staffing plans from previous years to present. The roster indicated St. Croix Correctional Center had reviews conducted on 4/29/19, 4/12/18, 5/18/17, and 5/4/16 as required by Executive Directive 72, Section IX, Supervision and Monitoring, Section A. and the standard (no less frequently than once each year). She further described that the agency provides a template for the plans, and she reminds them at the beginning of each year to review the plan. She reminds as they're reviewing their plan, to look at their facilities through the lens of sexual safety – are movement, physical layout and staffing set up to work toward sexual safety. She reviews each plan and all sign off. She indicated the plan should be stored in a place where it is accessible to staff.

(d) Executive Directive 72 requires unannounced rounds to be conducted on all 3 shifts to deter staff sexual abuse and sexual harassment. WIDOC has established a practice of documenting such rounds being documented in the unit logbook. The logbook was reviewed in control center during the onsite review, which corroborated that the rounds were documented as required. No discernable patterns in time or frequency of rounds were noted.

Executive Directive 72 states that employees are prohibited from alerting other employees that these rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

#### CONCLUSION

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

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. DAI Policy 302.00.20, Placement of Juveniles in Adult Correctional Sites</li> <li>2. Letter from Administrator, Division of Adult Institutions, December 19, 2016</li> <li>3. Executive Directive 72, XIII, C (placement of youthful inmates)</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> </ol> <p>DISCUSSION</p> <p>Per the above documentation, inmates under the age of 18 will not be housed in any Division of Adult Institutions (DAI) facility. They will be housed in Division of Juvenile Corrections (DJC) facilities. If sentenced as an adult, the offender will remain within the DJC and be transferred to a DAI facility at age 18. It was stated in the preaudit questionnaire and reiterated by staff that there have been no youthful offenders housed at St. Croix Correctional Center during this audit period. The superintendent confirmed that youthful inmates are not sent to this facility.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72, Sections X, Cross-Gender Searches, and XI, Training and Education, A3.</li> <li>2. DAI Policy 306.17.02, Searches of Inmates</li> <li>3. DAI Policy 306.16.01, Use of Body Cameras</li> <li>4. DAI policy 500.70.28 Transgender Inmates</li> <li>5. Searches Lesson Plan</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Warden or Designee</li> <li>2. PREA Compliance Manager</li> <li>3. Intermediate or Higher Level Staff</li> <li>4. Random Inmates</li> <li>5. PREA Coordinator</li> </ol> <p>OBSERVATIONS</p> <ol style="list-style-type: none"> <li>1. Use of Opposite Gender Announcement Tone and Light during onsite review</li> <li>2. Review of video monitors viewing areas where a prisoner could be in a state of undress</li> </ol> <p>DISCUSSION</p> <p>(a) Executive Directive 72 and DAI 306.17.02 both prohibit cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances. The facility reported that no cross-gender strip or body cavity searches were conducted during the audit period, so there were no interviews conducted of nonmedical staff who have conducted such searches, nor any logs available.</p> <p>(b) While agency policy ED 72 and DAI 306.17.02 prohibit cross-gender searches of female inmates (except in exigent circumstances), St. Croix Correctional Institution does not house female offenders. All security staff interviewed indicated that they have received training on conducting cross-gender pat-down searches at the academy or during inservice training.</p> <p>(c) Executive Directive 72 requires that all cross-gender searches shall be documented. The facility reported that no cross-gender strip or body cavity searches were conducted during the audit period, therefore no logs were available for review.</p> <p>(d) Executive Directive 72 has been implemented by the facility to enable 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 of when such viewing is incidental to routine cell checks. DAI 306.16.01 also addresses protections from viewing body camera footage by opposite gender staff where a prisoner is in a state of undress.</p> <p>Since this facility houses male inmates, it is required that female staff's presence is announced</p>

upon entering the unit. This may be done by voice, but is normally done using a tone that can be heard throughout the unit as well as a blue light activated prior to the female entering the unit. In interviews of 21 random inmates, all indicated that female staff announce their presence in the unit. Nineteen confirmed that the bell ringing and the blue light on indicated a female was entering or on the unit. During informal interviews and conversation during the onsite review, staff and inmates confirmed this process and it was observed being used when female staff were in the unit. It was also confirmed that the bell and light are used for no other purposes and there are no similar sounds used for anything else within the facility. The light was visible the full length of each unit. The superintendent related that the blue light and audible tone are activated when a female staff member enters an area where an inmate could be in a state of undress. She also demonstrated an additional practice at this facility is for inmates to acknowledge they have seen the light or heard the tone prior to the female staff member entering the area. This practice was witnessed during the onsite review, and mentioned during an informal staff interview as well as a random inmate interview.

The auditors viewed monitors in the control center to determine that cross-gender viewing of inmate genitalia, buttock and breasts was not possible when viewing the monitors. At SCCC there was a holding cell containing a toilet and sink that was visible when viewing the monitor. The facility immediately took action to obscure the toilet from view on the monitors to prevent the possibility of cross-gender viewing.

The housing units are open dorms with bathrooms and showers in the back of the dorm. There are stall doors in the bathrooms and a  $\frac{3}{4}$  wall in front of the showers and saloon –type doors at the entry of the shower area to provide privacy from cross-gender viewing. The officer station is at the front of the dorm. Cameras are positioned so as not to view the prisoners breasts, buttocks or genitals when showering or performing bodily functions. Each of the 21 random inmates interviewed reported they are not ever naked in front of females at this facility. The Inmate Handbook admonishes inmates that they must be fully dressed anytime they are outside of their rooms; with the exception of wearing a robe and shower shoes to the shower.

(e) Executive Directive 72 and DAI 306.17.02 both prohibit searches of transgender and intersex inmates solely to determine the inmate's genital status. Genital status will be determined based on conversations with the inmate, reviewing medical records, or as part of a broader medical exam conducted in private by a medical practitioner. Based on formal interviews with random staff, this was clearly understood that such a search is prohibited by policy. The facility reported that there were no transgender or intersex inmates at the facility, so no interviews with transgender or intersex inmates were conducted.

(f) As required by agency and facility policy, staff receive training updates yearly, including training related to personal searches, according to formal and informal interviews with staff. During interviews, all eleven security staff indicated that they received this training at the academy and refresher training. Upon review of the module, it was verified that the academy and update search training module includes a video demonstrating proper searches, including proper search of transgender and intersex inmates and that the lesson plan shows that a simulated search is also demonstrated.

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>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72</li> <li>2. DAI 300.00.35, Americans with Disabilities Act</li> <li>3. DAI Policy 300.00.61 Language assistance for Limited English Proficiency (LEP) Inmates.</li> <li>4. Contract for Language Translation/Interpretation Services.</li> <li>5. PREA posters and inmate educational materials in English and Spanish</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Agency Head/Designee</li> <li>2. Random Staff</li> <li>3. Disabled or Limited English Proficient Inmates</li> </ol> <p>DISCUSSION</p> <p>(a) The Agency Head/Designee indicated that the agency has established procedures to provide inmates with disabilities and with limited English proficiency (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. She related that each facility has a disability coordinator and each inmate's needs are assessed at intake. This is also confirmed in agency policy as listed above. She went on to mention that the agency offers a language line for interpretation and that PREA materials are available in English, Spanish, Braille, and audio. She indicated the PREA inmate education video is available in English and Spanish and with closed captioning. During an interview, the superintendent also mentioned that the agency uses ISpeak cards to identify language needs and has video phones and equipment available to assist with communication for hearing impaired inmates.</p> <p>(c) During 13 random staff interviews, 11 indicated they would not allow an inmate to interpret for a person making a complaint of sexual abuse and 2 weren't sure. All 13 said they were not aware of an inmate ever being used to interpret for another inmate in regard to allegations related to sexual abuse or sexual harassment. Use of professional interpreters and/or the facility's use of the language line was widely discussed. No limited English proficient inmates were identified during the audit.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.17	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 507 360">DOCUMENTATION</p> <ol data-bbox="252 371 1471 745" style="list-style-type: none"> <li>1. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Executive Directive 42, Police Contact, Arrest, and Conviction Policy for Current Employees</li> <li>3. DAI Policy 309.06.03, Volunteers, Pastoral Visitors, Program Guests and Interns</li> <li>4. WIDOC HR Policy 200.30.507, revised 12/2018, Employment References – Guidelines for Obtaining and Providing References.</li> <li>5. DOC-Candidate Ref Check form, 1098R, revised 11/2018</li> <li>6. WIDOC Background Check Procedure, revised 11/2018</li> <li>7. Background Check Authorization form, 1098D, effective 8/2016</li> <li>8. Background check samples for each type of personnel action</li> </ol> <p data-bbox="252 797 432 831">INTERVIEWS</p> <ol data-bbox="252 842 596 875" style="list-style-type: none"> <li>1. Human Resources Staff</li> </ol> <p data-bbox="252 927 432 960">DISCUSSION</p> <p data-bbox="252 972 1465 1218">(a) Agency policy prohibits hiring or promoting anyone who has engaged in sexual activity as described in this provision. This prohibition was confirmed during an interview with a Human Resources staff member for the Wisconsin Correctional Centers System. Executive Directive 42, Police Contact, Arrest, and Conviction Policy for Current Employees originated in January of 2014. Review of the files demonstrated that required background checks are being conducted.</p> <p data-bbox="252 1270 1481 1644">(b) Agency policy states that incidents of sexual harassment will be considered in hiring, promoting, or enlisting the services of any employee. The PREA Director coordinated a request from the auditor to provide specific background check verifications from the Wisconsin Corrections Center System (WCCS) Human Resource office. This request included the background checks for staff hired or promoted by the facility during the last twelve months, including security, non-security and contracted staff. The response was received, verifying the background checks had been completed. The facility indicated 100 percent of the 45 staff employed during the audit period have had the required background checks as per policy and procedure.</p> <p data-bbox="252 1695 1481 2157">(c)(d) The agency published a Human Resources Procedure in 2016 which addresses training for those who conduct background checks and outlines the process for conducting a background check of all new hires and promoting staff. During an interview, a Human Resources staff member verified that background checks are conducted on new hires and promoting staff, contractors, volunteers and interns. It was also explained during the interview that all applicants fill out the background check authorization form which also includes questions that must be answered yes or no whether the applicant has a history of any of the elements of this standard. The background check authorization is then put in a sealed envelope and kept until a selection is made. The background check will then be completed only for the selected candidate and will include information regarding driving records, and Wisconsin Department of Justice and National Crime Information Center (NCIC) databases. If</p>

negative information is discovered, a determination will be made whether the person is still eligible to be hired and, if so, the request to hire must be approved by the Bureau of Personnel and Human Resources within the Division of Management Services for approval.

(e) According to the Background Check Procedures, fingerprints are taken upon hire of applicants, contractors, and interns or others as applicable IAW federal security regulations. The date of the fingerprint is entered into a database. The Bureau of Personnel and Human Resources lets the facility know when each employee's five-year fingerprinting and background check is due. The Human Resources staff member stated that the background check process is required every five years for employees, both full-time and limited term, based on the last fingerprint date. They use a system called Portal 100. Persons promoting or transferring prior to the five-year timeframe will have a background check earlier than the five years.

(f)(g) During the interview, the background check authorization form (WIDOC 1098D) was reviewed and demonstrated that the questions required to be asked directly are required to be completed. Executive Directive 42 was reviewed by this auditor. It outlines the employee's, contractor's or intern's continuing affirmative duty to report police contacts, arrests and convictions. Section VI, Reporting Requirements, requires notification of non-work police contact by the start of the employee's next scheduled work day or within 48 hours, whichever occurs first. Employees who fail to disclose police contact, arrests and/or criminal convictions, who aren't truthful about details, who don't cooperate with the background check, or if it is discovered after hire that an employee did not disclose a prior criminal record, may be subject to disciplinary action up to and including discharge. For interns, it would be grounds to not be retained.

(h) Agency policy states that DOC shall make its best effort to obtain and, when requested, provide information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. During the interview it was stated that it is not prohibited to release employee information if requested with a signed Background Check Authorization from an employee. She indicated that just as WIDOC asks other jurisdictions for information when hiring staff, they share information with the requesting jurisdictions as well. She stated she has not had a request for information from SCCC from other jurisdictions for the past year, but has responded to requests in the past. She indicated that, per state statute, human resources conducts a file review for applicants that includes information related to discipline and attendance, when requested by any state agency that is considering hiring a former WIDOC staff member.

#### CONCLUSION

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

115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION PAQ information about added cameras</p> <p>INTERVIEWS 1. Agency Head 2. Warden 3. Superintendent</p> <p>DISCUSSION (a) During her interview, the Agency Head/Designee indicated that when planning substantial modifications to facilities, the agency and facility leadership together evaluate the current situation and look at other applicable standards, the facility staffing plan, patterns of incidence of sexual abuse, and compare with similar facilities. In her interview, the warden of the 14 centers that make up the Wisconsin Correctional Center System (WCCS), related that when they do modifications, they look at staffing patterns, technological resources such as cameras, and at additional things like doors, and windows, things you can see through. The facility superintendent indicated when recently building a new wing at the facility, PREA was “constantly talked about from the ground up”. It included instant-on lighting in classrooms, janitor closets, and the basement. Janitor closet doors had mesh windows. At the time, the facility housed both male and female inmates, so inmate movement was also a big consideration during planning and building of the new wing.</p> <p>(b) The Agency Head/Designee related that technology is used to protect inmates from sexual abuse in several ways, to include consulting with facility staff and the PREA Unit in Central Office, looking at staffing plans, looking for patterns of allegations at WIDOC facilities and even considering what agencies in other states are doing. In addition, best practices and correctional standards are considered. The warden indicated the PCM and supervisory staff review camera placement and discuss with the Security Director and warden during a site visit or via phone. For work release sites, WCCS uses GPS so staff review and assign routes for facility vehicles. That way vehicles can be tracked so facility staff will know if the vehicles stay on the routes when using inmate drivers to transport inmates to work release assignments, and additional vehicles that staff use for transports for medical, etc., runs. The superintendent reported that when the new wing was built, the camera system was upgraded. To a better camera system. The facility worked through central office IT in Madison to get a better camera system. They were able to get new cameras based on building the new wing and PREA considerations.</p> <p>CONCLUSION Based on the above information, the facility is found to be compliant with this standard.</p>

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

confirmed that an MOU exists between Turningpoint, St. Croix Correctional Center, and the Wisconsin Department of Corrections. A copy of the MOU was provided with the PAQ, demonstrating the formal agreement has been in place since early 2017.

The Turningpoint representative indicated that their organization provides 24-hour hotline availability for victims to access for assistance. The facility will call her if someone discloses prior trauma. She stated that Turningpoint provides the facility depends on the need. When staff from the agency go to St. Croix, the facility staff make room for them and provides private space for interviews. She further related that In working with inmates, they focus on victimization. They might provide services to perpetrators, if asked to by the facility, but they are primarily victim-focused. They have specific regulations from their funders that they are obligated to abide by. She stated they would definitely work with any perpetrators who had prior victimization themselves. She related that they did do one presentation at the facility this past year and that they do typically get a few calls, for advocacy, support, after presentations are given. When an inmate is transported to the hospital for a forensic exam, Turningpoint will provide an advocate to accompany an inmate through the exam and through investigatory interviews if requested.

The facility superintendent indicated that inmates are given a card and a sheet with Turning Point's contact information at orientation. She indicated that if an incident occurred at the facility, the facility victim services coordinator would meet with the inmate and call Turning Point. She also reported that a representative from Turningpoint would come to the facility to meet with inmates, even for previous sexual abuse. The facility victim service coordinator confirmed that she assists with coordination of victim advocate and forensic exams for inmate victims of sexual abuse.

(f) Per the agency PREA coordinator, the WIDOC Secretary reached out to the state DOJ, requesting all Wisconsin law enforcement agencies that support WIDOC correctional institutions to follow provisions (a)-(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.

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

(h) The facility superintendent indicated that a qualified advocate will be provide to an inmate victim of sexual abuse through the community domestic and sexual abuse center, Turningpoint, Support could also be received through coordinator with the St. Croix County Sexual Assault Team.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with this 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>DOCUMENTATION  Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XVII. Investigations  DAI Policy #: 303.00.05 Law Enforcement Referrals  <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a> Pre-Audit Questionnaire</p> <p>INTERVIEWS  Agency Head/Designee  Investigative Staff  Warden  Superintendent  Local Law Enforcement Agency</p> <p>(a) Executive Directive 72 requires that an administrative investigation is conducted for all allegations of sexual abuse and sexual harassment. This requirement was confirmed in staff interviews, including those with the Agency Head Designee, Warden, Superintendent, investigative staff, and during informal interviews with a victim services staff member. The agency reported that there were no investigations of sexual abuse and one sexual harassment at this facility during the audit period.</p> <p>Upon receiving the list of hotline calls from the agency PREA Director, it was discovered the agency had received one call from this facility. Documentation regarding that incident was requested from facility staff and was immediately provided with the DOC-2666C documenting the steps taken by the investigative staff. This incident had been looked into and properly documented. It was an anonymous complaint about searches regarding a male staff member that were determined to have been conducted in accordance with agency policy.</p> <p>(b)(c) Executive Directive 72 is posted on the WIDOC website, and outlines the agency's policies as they relate to PREA. As such, it also requires that all allegations be investigated, and those that may be criminal in nature are also required to be referred to law enforcement for criminal investigation. The auditor contacted the local police department and received confirmation that it does accept and investigate allegations of criminal behavior involving the correctional facilities in the vicinity.</p> <p>(d)(e) The auditor is not required to audit these provisions.</p> <p>CONCLUSION  Based on the above evidence, the facility is found compliant with this standard.</p>



115.31	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTS</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. A. 1. Training and Education.</li> <li>2. Screenshots of the required online module for all WIDOC staff complete upon hire,</li> <li>3. All editions of WIDOC PREA Office newsletter</li> <li>4. Screenshots of the required online module all Wisconsin Department of Corrections employees</li> <li>5. DEPARTMENT OF CORRECTIONS WISCONSIN, Division of Management Services form DOC-1558</li> <li>6. Employment Statement of Acknowledgement</li> <li>7. WIDOC Correctional Officer Preservice Program Statute Information</li> <li>8. St. Croix Correctional Center (SCCC) Staff Training Reports (Preservice, General and Health Care), also updated 1/2/2020</li> <li>9. Facility Staff Roster</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Random Staff Interviews</li> <li>2. PREA Director</li> <li>3. PREA Compliance Manager</li> </ol> <p>DISCUSSION</p> <p>(a) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. A. 1. Training and Education, outlines requirements and processes for providing PREA-related training to all staff who may have contact with inmates. The policy requires as topics a minimum of all of the elements listed in this standard. This training is provided during the preservice training (academy) as well as every two years for existing employees. Screenshots of the online training module were reviewed which confirmed that these topics are covered. In addition, all random staff interviewed indicated that they had received this training, either as a current employee or "in the academy". Documentation of the statute indicated staff receive pre-service (academy) training when hired and when promoted. During interviews, staff appeared to be very knowledgeable about prevention, detection and response for sexual abuse and sexual harassment based on their affirmative responses to the training questions and discussion during the interviews.</p> <p>(b) Executive Directive 72 also requires that training an employee receives is tailored to the gender of the inmates at the employee's institution. No matter how long a person has been employed with the WIDOC, they must complete a 2-4 week training when arriving at this institution, whether for transfer or promotion. This is to familiarize the staff member with the institution and any gender-specific training that must be given. All training is tracked in a department-wide database application. The application allows supervisors to track their staff's completion of training and allows individual staff to receive reminders when training is due, print their certificates and track their progress as well. E-mails are sent to staff to inform them when training updates are required.</p>

(c) During interviews with staff, it was stated that staff receive PREA training every year, alternating between initial and refresher training as required by Executive Directive 72. The auditor completed a review of the training records for each staff member. Documentation of satisfactory completion of PREA training was provided for 38 current staff, and indicated that two had not yet completed but were registered for both PREA and 2019 PREA refresher training. Six of those staff also completed the Preservice training. The list includes uniformed, nonuniformed and contracted staff. Training dates were inclusive of PREA training from 2017 to present. Since some time had passed since the PAQ documentation was uploaded, a current list of staff and an updated training were requested. Both were received and documentation shows that all 41 current staff have completed, appropriate for their length of employment, PREA training every other year and PREA refresher training in the years between.

Examples of refresher information have been observed during the audit. One example was a small white laminated card that has been distributed to staff since before the audit period. It contains sexual abuse responder information and is kept with their ID cards, which staff showed auditors during some interviews. The cards provided a synopsis of procedures to follow when receiving information or learning about an incident of sexual abuse. This is a very helpful reference for staff, especially those who have never been in a situation to respond to sexual abuse. The PREA Director indicated that additional information is provided between trainings when related policies and process are updated. In addition, samples of newsletters from the WIDOC PREA Office were reviewed to demonstrate the communication of PREA-related information to all staff on a continuing basis. WIDOC is not only training staff about required PREA elements, but is enabling them to have a glance into the PREA initiatives at the agency level, to be able to understand the "big picture".

(d) Through review of the module and discussion with the PREA Director, it was confirmed that there are checks on learning throughout the module, and a certificate is received with a score following successful completion of a quiz at the end of the course that electronically verifies understanding of the course material. Also provided was the DOC 1558, an acknowledgement form on which the employee verifies that he/she is responsible to read and understand the information provided and to ask questions if there is anything they don't understand. This form is maintained in their personnel file. Staff sign once their questions or concerns about their understanding have been answered, in addition to the electronic verification of understanding. Following successful completion of the module, with electronic verification of understanding in the form of a score and certificate, the training is recorded in the training database.

#### CONCLUSION

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

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTS</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72, Section XI, Training and Education</li> <li>2. WIDOC, Office of the Secretary, DOC-2786 (5/2016), PREA, Sexual Abuse and Sexual Harassment in Confinement Training, Contractor Statement of Acknowledgement</li> <li>3. Sexual Abuse and Sexual Harassment in Confinement, PREA, UPDATED 2/18, Contractor and Volunteer Training</li> <li>4. DAI 309.06.03, Volunteer Manual, Sexual Abuse and Sexual Harassment In Confinement: A Guide for Volunteers and Contractors, revised 5/2019</li> <li>5. DAI Volunteer, Pastoral Visitor, Program Guest &amp; Intern, Orientation</li> <li>6. Certificates of successful completion of training</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Volunteer Interview</li> <li>2. Contractor Interviews</li> </ol> <p>DISCUSSION</p> <p>(a) There were no volunteers available to interview during the onsite review of the facility. Two volunteers were interviewed by telephone.. Both indicated they have received training regarding zero tolerance for sexual abuse and sexual harassment and how to report such incidents. Review of the documentation included with the PAQ demonstrated that the training used a PowerPoint online training presentation with quizzes, and included elements of the training required by the standard. The agency has also published a manual for volunteers that is to be provided to volunteers to support their training. Two contractors are employed by the facility, according to the PAQ.</p> <p>(b) Executive Directive 72 requires the training elements delineated in this standard and they are included on the signature form as well. Both also include that the level and type of training provided to volunteers correlate to the services they provide and the level of contact they have with inmates. Training provided to all volunteers appears to be comprehensive, with a 3-hour module, a manual, brochure and references. Contractors receive the same training as WIDOC employees.</p> <p>(c) In March of 2018, an updated form was provided to all Volunteer Coordinators which includes the language that they were notified of the agency's zero tolerance policy, trained on their responsibilities under the agency's policies, and that their signature verifies that they have received and understand training on DOC policies and their responsibilities. The memo announcing the updated form included directions to agency Volunteer Coordinators to process the forms for inclusion in the statewide volunteer database and for the facility PREA Coordinators to maintain the originals.</p> <p>Records were received on site of Volunteer Orientation refresher training attended by 17 volunteers in 2019 at the facility. The records contain signatures of understanding from the volunteers. A random sample of two volunteers were interviewed by phone. Both indicated</p>

they had been volunteering there for at least a couple years, and that the facility conducts the refresher trainings approximately every year – year and a half. It was clear from the interviews that they knew about the agency’s zero tolerance policy and how to report knowledge or suspicions of sexual abuse or sexual harassment of inmates. The two contracted staff were health care staff whose training documentation was included with the general PREA training for staff.

**CONCLUSION**

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

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTS</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. B. Offender Education</li> <li>2. Sexual Abuse in Confinement - A Resource for Offenders and local information insert</li> <li>3. Inmate and Youth PREA Education Facilitator Guide</li> <li>4. DAI Policy #: 410.20.01, Inmate PREA Education, 04/20/18</li> <li>5. WIDOC, DAI, Sexual Abuse and Sexual Harassment Prevention and Intervention - A Resource for Inmates</li> <li>6. SCCC - Inmate Handbook</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Intake Staff</li> <li>2. Random Inmate Interviews</li> <li>3. Random Staff Interviews</li> </ol> <p>OBSERVATIONS</p> <p>Video titled, "Sexual Abuse and Sexual Harassment Prevention and Intervention" (2017). Produced by Wisconsin Department of Corrections, Wisconsin Coalition Against Sexual Assault and a local media firm. The video may be viewed via the department's public website at <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a></p> <p>DISCUSSION</p> <p>Executive Directive 72 outlines agency requirements for PREA education for inmates. The facility shall provide comprehensive education regarding the agency's zero tolerance policy, offenders' right to be free from sexual abuse, sexual harassment and disclosure-related retaliation and WIDOC's policies and procedures for responding to such incidents.</p> <p>(a)(b) Executive Directive 72, section XI B, Offender Education, requires that offenders shall receive information regarding the department's zero tolerance regarding sexual abuse and sexual harassment and how to report such incidents or suspicions. The policy's timeline for comprehensive inmate PREA education is within 30 days of arrival at the facility. This comprehensive education includes information regarding inmates' right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. It includes facility-specific information, including local victim advocacy/outside emotional support contact information.</p> <p>Prisoner education video is available in nine versions:</p> <ol style="list-style-type: none"> <li>1. Male Inmate (English)</li> <li>2. Male Inmate (English Subtitles)</li> <li>3. Male Inmate (Spanish)</li> <li>4. Female Inmate (English)</li> <li>5. Female Inmate (English Subtitles)</li> </ol>

6. Female Inmate (Spanish)
7. Youth (English)
8. Youth (English Subtitles)
9. Youth (Spanish)

Facilities play the appropriate video(s) depending upon the audience's needs.

All 21 random inmates interviewed indicated they were told about the zero tolerance and how to report sexual abuse and sexual harassment when they first came to the facility. All listed at least one way to report during the interview. A copy of the booklet each inmate receives titled "Sexual Abuse and Sexual Harassment, Prevention and Intervention, A Resource for Inmates" which is called the "Red Book" was also provided by staff. Review of the video and the follow-up information demonstrated that they both provide information that is comprehensive, relevant and useful.

All 21 inmates randomly interviewed stated that they had received PREA information when they arrived at SCCC. They affirmed the information included zero tolerance for sexual harassment and sexual abuse, right to be free from sexual abuse, sexual harassment and to not be punished for reporting it. Of those, 13 said it was the day they arrived or the day after, 4 said within 1-2 weeks, 3 said at orientation but didn't give a timeframe, 1 said about a month.

(c) Staff related that during orientation, incoming inmates view the video and are briefed on facility-specific information, including reporting sexual abuse and sexual harassment at this specific facility. Also provided at orientation is a completed form 41B with contact information for specific local community resources such as the Turningpoint (community sexual abuse and domestic abuse center) and the New Richmond Police Department. The agency provides a template (POC-41B) for required information that facility staff provide that augments the video and the "Red Book" with facility-specific information to be related following the video during orientation.

(d) The "Red Book" and the inmate handbook are both available in English and Spanish. The "Red Book" is also available in Braille and audio versions as demonstrated by the documentation provided with the preaudit questionnaire. During 13 random staff interviews, 11 indicated they would not allow an inmate to interpret for another inmate and two were not sure. Three mentioned that they use "I Speak" cards to determine the appropriate language for interpretation, and eight mentioned they would use a language line or an interpreter would be made available to assist inmates with limited English proficiency. Three staff stated they did not think persons with language barriers or medical disabilities would be transferred to the facility for the Challenge Program. Staff also mentioned that a video phone to assist with interpretation for hearing impaired inmates was also available at the facility.

(e) The facility documents the PREA inmate education in their WICS database since 2017. Prior to the availability of the database, inmate education was recorded on paper forms and maintained in the prisoner files. Following orientation, inmates sign that they have received the inmate education using an electronic signature pad to record the signature in WICS. Due to the short duration of the Challenge Program, no such records would have been in inmate files for education at this facility. Sample documentation of PREA education was requested and

provided for each of the inmates interviewed during the onsite portion of the audit, verifying that all had received the education within 30 days of arrival at the facility. Most commonly, it was received within two weeks.

(f) PREA information is continually available to inmates through their copy of the "Red Book", their contact information form for outside support, their inmate handbook, and PREA posters visible throughout the institution which were observed by the auditors in the upper and lower levels of the building during the site review. The PREA posters provide a reminder that sexual abuse is not part of their sentence, and that they can report using the WIDOC hotline (777) and outside entity line (888) Capitol police, or tell any staff.

#### CONCLUSION

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

115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTS</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI, Training and Education</li> <li>2. Training Module, Sexual Abuse and Sexual Harassment Investigations</li> <li>3. Investigator Training Outline</li> <li>4. Agency list of PREA-trained investigators by facility</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> </ol> <p>DISCUSSION</p> <p>(a)(b) Executive Directive 72 requires that staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims. It requires that training must include proper sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral and proper use of Miranda, Garrity and Oddsen warnings. Review of the online (intranet) training module demonstrated that these elements are included. The Oddsen warning is specific to Wisconsin employment law. A review of training records demonstrates that each investigator has also completed the PREA refresher training for all staff in 2019. Understanding of the course material was documented through certificates of satisfactory completion for each investigator demonstrating they achieved a passing score on a quiz at the end of the module.</p> <p>During an interview with investigative staff, it was confirmed that investigators attend a course specific to investigations that includes a portion specific to investigating sexual abuse in confinement. The training outline included on the PAQ verifies the content of the training as 40 hours of specialized training - 24 hours related to general investigations, and 16 hours specific to investigations of sexual abuse and PREA-related requirements. Review of the slides from Module 8, Sexual Abuse and Sexual Harassment in Confinement, shows that it includes some general PREA and cultural information, as well as Garrity/Oddsen and Miranda warnings, and how interview sexual abuse victims, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiated a case for administrative or prosecution referral. The investigative staff related that the training included topics such as investigation basics, report writing, PREA, employee relations, supervisory information and agency policy and procedure, including evidence collection. Use of the WIDOC's sexual abuse evidence collection kits was mentioned and it was stated that there are instructions included in each kit to assist with proper evidence collection.</p> <p>(c) St. Croix Correctional Center currently has 2 investigators trained to conduct sexual abuse investigations listed on the statewide PREA-trained investigator roster. Each investigator's training dates were confirmed upon review of the agency's statewide "Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement Directory", as of October, 2019.</p>



CONCLUSION

Based on the above evidence, the facility is found 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>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. Training and Education,</li> <li>2. Screenshots of the required online module all Wisconsin Department of Corrections for healthcare employees</li> <li>3. SCCC Staff Training Reports (Health Care and General PREA Training)</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Health Care and Mental Health employees</li> </ol> <p>DISCUSSION</p> <p>The Pre-Audit Questionnaire (PAQ) indicated that the facility employs 6 staff classified as health care or mental health staff - social workers, treatment specialists, the program supervisor, and the health services nurse, who regularly work in the facility. Review of the training report for this course demonstrates that all of the above have completed the training.</p> <p>(a)(c) Agency policy requires that all medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims and properly reporting allegations or suspicions of sexual abuse and sexual harassment. It also requires documentation of such training. Review of the training module demonstrates that these elements are covered in the training. During interviews medical staff and social workers confirmed they had received the training through WIDOC.</p> <p>(b) WIDOC staff do not conduct forensic examinations. It was noted in the PAQ and confirmed by the facility Superintendent that victims who report sexual abuse are sent to Westfields Hospital in New Richmond, WI.</p> <p>(d) Executive Directive 72 requires that health care and mental health staff complete the same PREA training received by other facility staff, in addition to specialized training for health care and mental health staff in accordance with the standard. It was reported on the PAQ that 100% of health care and mental health staff have completed the required training. Training records and certificates of successful training were provided to demonstrate that all six of the above-mentioned staff employed at this facility have completed both the specialized training and the general PREA training that all staff receive.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XII, Risk Assessment</li> <li>2. Division of Adult Institutions (DAI) Policy #410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization</li> <li>3. Reports from Wisconsin Integrated Corrections System (WICS) database documenting assessments for the inmates randomly selected for interviews.</li> <li>4. Blank PREA Screening Tool (Male): Transfer Assessment or Reassessment, DOC-2781B</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Staff responsible for conducting risk assessments</li> <li>2. Random Inmate Interviews</li> </ol> <p>DISCUSSION</p> <p>(a) WIDOC Executive Directive 72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XII, Risk Assessment, page 8, outlines the requirements for risk assessments to be accomplished for each inmate upon transfer to a facility. Department of Adult Institutions (DAI) Policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, addresses conducting risk screening related to sexual abuse and further defines the risk assessment process for staff. ED 72, Section A indicates that an initial assessment must be completed upon arrival of every offender to a facility.</p> <p>(b) ED 72 and DAI 410.30.01 further require that initial screening will ordinarily take place within 72 hours of arrival. When interviewed, staff responsible for conducting risk assessments related that inmates are usually screened within 72 hours. At this facility, social workers conduct the screenings. Of 21 responses to relevant questions during formal inmate interviews, 17 reported they participated in an initial risk assessment, 3 said they didn't recall being asked the questions and 1 didn't answer either way, just said he filled out a form. Of the 17 who indicated they had a risk assessment, 10 indicated it was right after arrival or the first or second day, and 7 didn't provide a timeframe. The facility reported on the PAQ that of the 360 inmates who arrived during the audit period and stayed more than 72 hours at the facility, 360 were assessed within 72 hours, using the automated risk assessment tool. While onsite, the audit team requested printouts from WICS for the initial risk assessments for each of the random inmates selected for interview. Review of the risk assessment documents confirmed that all 21 were screened within 1-2 days of arrival.</p> <p>(c) As of October, 2017, the assessment tool has been automated through Wisconsin Integrated Corrections System (WICS). Staff described to the auditor that an assessment is entered into WICS. The risk screening process asks the same questions for all offenders. Each response has a numeric value assigned to a negative or positive answer. The numbers are totaled for each part of the assessment and if a certain number is reached for either portion of the assessment, a determination is made that the offender is at risk of victimization (ROV) or risk of aggression (ROA). Either outcome becomes a "special handling" note to</p>

assist staff in making proper placement decisions to better enhance the safety of inmates.

(d)(e) This policy and procedure also spells out the elements that must be considered when determining risk of sexual abuse or sexual abusiveness. ED 72, and the PREA Screening Tool (Male): Transfer Assessment or Reassessment, DOC-2781B elements mirror the standards, with the addition of "prior acts of sexual abuse, prior convictions for violent offenses and/or history of prior institutional violence or sexual abuse." A staff member responsible for risk screenings indicated health care staff conducts an interview with the inmate for the initial part of the assessment. This is where the questions about fears or concerns, sexual orientation/identification and sexual abusiveness or victimization are asked. Then the security staff member completes the assessment with information obtained from the inmate's file. He indicated that health care staff initiates the assessments the day after the inmate arrives, and he completes them within 72 hours of arrival. He also indicated a backup has been identified in the event he is away from the facility.

(f)(g) Executive Directive 72, Section XII, requires that an inmate's risk level be reassessed within 30 days of the initial risk screening and when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. During an interview with staff who conduct risk screenings, it was related that the follow-up risk assessment is usually conducted within 22 to 30 days of arrival, but no more than 30 days. Follow-up risk assessments were requested for the 21 inmates randomly selected for interview onsite. Three had not been reassessed, but had been at the facility less than 30 days. Of the 18 that had been at the facility long enough to have a reassessment done, one reassessment was completed at 28 days, six at 29 days, six at 30 days, 3 at 33 days, and one at 37 days, for a consistency rate of approximately 80 percent. One did not have a reassessment provided with the packet, which may have been an oversight. Post-audit, additional samples were requested to determine whether tardy reassessment continued. The PREA Director provided seven that were applicable and all were completed timely. None of the seven samples received subsequent to the other batch were late. A post-audit discussion with a person responsible for reassessments revealed that there had been a recent period of time where some reassessments were not on time because of staff turnover. In order to continue the timeliness, the staff member indicated that when he does his initial screening, he now makes a note on the calendar when the screening will be due. He also indicated a backup has recently been assigned to ensure screenings are completed timely. This auditor reminded him that he doesn't have to wait until it's almost 30 days as it appears he was doing, he can move his due dates back a few days and more likely be on time.

Executive Directive 72, XII Risk Assessments, paragraph D, Adult Facility-Based Intake Screening states that an offender's risk level shall 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. There have been no reported incidents of sexual abuse at this facility since the last PREA audit, nor was there evidence provided that reassessment was requested or completed for any of the inmates during their 140-day stay at the facility.

(h) The above policies prohibit discipline for a prisoner who refuses to answer questions during a risk assessment, ED72, XII. A. and DAI 410.30.01, I G. The social worker indicated a

prisoner would never be disciplined for not answering the questions, or for giving false information. The staff interviewed confirmed that a prisoner would not be disciplined in any way for refusing to answer any of the questions on the risk assessment.

(i) Responses to questions are contained within WICS, to which access is available based on a staff member's assigned profiles within the system. During a WICS Risk Assessment demonstration, it was stated that access to the risk assessment data is limited to few and that the system records who makes entries into records. All who access must sign a confidentiality agreement.

ED72, XII F. and DAI 410.30.01, both require appropriate controls to be placed on the dissemination of information gathered during the risk assessment to ensure sensitive information is not exploited to the inmate's detriment by employees or other inmates. Risk screening is conducted in a private office. It was also related that only the Captain, Superintendent and Social Workers have access to the risk assessments.

#### CONCLUSION

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

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. Placement</li> <li>2. DAI Policy 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization, Section II, Use of Screening Information</li> <li>3. DAI Policy 500.70.27, Transgender Inmates</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manager</li> <li>3. Staff Responsible for Risk Screening</li> </ol> <p>DISCUSSION</p> <p>(a) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. Placement, A. and DAI Policy 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization, Section II, Use of Screening Information, A and B, confirm that the intent of the risk screening is to inform staff in making decisions related to housing, work, education and programming assignments to keep separate and appropriately supervise those who score with a high risk of sexual aggression (ROA) or victimization (ROV). During interviews, a staff member indicated that the risk screening is used mostly for determining appropriate housing and not so much for assigning jobs. Many of the workers at this facility are going out of the facility for to work at jobs in the community. Others are working within the facility under supervision. He indicated that if a person is determined to be at risk, inmates are housed such that they may be placed near the front of the dorm. He noted there is 24/7 supervision in the barracks.</p> <p>(b) Both policies also require that individualized determinations are made regarding how to ensure the safety of each inmate. Duing an interview, a staff member explained that if a person is determined to be at risk, he might be housed near the front of the dorm. He noted there is 24/7 supervision in the barracks. It was observed onsite that individual movement was limited and carefully monitored by staff, with sending staff radioing notification to receiving staff when a prisoner had to go somewhere separately from his platoon.</p> <p>(c) (d) (e) ED 72, XIII Placement E. DAI 410.30.01 II E Use of Screening Information and DAI 500.70.72 II A and B all address that placement of transgender or intersex inmates will be made on a case-by-case basis and consider whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The inmate's own views with respect to his or her own safety shall be given serious consideration. They also all require that placement and programming assignments be assessed at least twice yearly to review any threats to safety experienced by the inmate. The PREA Compliance Manager indicated housing assignments are based on the risk screening. By policy, transgender or intersex inmates are reviewed twice per year. Reviews for inmates could be more frequent, if requested for programming. It was also confirmed in the interview</p>

that the inmate's perceptions regarding his own safety is absolutely given serious consideration. The PREA compliance manager indicated they have not had transgender inmates at the facility, but indicated that they could provide appropriate housing for them. She mentioned the ILU portion of the upper west barracks as a possibility for placement that is somewhat separate from the dorm.

(f) The above sections of these policies also provide for the opportunity for a transgender or intersex inmate to shower separately from other offenders. During interviews, the superintendent affirmed she would permit a transgender or intersex inmate to shower sheparately from the rest of the assigned group of inmates.

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

**CONCLUSION**

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

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. B. 1. Offenders at High Risk of Sexual Victimization</li> <li>DAI Policy 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization.</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>Warden or Designee</li> <li>Superintendent</li> </ol> <p>DISCUSSION</p> <p>This facility does not have restrictive housing capabilities. If it was determined the only way to separate an inmate from a potential risk or mitigate the risk, the inmate would have to be transferred as a last option. But there are other ways to separate inmates at this facility as described by the Superintendent and the Warden. They include separation by units, change the environment where the risk exists, for example, the work release environment or supervision changes. It was also stressed in the interviews the importance of not being punitive for a victim. It was mentioned the threat could be moved rather than moving the person alleged to be at risk.</p> <p>CONCLUSION</p> <p>Based on the evidence above, the facility is found to be in compliance with this standard.</p>





115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIV. Reporting Sexual Abuse, Sexual Harassment and Retaliation</li> <li>2 &amp; 3. Inmate Handbook Prisoner Education, English and Spanish</li> <li>4 &amp; 5. PREA Poster with reporting information, English and Spanish</li> <li>6. Poster to report on behalf of an inmate w/website and other methods, English and Spanish poster</li> <li>7. Poster showing 888 - outside line</li> <li>8. Webpage screenshot for US Department of Homeland Security Immigration Enforcement Detention Facility Locator</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manger</li> <li>3. Random sample of staff</li> <li>4. Random sample of inmates</li> </ol> <p>OBSERVATIONS</p> <p>Posters available throughout the housing units Telephones operational, successful tests of hotline numbers</p> <p>DISCUSSION</p> <p>(a)(b) It was verified that the agency has established procedures as outlined in Executive Directive 72 for multiple internal methods for inmates to privately report sexual abuse, sexual harassment, retaliation for participating in an investigation of sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This was confirmed during the onsite review that posters with hotline numbers (#777 and #888) were visible in each housing unit and through interviews with staff, including the PREA Compliance Manager, agency PREA Director, and random staff, as well as interviews with random inmates. During random inmate interviews, all 21 inmates related at least one of the available methods to report - tell the sergeant or other staff, use the phone to call 777 or 888, write to their social worker or another staff that they trust, or could contact someone on the outside to report. 777 is the WIDOC hotline to the agency PREA Unit. Most inmates also indicated they could call someone on the outside. #888 is the hotline to Capital Police, the outside entity that has agreed to forward allegations to the PREA Unit where they will be forwarded to the facility for investigation. Fifteen random staff interviewed each provided two or more methods for inmates to privately report, including: to staff, anonymously, via hotlines, in person or writing to staff or contacting the police department. The hotline numbers are visible on posters throughout the facility. When testing the phones, it was confirmed through the recorded message that the call may remain anonymous, it does not require a PIN to make the call, or the reporter can leave their name as indicated on the recording. Auditors called the two hotline numbers from phones within the housing units and were able to leave messages for which receipt was verified to the auditor via e-mail within a day.</p>

It was noted on the PAQ that WIDOC does not house inmates detained solely for immigration purposes. Also provided was a screenshot of the US Department of Homeland Security webpage for Immigration Enforcement Detention, Facility Locator showing that no centers were located in Wisconsin.

(c)(d) Staff confirmed during random interviews that any allegation received in any format would be reported and documented. Most indicated it would be documented on an incident report (IR), some added they would document it in the logbook as well.

Review of WIDOC policy indicates that all reports shall be accepted and documented. Of 21 random inmates interviewed, one inmate mentioned one method, the rest all listed three or more. All knew they could make a report without giving their name and all they could make a report verbally or in writing. None of the randomly-selected prisoners indicated that they had made a report of sexual abuse at this facility. Staff indicated that they could privately report the same way that prisoners can report, with the exception of having someone report for them.

#### CONCLUSION

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

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

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XVI.</li> <li>2. Inmate Handbook SA/SH Prevention and Intervention: A Resource for Inmates and addendum (SA/SH in Confinement: A Resource for Offenders)</li> <li>3. PREA and Emotional Support Poster</li> <li>4. Blank forms and completed sample with facility/hospital information</li> <li>5. MOU between Turningpoint, WIDOC and facility</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Random Inmates</li> <li>2. Turningpoint Representative</li> </ol> <p>OBSERVATIONS</p> <p>Emotional Support Posters with contact information displayed throughout the facility</p> <p>DISCUSSION</p> <p>(a)(b)(c) WIDOC provides access for inmates to outside victim advocates for emotional support services related to sexual abuse. Inmates are informed of this support and provided contact information during orientation, and through posters throughout the facility. At facility orientation and at the beginning of an investigation, inmates receive a form that contains the name, address and telephone number for Turningpoint, which also provides victim advocacy related to sexual abuse. The form also contains a disclosure on the bottom to inform the inmate that their call could be monitored or mail opened with security director's approval, in accordance with policy. This is a half-sheet form, WIDOC POC- 41B, that fits inside the PREA information booklet that they receive. The MOU between WIDOC, St. Croix Correctional Center and Turningpoint was provided with the PAQ and reviewed by the auditor. Bookmarks are also provided to inmates with contact information for Turningpoint.</p> <p>Of 21 inmates interviewed, all but three knew there were services available outside the facility for dealing with sexual abuse. Two of the three thought so, and one wasn't sure. Eight of those who reported that they knew named Turningpoint specifically. Several named New Richmond PD in addition to Turningpoint. Seven added the information is on bookmarks or posters and one said "all over the place". Eleven indicated they knew what services were offered, seven indicated they didn't know or were not sure, and three simply said they don't need or haven't used them. Only one inmate indicated he wasn't aware of the facility providing them with mailing addresses or telephone numbers for Turningpoint or whether the calls were free. The others all responded that they received the information. Twenty also indicated they have access to the hotline. Fifteen indicated 24/7 or anytime. Some explained that they might have to ask permission if it was during a time the phones were not normally available. Four gave a combination of specific timeframes (free time, 7-9, during business hours). The one who wasn't aware of receiving the contact information did not indicated a timeframe as he had reported he wasn't aware of them. His was also the only negative response about knowing</p>

whether what they say would remain private with Turningpoint. Twenty indicated they knew or believed it would be kept private or confidential, seven stated they understood mandatory reporting rules, two mentioned the calls would not be monitored, and one felt Turningpoint would keep it private but because phones are close together, another inmate might hear.

The agency PREA director indicated the Wisconsin Department of Corrections does not confine individuals solely for immigration purposes. A map of immigration detention facilities by state was provided as a website screenshot of Wisconsin showing no detention facilities in Wisconsin.

When interviewed, the administrator for Turningpoint verified the MOU with this facility and reported they provide a 24-hour hotline for victims to access emotional support for sexual abuse, and they provide advocacy for victims. She indicated the facility will call her if someone discloses prior trauma. She indicated the assistance they provide the facility depends on the need. When staff from the agency go to St. Croix, the facility staff provide a private space for interviews. She reported that in working with inmates, they focus on victimization. They might provide services to perpetrators, if asked by the facility, but they are primarily victim-focused. She also indicated they would definitely work with any perpetrators who had been previously victimized themselves.

The Turningpoint representative also confirmed they would provide an advocate to accompany an inmate through a SANE exam and through investigatory interviews if requested.

She also mentioned they have conducted one presentation for the inmates at the facility this past year. She said they typically get a few calls for advocacy or support after presentations are given at the facility.

#### CONCLUSION

Based on the above evidence showing the emphasis this facility has placed on providing the basic and additional services, the facility is found to exceed this standard.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72, Section XIV B, Third Party Reporting</li> <li>2. WIDOC website for community reporting, <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a></li> <li>3. PREA Poster - how to report on behalf of any inmate.</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Random and Specialized Staff</li> <li>2. Inmates</li> </ol> <p>DISCUSSION</p> <p>Agency policy requires that all allegations of sexual abuse and sexual harassment must be investigated, no matter where the allegation comes from, and that fact was echoed throughout the staff interviews. All 21 randomly-selected inmates interviewed reported they were aware that other people could make a report for them. This auditor viewed the WIDOC website that provides information to the community on how to report sexual abuse by phone or email. A link on the WIDOC website provides a contact box to allow anyone in the community to make a report of sexual abuse or sexual harassment on the behalf of an inmate. This link was tested on December 18, and a response was received December 19, 2019, verifying the link is active and describing the message retrieval and investigation process.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard</p>

115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIV. C. 1. Reporting Sexual Abuse, Sexual Harassment and Retaliation, Employee Reporting</p> <p>INTERVIEWS</p> <p>2. PREA Coordinator</p> <p>3. Warden</p> <p>4. Medical and Mental Health Staff</p> <p>5. Random Sample of Staff</p> <p>DISCUSSION</p> <p>Executive Directive 72 states that employees shall accept reports made verbally, in writing, anonymously, and from third parties, will promptly document any verbal reports and immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is a part of the DOC or not. In addition, any incidents of retaliation against offenders or employees who reported such an incident, and/or any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation must be reported. During interviews with random staff, all 13 staff indicated they were to report knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. Two volunteers and a contactor confirmed their knowledge of that duty as well when they were interviewed.</p> <p>(b) This policy prohibits staff from disclosing information related to a sexual abuse report to anyone that does not need to know. Staff shall report to their supervisors and others necessary for appropriate response as per policy.</p> <p>(c) The agency requires that medical staff provide notice to inmates at the initiation of services of limits of confidentiality and their requirement to report incidents of sexual abuse that occurred in an institution as required by agency policy and the standards. During an interview, the health care staff confirmed that they let inmates know that they are required to report sexual abuse in a facility.</p> <p>(d) For victims under 18 or who are considered a vulnerable adult, policy requires the DOC to report the allegation to the designated state or local bodies under applicable mandatory reporting laws. During interviews, the warden and the PREA Coordinator indicated the response would be basically the same with a few additions. Meet immediate needs, medical or emotional, would send out for SANE, if w/in 120 hours. Connect with outside or internal support services. Also added responsibility of child or adult protective services and law enforcement for those vulnerable populations. Criteria for this program would require that a youthful offender or a vulnerable adult would not likely be eligible for this program. This was affirmed during several random interviews, and confirmed by the review of the challenge program statute.</p>

(e) The warden indicated that all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources are reported directly to the designated facility investigators. She further stated that anonymous or third party complaints would be accepted, including those from another inmate or a family member. Policy requires that all allegations be investigated.

**CONCLUSION**

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

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1. Executive Directive 72, XVI Initial Reponse and Care</p> <p>INTERVIEWS</p> <p>1. Agency Head/Designee</p> <p>2. Warden</p> <p>3. Random Staff</p> <p>DISCUSSION</p> <p>Executive Directive 72 requires that when the department or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender. The facility reports that there were no reports of an inmate being subject to substantial risk of imminent sexual abuse during the audit period, and that it would take immediate action to protect the inmate if such a situation arose. An immediate response is required by policy. The Warden indicated that that the agency absolutely prohibits placing an inmate with a substantial risk of imminent sexual abuse into segregated housing unless other less restrictive housing is not available. During interviews with the Agency Head/Designee, Warden and randomly selected staff, it was further supported that the staff would respond right away. Examples of the immediate action included ensuring the potential victim was separated from the potential victim, making a housing unit change or a facility change if necessary, or to try to isolate or remove the threat.</p> <p>The superintendent confirmed that this facility does not have restricted housing, so this not an option unless the inmate is transferred.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>



115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1. Executive Directive 72, XIV C. Employee Reporting</p> <p>INTERIEWS</p> <p>1. Agency Head/Designee 2. Warden</p> <p>DISCUSSION</p> <p>Executive Directive 72 requires that when an allegation of sexual abuse is received that occurred at another facility, the head or designee of the facility will notify the head or designee of the facility where the alleged abuse occurred within 72 hours. The facility reported there were no reports of sexual abuse at other facilities during the audit period. The Superintendent further elaborated that upon receipt of an allegation of sexual abuse at another facility she would take several steps, to include gather information, submitting an incident report, and within 72 hours, referring the allegation to the head of the facility where the alleged sexual abuse took place, and assist with the investigation as needed.</p> <p>The directive also requires that when an allegation is received from another facility alleging an incident of sexual abuse occurred at a WIDOC facility, the appointing authority at the facility must ensure that the allegation is investigated. The facility reported there were no reports of sexual abuse received from other facilities received by the facility. When interviewed, the superintendent indicated that all allegations received by other institutions would be investigated, no matter where they came from.</p> <p>The agency head/designee related that there are two points of contact for receiveing allegations of sexual abuse alleged to have occurred at a WIDOC facility, the Warden at the 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. For notification of sexual abuse that allegedly occurred at another facility, if it goes from one facility to another of our facilities, the Wardens will have the communication and if the notification is received by the PREA Director, the PREA Director notifies the other appropriate people, including the Security Director and the Warden of the institution where the inmate had been incarcerated when the alleged assault happened. She provided an example where a parolee had reported to his parole agent that he had been sexually abused at a WIDOC facility, who reported it to the PREA Director, who made the appropriate notifications to the facility head.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72, XVI First Responders</li> <li>2. Pocket Cards Response steps by staff type (Health Care, Security, Nonsecurity)</li> <li>3. Duties for Security and Nonsecurity in response to sexual abuse</li> </ol> <p>INTERVIEWS</p> <p>Random Sample of Staff-Responders</p> <p>DISCUSSION</p> <p>(a)(b) Agency policy and the facility's coordinated sexual abuse coordinated response plan require that all first responders report and document the incident to security staff or a supervisor, and if responding within a timeframe that still allows for the collection of physical evidence, request victim to not do anything that would damage evidence, such as eat, drink, smoke, shower, brush teeth, urinate, defecate, or change clothing. In addition, policy and the response plan also require security staff responders to separate the victim and suspect, ensure the safety of the victim, secure the scene, maintain the evidence and record chain of custody on form DOC-1445, Chain of Custody. They also require that security staff ensure the inmate doesn't do anything that would damage the evidence. Laminated, ID card sized cards, have been provided to refresh staff with first responder requirements when responding to sexual abuse. These cards are provided for security, non-security and health care/mental health staff.</p> <p>The facility reported and the agency confirmed there were no inmates who had reported sexual abuse at the facility during the period.</p> <p>All security staff are considered first responders. Interviews with random staff confirmed that staff understand what their required duties would be in the event of an incident of sexual abuse.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Sexual Abuse Coordinated Response Plan</li> <li>2. Reference cards provided to staff for response</li> </ol> <p>INTERVIEW</p> <p>Warden/Superintendent</p> <p>DISCUSSION</p> <p>The facility has developed a comprehensive sexual abuse coordinated response plan. It outlines duties of all staff in response to learning of imminent risk of inmate sexual abuse and when an incident of sexual abuse occurs or is alleged to have occurred. The plan includes elements of response, confidentiality, duties by roles and position, investigation, review team requirements, and duties when an allegation is made alleging sexual abuse at another institution or in the community. It includes critical contact information and a flowchart of actions and follow-up required related to an incident of sexual abuse. When interviewed, the superintendent confirmed that the facility uses the processes outlined in their plan, which is based on requirements in Executive Directive 72, which closely mirrors the standard language, and also mentioned they have provided reference cards for each staff member to use as a resource in response to an incident of sexual abuse. She also mentioned their coordinated response would include the county SART team and Turningpoint.</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

<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 PREA Director and the agency head designee both indicated that the State of Wisconsin public employees do not work under any union bargaining agreements. The agency head designee explained that is in compliance with a state statute, Act 10.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72, XVIII, Retaliation</li> <li>2. Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Checklist DOC-2767</li> <li>3. Monitoring form for staff DOC-2805</li> <li>4. Sexual Abuse Coordinated Response Plan (SACRP)</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Agency Head/Designee</li> <li>2. Warden</li> <li>3. Designated Staff Member Charged with Monitoring Retaliation</li> </ol> <p>DISCUSSION</p> <p>(a)(e) Executive Directive 72 requires that each facility shall designate a employee(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected. Documentation provided by the facility confirm that two individuals are assigned to monitor for retaliation.</p> <p>(b) During interviews, staff at various levels addressed multiple protection measures that could be taken for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. the possibility of housing changes to remove an inmate from a potential threat. They talked about moving or transferring a person who was a known threat in a situation. We may transfer either an inmate or a staff person to remove an abuser from contact with a victim. We make sure those who fear retaliation have a couple choices about which path they can take if they need to.</p> <p>(c) Executive Directive 72 requires that monitoring shall be conducted for at least 90 days following the report of sexual abuse. Monitoring will include the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who was reported to have experienced sexual abuse to determine if retaliation occurred. During an interview, the agency head designee stated that inmates are monitored for at least 90 days, more if they deem it necessary. A person designated to conduct monitoring related that some areas to review for retaliation include in an inmate's job or housing, misconduct patterns - make sure inmates are not acting out against staff. It was mentioned that regular meetings with the inmate, documentation, education and maintaining transparency helps a lot. The agency head designee mentioned they look for typical signs that might indicate retaliation, such as program or housing changes, conduct reports, etc. The PREA office does something similar with staff who report. They look at performance reviews, assignments and reassignments, and different patterns of behavior, and we document everything. Victim Services Coordinators do initiate contact with inmates. Victim Services Coordinators and PREA Compliance Managers are attached to the Secretary's office, which shows that we are serious about it.</p>

(d) For offenders, such monitoring shall include periodic status checks, per policy. This was confirmed in interviews with administration and documented on Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Checklists provided with investigations.

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

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

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. B. 1. Offenders at High Risk of Sexual Victimization</li> <li>2. REVIEW OF INMATE IN RESTRICTIVE HOUSING form</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Warden or Designee</li> </ol> <p>DISCUSSION</p> <p>This facility does not have segregated or restrictive housing. This discussion will address the agency's policy regarding use of restricted housing for offenders at high risk.</p> <p>The above directive prohibits separating offenders at high risk of sexual victimization from the general population unless an assessment of all available alternatives has been made and it has been determined that there is no other available means of separation from likely abusers. It further indicates that if an assessment cannot be made immediately, the facility may separate the offender involuntarily from general population for less than 24 hours while completing the assessment. The warden indicated that the agency absolutely prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse, unless there are no other available alternatives. She indicated there were other ways to protect the inmate. If the perpetrator has been identified, an inmate suspect could be moved or transferred. If the suspect is a staff member, they could be moved to a different position or shift. Try not to place on administrative leave because of the impact to the facility, but would have that option.</p> <p>Executive Directive 72 also requires that offenders separated for this purpose will still have access to programs, privileges, education or work opportunities to the extent possible. Any access to these opportunities shall be documented along with the reason and duration for such limitations. Such separation shall only be used until an alternative means of placement can be arranged and shall not ordinarily exceed 30 days.</p> <p>Per policy, every 30 days, the facility shall afford the offender a review to determine whether there is a continuing need for separation from the general population. Facility staff reported in the PAQ and informal and formal interviews with administrative staff that there had been no inmates placed in restrictive housing due to alleging to have suffered sexual abuse.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA), XVII Investigations.</li> <li>2. Investigator Training Curriculum</li> <li>3. Investigator Training Completion Records</li> <li>4. State of Wisconsin Records Retention Documentation</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Facility PREA Compliance Manager</li> <li>2. Investigative Staff</li> <li>3. Random Staff</li> </ol> <p>DISCUSSION</p> <p>(a) Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XVII, Page 15, paragraphs A through M, contains the agency's policy related to criminal and administrative agency investigations. It requires that all allegations of sexual harassment and sexual abuse be investigated promptly, thoroughly, and objectively. It also requires all allegations, including third party and anonymous reports, to be investigated. Interviews with 13 Random Staff, Investigators and the Facility PCM indicated that all allegations will be investigated, no matter how the reports are received. Investigative staff reiterated these requirements when interviewed.</p> <p>(b) A review of agency policy verifies that when sexual abuse is alleged, the agency requires that investigators who have received special training in sexual abuse investigations be responsible for conducting the investigations. A copy of the Investigator Training curriculum was submitted and reviewed. Training completion records, demonstrating training completions for facility Investigators, were also reviewed. Investigators who were interviewed also verified that they had received information specially designed for investigating allegations of sexual abuse and sexual harassment in confinement settings. The training included proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative or prosecution referral.</p> <p>(c) Agency policy requires that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any electronic monitoring data, and that they follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable evidence. During interviews, investigative and random staff were able to articulate their evidence collection and preservation processes. Staff mentioned that the facility maintains a kit in the control center, which the auditors were shown during the site review, to be used when collecting and preserving evidence from a victim and suspect of a sexual assault. Instructions are provided in the kit.</p> <p>(d) Any allegation that involves potentially criminal behavior will be referred to the local police agency, the New Richmond Police Department, for investigation, and staff investigators will not</p>

conduct compelled interviews as indicated in agency policy.

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

(f)(g)(h) The facility has not conducted any investigations of sexual abuse during the audit period. The facility received one allegation via phone by a former inmate at the facility, but the caller refused to name an alleged perpetrator or victim, despite the captain's repeated attempts to have the caller provide the information. The caller also indicated the inmate was no longer at the facility, and she didn't believe the perpetrator was, either. There were two other incidents reported, one was on the PREA hotline alleging a staff member was making derogatory remarks, but when interviewed about the call, the prisoner named indicated that he never made the call and someone must have used his number to make it. There was one verbal complaint by a prisoner that another prisoner called him derogatory names but did not appear to meet the definition of sexual harassment. These incidents were documented and appear to have been taken seriously. There was one sexual harassment allegation that also involved derogatory name-calling between two inmates that did become a full investigation. The evidence described was all testimonial, and multiple witnesses were questioned. There wasn't a need for a credibility assessment as review of the report revealed that all involved were in close agreement to what transpired. It should be noted that both name-calling incidents resulted in the individuals at odds working through the problem. Policy requires that allegations that appear to be criminal are referred to law enforcement. The Superintendent indicated they have a good working relationship with the local police department. It was also indicated that law enforcement would be responsible for referring potentially criminal conduct for prosecution.

(i) According to the PREA Director, the agency will retain all written reports of investigations conducted by themselves and by the New Richmond Police Department.

(j) Agency policy stipulates that departure of the alleged abuser or victim from employment does not provide a basis for terminating an investigation.

(k) Auditor is not required to audit this provision.

(l) Investigative staff and PREA Compliance manager indicated that when the local law enforcement agency conducts the facility's criminal allegations, staff ask the criminal investigators to keep the facility informed of progress. They indicated that facility staff cooperate with the investigation and provide assistance as requested by the investigators.

## CONCLUSION

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



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

115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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. Department of Corrections Forms, DOC-2768, DOC-2768A, and DOC-2768B - forms used to inform the alleged victim of sexual abuse findings with definitions of substantiated, unsubstantiated, and unfounded.</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> <li>2. Warden/Superintendent</li> </ol> <p>DISCUSSION</p> <p>(a) Executive Directive 72, states, in Section XVII, Paragraph K, that following an investigation of an allegation of sexual abuse, the facility will inform the alleged victim and document such notification, as to the outcome of the investigation, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The facility reports that the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months, and the number of notifications that were made, was 0.</p> <p>(b) Executive Directive #72 identifies that if an agency outside the WDOC conducts the investigation, the agency is responsible for obtaining the relevant information from the investigative agency to inform the alleged victim of the findings. Facility reports that there were no investigations of alleged inmate sexual abuse completed by an outside agency in the past 12 months; therefore, no notifications were made during the audit period.</p> <p>(c) The above policy also requires notification be provided to an inmate alleged to be the victim of sexual abuse by a staff member when the staff member is no longer posted in the unit or employed by the facility, or when the staff member has been indicted, charged or convicted on a charge related to sexual abuse within the facility. With no sexual abuse allegations against staff during the audit period, no notifications were made to inmates.</p> <p>(d) There have been no allegations, and no investigations, of sexual abuse by inmates at the facility during the audit period: therefore, there were no instances in which inmates were to be notified of indictments, charges or convictions related to sexual abuse within the facility.</p> <p>(e) Agency policy, Executive Directive 72, does require, in Section XVII, paragraphs K and L, that all notifications to inmates described under this standard are documented. The agency provides the above-mentioned forms as templates for those notifications. Each one is written around one of the findings for the facility to notify the inmate whether the outcome of the investigation was substantiated, unsubstantiated or unfounded. Each notification is in the form of a memo to the inmate, and includes the finding and a definition of substantiated, unsubstantiated, or unfounded as appropriate, a description of advocacy services available</p>

and how to access those services, and the name of a staff person to contact with any questions they might have.

(a)-(e) In the past 12 months, no notifications were made, so none were documented. Both the superintendent and investigative staff confirmed that policy requires that inmates be notified of outcomes of sexual abuse investigations, and affirmed that such notifications would be made.

#### CONCLUSION

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

115.76	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1. Executive Directive 72 Sexual Abuse and Sexual harassment in Confinement (PREA), XIX, Administrative Sanctions</p> <p>INTERVIEWS</p> <p>1. Facility PREA Compliance Manager 2. Agency PREA Coordinator</p> <p>DISCUSSION</p> <p>(a)(b)The above policy identifies that staff members who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions up to and including termination. It further states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. As reported on the PAQ, and confirmed by the agency PREA Director and facility staff, no staff at this facility who were found to have violated agency sexual abuse or sexual harassment policies during the audit period, so there was no discipline of staff for sexual abuse or sexual harassment. Therefore, there were also no terminations of staff or resignations in lieu of termination for violating sexual abuse or sexual harassment policies.</p> <p>(c ) During interviews with facility administration, it was confirmed that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This is also reflected in Executive Directive 72, XIX Administrative Sanctions.</p> <p>During the audit period no staff at this facility were disciplined for violation of agency sexual abuse or sexual harassment policies.</p> <p>(d) The directive also requires that violations of the sexual abuse and sexual harassment policies, or resignations by staff in lieu of termination, shall be reported to law enforcement agencies (if the misconduct was criminal) and to relevant licensing bodies. The facility identifies that in the past 12 months, no staff were alleged to have violated agency sexual abuse or sexual harassment policies, so no reports were made to law enforcement agencies or licensing bodies.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>INTERVIEWS Superintendent</p> <p>DISCUSSION (a) Executive Directive 72, Section XIX, Administrative Sanctions, identifies that a volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies. The facility reports that, in the last 12 months, there have been no allegations of sexual abuse or sexual harassment involving contractors or volunteers; therefore, no contractors or volunteers were reported to law enforcement agencies or any relevant licensing bodies for sexual abuse or sexual harassment.</p> <p>(b) Executive Directive 72 says that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and that appropriate remedial measures will be taken by the facility to ensure the safety of offenders who have contact with volunteers and contractors.</p> <p>The superintendent reported that they have volunteers who take inmates to church and for Alcoholics Anonymous. She indicated if sexual abuse or sexual harassment were substantiated, they could not come back in to the facility, and would be reported to law enforcement.</p> <p>CONCLUSION Based on the above evidence, the facility is found compliant with this standard.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>INTERVIEWS</p> <p>1. Warden</p> <p>2. Medical and Mental Health Staff</p> <p>DISCUSSION</p> <p>(a) Executive Directive 72, in Section XIX, Paragraph B, No. 1, identifies that offenders who commit offender-on-offender sexual abuse will be subject to disciplinary sanctions pursuant to a formal disciplinary process. The facility reports that in the last 12 months, there were no administrative findings of inmate-on-inmate sexual abuse that occurred at the facility and no criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.</p> <p>(b) (c) Agency policy does call for sanctions to be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories, and for the disciplinary process to consider whether a perpetrating offender's mental disabilities or mental illness may have contributed to his or her behavior when determining what type of sanction should be imposed. No such sanctions were imposed in the last 12 months. When asked about the disciplinary sanctions for sexual abuse, the superintendent indicated she has never had to deal with it, but that sanctions would be in accordance with department policy, in coordination with the PREA office. As far as consideration for mental disability or mental illness as a consideration for determining sanctions, she mentioned that they haven't had to do so at this facility, since one of the criteria to participate in the Challenge Program is to be free from mental illness. This was also confirmed during review of the Wisconsin statute that delineates the eligibility requirements for the program.</p> <p>(d) The facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and does consider requiring perpetrating offenders to participate in these interventions to address and correct underlying reasons or motivations for the abuse. (Executive Directive 72, Section XIX, Paragraph B, No. 4).</p> <p>(e)(f) Executive Directive 72, Section XIX, Paragraph B, No. 5 directs that an offender may only be disciplined for sexual contact with an employee upon a finding the employee did not consent to such contact. Per the same paragraph, No. 6, reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not result in an inmate who makes the allegation being disciplined. There was no evidence of any allegations made during the audit period that was not made in good faith, so no evidence of an inmate being disciplined for making a complaint was available. In fact, the allegation response documentation for the two sexual harassment complaints during the audit</p>

year contained information that staff followed up with the individuals and indicated they were working through their differences, as part of the program in which program participants learn to resolve differences as they would have to do upon release.

(g) Per Executive Directive 72, Section XIX, Paragraph B, No.7, the agency does prohibit all sexual activity between inmates but does not deem consensual sexual activities as sexual abuse if it is determined that the activity is not coerced.

#### CONCLUSION

Based on the above evidence, the facility is found 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>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. ISSS065B - PREA Admission - Adult Male Facility - Online Screening Forms</li> <li>3. DAI 500.70.02 Mental Health Screening, Assessment and Referral, Section VI PREA Referrals</li> <li>4. Health care limits to confidentiality and informed consent forms</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Staff Responsible for Risk Screening</li> <li>2. Medical and Mental Health Staff</li> </ol> <p>DISCUSSION</p> <p>(a)(c) The above agency policies require that when an inmate sexual abuse risk screening determines that the inmate has experienced previous sexual abuse, the inmate shall be offered a visit to mental health within 14 days. The Agency uses a computerized database to record screenings of inmates admitted to the facility. Questions No. 6 and 7 ask the offender if they have ever been the victim of unwanted or abusive sexual contact in the community or while confined. An affirmative response to either question generates a pop-up box, which requires that the screener offers the inmate a referral to medical or mental health. If the inmate accepts a referral, upon selecting the “yes” button, another pop-up is activated that contains a field to enter the date the inmate is referred. The facility reports that, in the last 12 months, no inmates disclosed prior victimization during screening, thus, no referrals for previous sexual victimization were made.</p> <p>(b) The facility houses adult male offenders, and all inmates who indicate during intake screening that they have previously perpetrated sexual abuse or that they experienced sexual victimization either in an institutional setting or in the community, are offered a follow-up meeting with a mental health practitioner, to be conducted within 14 days of the screening. The facility reports that, within the last 12 months, no inmates have disclosed during intake screening that they previously perpetrated sexual abuse.</p> <p>(d) Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners, and to other staff who need this information to perform their jobs, i.e., by limiting log-on and password access to the department's online risk screening tool to only those employees who need access to this information for treatment, housing, programming or work assignment decisions.</p> <p>(e) Medical and Mental Health practitioners indicated they do obtain informed consent from inmates before reporting any information about prior sexual victimization that did not occur in an institutional setting. This is documented using, DOC-1923, Limits of Confidentiality of Health Information, DOC 1163A, Authorization for Use and Disclosure of Protected Health Information (PHI), and DOC-1163 Authorization for Disclosure of Non-Health Confidential Information and include the inmate’s signature. There are no inmates under the age of 18 at</p>



this facility, so there were no reports from inmates under 18 to be referred to appropriate agencies.

**CONCLUSION**

Based on the above evidence, the facility is found 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>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Division of Adult Institutions Policy #500.30.19, Sexual Abuse - Health Services Unit procedure in the Event of Sexual Abuse, Effective Date 04/01/17</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), Treatment, Services and Advocacy</li> <li>4. Division of Adult Institutions 316.00.01 - Inmate Co-Payment for Health Services - Chart</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. Random Staff</li> </ol> <p>DISCUSSION</p> <p>(a) DAI Policy #500.30.19 outlines the process for ensuring health care staff provides prompt and appropriate health care interventions in response to reported incidents of sexual abuse. The written plan calls for the first staff member to receive the information to notify the on-site Security supervisor. This corresponds with Executive Directive 72 response requirements. Interviews with Medical Health staff indicated that they are required to follow Agency practice and protocols, but that, inside those, treatment they provide is determined by their professional judgment. There are no mental health staff at this facility.</p> <p>A record of all treatment provided by both Medical Health staff is documented in a computerized departmental database that houses offender electronic medical records. The facility has not had any allegations of sexual abuse, in the last 12 months, but sample pages of health care records were reviewed to demonstrate how Health Care staff documents contacts with inmates and treatment provided.</p> <p>(b) DAI Policy #500.30.19 requires that the first staff member to receive information regarding an incident of sexual abuse notify the on-site Security Supervisor and the HSU Manager/designee, and to protect the alleged victim from further harm, to request that the alleged victim not take any actions, i.e., showering, changing clothes, that could have the effect of destroying any available physical evidence. In addition, if there is no medical staff on site at the time, the Security Supervisor is responsible for notifying the on-call RN. All 13 random staff interviewed were familiar with their agency policy and said they would immediately notify their supervisor in any instance of sexual assault.</p> <p>(c) DAI Policy #500.30.19 also outlines that services offered to inmate victims of sexual abuse are timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There are no female offenders at St. Croix Correctional Center so emergency contraception is not needed. In an interview, the health care staff</p>

indicated that the treatment that would be provided immediately in any instance of sexual abuse of an offender.

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

#### CONCLUSION

Based on the above evidence, the facility is found 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>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Medical and Mental Health Records</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Care Staff</li> </ol> <p>DISCUSSION</p> <p>(a) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), directs that the facility will provide medical and mental health evaluation and treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The care offered is to include any follow-up services needed, treatment plans and referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. It was reported in the PAQ and verified during staff interviews that there have been no report of sexual abuse of an inmate at the facility during the audit period, so no inmate records were identified to review related to follow-up related to sexual abuse.</p> <p>(b) Screenshots of an electronic medical record were provided in the PAQ that demonstrate how care is documented and available to facility health care staff when treating patients. In an interview, it was stated that inmate medical records are accessible to any agency health care staff member, at any facility, from the department's computerized health care record keeping system. Therefore, records of care at one facility will provide information for informed, continued treatment at a facility to which an inmate transfers.</p> <p>(c) Review of the application information on the state of Wisconsin jobs website demonstrates that state licensure to work in that capacity is required before an application will be accepted. Staff are required to submit documentation demonstrating their credentials prior to being hired and are required to meet the same educational and training requirements as health care staff who are employed in the local community.</p> <p>(d)(e) There are no females incarcerated at this facility.</p> <p>(f)(g) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XVI, Paragraph B, identifies that victims of sexual abuse will be offered tests for sexually transmitted infections. Staff interviewed verified that they would provide testing for sexually transmitted infections to inmate victims of sexual abuse while incarcerated as appropriate. A representative from the local hospital verified that tests and prophylactics for STIs would be provided to inmate sexual abuse victims at no cost to the victim. Agency policy also requires that any treatment services provided to an inmate victim of sexual abuse will be provided at no charge regardless of whether the victim names the abuser or cooperates with any investigation of the incident and that facilities will attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse</p>

history and will offer treatment when deemed appropriate by mental health practitioners.

**CONCLUSION**

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

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72, XX Sexual Abuse and Sexual Harassment in Confinement (PREA), Sexual Abuse Incident Reviews</li> <li>2. Sexual Abuse Incident Review form - PREA Doc-2863</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> <li>2. Incident Review Team Member</li> </ol> <p>DISCUSSION</p> <p>(a)(b) Executive Directive 72 outlines that a sexual abuse incident review will be conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. Policy also states that the review team shall consist of the following upper- level management staff members, with input from supervisors, investigators and medical and mental health staff.</p> <p>The PREA Compliance Manager and the WCCS warden both indicated that the team consisted of higher level administrators, and allow for input from supervisors, investigators, and medical or mental health practitioners. There is a weekly meeting to conduct any reviews of investigations as they are completed. They look at training, policy and procedure and whether changes are needed, look at recommendations. There is a WIDOC form that is used to ensure the meeting covers a minimum of what the standards require.</p> <p>(c) Staff assigned to the Incident Review Team include the Superintendent, the Captain, and a Social Worker. Additionally, in the warden's interview, it was indicated that the WCCS warden and security director participate in the incident reviews.</p> <p>(d) The facility reports that, in the last 12 months, there were no allegations of sexual abuse made at the facility, thus, there were no incident reviews conducted.</p> <p>(e) A member of the incident review team indicated that they would look at the area where the incident occurred and consider whether any physical barriers may have enabled the sexual abuse. He further stated they would consider staffing levels in the area and determine whether technology could assist supervision. He indicated they haven't used this process toward making any recommendations because they haven't had occasion to have this meeting.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with the standard.</p>

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>WIDOC Agency Website, Prison Rape Elimination Act page.  <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a> , annual submissions of Survey of Sexual Victimization (SSV-2 and SSV-5) summaries posted on WIDOC website.</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>Agency PREA Coordinator</li> </ol> <p>DISCUSSION</p> <p>(a)(b) Executive Directive #72, in Section XXI, Paragraph A, No. 1, requires the agency to collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The data is required to be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC's website annually.</p> <p>(c)(d)(e) An interview with the agency PREA Coordinator confirmed that the required data is collected and aggregated at least annually, that the data collected does include the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice, and that the agency does maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates and the data from private facilities complies with SSV reporting regarding content.</p> <p>(f) At the time the PAQ was submitted, it contained the 2017 SSV-2 and SSV-5 summary forms because the 2018 Survey on Sexual Victimization forms had not yet been provided to the agency. During the time this report was being written, the surveys were completed and provided to the DOJ. This auditor has verified the reports have been published on the WIDOC website as cited above.</p> <p>CONCLUSION</p> <p>Based on the above evidence, this facility is found to be compliant with the standard.</p>

115.88	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Director 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. WIDOC Agency Website, Prison Rape Elimination Act page. <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a></li> <li>3. Wisconsin Department of Corrections, Prison Rape Elimination Act, 2018 Annual Report, Division of Adult Institutions, Division of Juvenile Corrections.</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Agency Head/Designee</li> <li>2. Agency PREA Coordinator</li> <li>3. WCCS Warden</li> </ol> <p>DISCUSSION</p> <p>(a)(b) The agency aggregates annual sexual abuse data and prepares a report each year as required by the Standards and Executive Directive 72. A review of the annual report demonstrated that the data was analyzed as described in their annual report to identify problem areas for the agency and facilities and to assess facility and agency progress in addressing sexual abuse and sexual harassment within its facilities. The report included information regarding the incidence of sexual abuse and sexual harassment at each facility for the current and previous year, as well as facility and department accomplishments, corrective action and goals as they relate to the agency policies and practices for prevention, detection, and response to sexual abuse.</p> <p>(c) The annual reports that are published on the website are approved by the WIDOC secretary as demonstrated through the Secretary’s signature on the report, and per interview with the agency head designee and the PREA coordinator.</p> <p>(d) Review of the annual report shows that it is written in such a way to not provide specific details that, if published, could present a clear and specific threat to the safety and security of the facility. This was also confirmed in the PREA Coordinator interview.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with the standard.</p>



115.89	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Director 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. WIDOC Agency Website, Prison Rape Elimination Act page. <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a></li> <li>3. Wisconsin Department of Corrections, Prison Rape Elimination Act, 2018 Annual Report, Division of Adult Institutions, Division of Juvenile Corrections.</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Agency PREA Coordinator</li> </ol> <p>DISCUSSION</p> <p>(a) The PREA Coordinator confirmed in her interview that all data collected pursuant to 115.87 is securely retained as required by the standard and by Executive Directive 72, section XXI, A1. She indicated the data is stored in a group folder which is accessible only to those in the PREA Office and the information is incident-based only; there is no inmate identifying information in them.</p> <p>(b) Executive Directive 72 requires the Agency to collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. It also states the collected data shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC's website annually. Annual reports on the agency website were reviewed and it was verified that the reports include aggregated sexual abuse data from facilities under its direct control and for those with which it contracts.</p> <p>(c) Agency policy prohibits inclusion of personal identifiers in the annually aggregated and published sexual abuse data. The agency does not include personal identifiers in its annual PREA reports as confirmed by a review of the annual reports published on their website.</p> <p>(d) Executive Directive 72, section XXI, A3 requires that all data shall be securely retained and maintained for at least 10 years after the date of initial collection.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the agency is found compliant with the standard.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATOIN Agency Records Agency Website</p> <p>DISCUSSION (a), (b) The agency has ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once, and that during each one-year period since August 20, 2013, at least one-third of each facility type operated by the agency, or by a private organization of behalf of the agency, was audited.</p> <p>(h), (i) Auditors were allowed access to all areas of the audited facility and were provided with copies of all requested documents and information.</p> <p>(m) The facility provided space for auditors to conduct private interviews with inmates during the on-site portion of the audit and contact information for auditors was provided to inmates, prior to the audit, and inmates were allowed to send confidential information to the auditor in the same manner as if they were communicating with legal counsel. Auditors verified that the information was adequately posted in the facility, in all housing units. The auditor did not receive correspondence from inmates at this facility.</p> <p>CONCLUSION Based on the above evidence, the agency is found to be compliant with this standard.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATON 1. Agency website 2. Agency PREA Coordinator</p> <p>DISCUSSION (f) Agency website was reviewed and all final audit reports are appropriately posted.</p> <p>CONCLUSION Based on the above evidence, the agency is found compliant with this 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

<b>115.12 (b)</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

<b>115.13 (a)</b>	<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	yes

	video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	yes



	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	
	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	yes

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

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

115.17 (a)	<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.)	yes

<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.)	na
	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.)	na

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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

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

<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.)	yes

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

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

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



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

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

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

115.53 (a)	<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

<b>115.71 (d)</b>	<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

<b>115.71 (e)</b>	<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

<b>115.71 (f)</b>	<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

<b>115.71 (g)</b>	<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

<b>115.71 (h)</b>	<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