PREA Facility Audit Report: Final

Name of Facility: Columbia Correctional Institution
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 08/31/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Amanda van Arcken	**Date of Signature:** 08/31/2022

AUDITOR INFORMATION	
Auditor name:	van Arcken, Amanda
Email:	amanda.vanarcken@doc.oregon.gov
Start Date of On-Site Audit:	01/25/2022
End Date of On-Site Audit:	01/28/2022

FACILITY INFORMATION	
Facility name:	Columbia Correctional Institution
Facility physical address:	2925 Columbia Drive, Portage, Wisconsin - 53901
Facility mailing address:	

Primary Contact	
Name:	Michael Fink
Email Address:	michael.fink@wisconsin.gov
Telephone Number:	608-742-9100 X: 9326

Warden/Jail Administrator/Sheriff/Director	
Name:	Larry Fuchs
Email Address:	Larry.Fuchs@wisconsin.gov
Telephone Number:	608-742-9100 X: 9105

Facility PREA Compliance Manager	
Name:	Anthony Bonfiglio
Email Address:	anthony.bonfiglio@wisconsin.gov
Telephone Number:	
Name:	Michael Fink
Email Address:	Michael.Fink@wisconsin.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Dawn Fofana
Email Address:	Dawn.Fofana@wisconsin.gov
Telephone Number:	608-742-9100 X:9214

Facility Characteristics	
Designed facility capacity:	541
Current population of facility:	637
Average daily population for the past 12 months:	711
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Males
Age range of population:	18-96
Facility security levels/inmate custody levels:	Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	238
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	41

AGENCY INFORMATION	
Name of agency:	Wisconsin Department of Corrections
Governing authority or parent agency (if applicable):	State of Wisconsin
Physical Address:	3099 East Washington Avenue, Madison, Wisconsin - 53704
Mailing Address:	PO Box 7925, Madison, Wisconsin - 53707
Telephone number:	(608) 240-5000

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

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

SUMMARY OF AUDIT FINDINGS	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-01-25
2. End date of the onsite portion of the audit:	2022-01-28

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(•) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	This auditor conducted outreach to Just Detention International (JDI), and Dane County Rape Crisis Center to learn about issues of sexual safety at the facility. · JDI is a health and human rights organization that seeks to end sexual abuse in all forms of detention by advocating for laws and policies that make prisons and jails safe and providing incarcerated survivors with support and resource referrals. JDI advised this auditor that they have not received any correspondence from incarcerated survivors at CCI within the last 12 months. · Hope House provides emotional support services, to include crisis intervention, information, and referral. These services may be conducted by mail, in person, by telephone, or an approved telecommunications method. Hope House advised this auditor they provide services to incarcerated survivors over the phone, in writing and in person, at forensic medical exams.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	541
15. Average daily population for the past 12 months:	711
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (•) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	622

38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	20
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	5
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	11
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	12
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	17
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	3
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	16
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	12
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The PAQ indicated the average daily population for audit period was 711 inmates. The inmate population on the first day of the onsite review was 622. The March 2021 edition of the PREA Auditor Handbook requires at least 15 random inmate interviews and at least 15 targeted inmate interviews for an adult prison population of 501-1000 inmates. After selecting targeted inmates for interview, this auditor used an inmate roster sorted by housing unit to select the first inmate of each unit not in a cell with another person being interviewed. The identified inmate names were selected for both file reviews and random interviews. A total of 18 random inmates were interviewed. Files were reviewed to evaluate screening and intake procedures, documentation of inmate education and medical or mental health referrals when required. The Columbia Correctional Institution did not have any inmates who were youthful or had been placed in segregated housing for high risk of sexual victimization. A total of 22 targeted inmate interviews were conducted. Interviews were conducted with the following targeted inmates: · One inmate with a physical disability · Two inmates who were blind, deaf, or hard of hearing · One inmate with limited-English proficiency · Four inmates who identified as lesbian, gay, or bisexual · Three inmates who identify as transgender · Four inmates who reported sexual abuse · Three inmates who reported sexual victimization during risk screening
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	238
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	41
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8

52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	After the completion of the physical plant review and for the duration of the remaining days onsite, the audit team conducted staff and inmate interviews. Staff were interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to staff and inmates, response protocols when allegations of sexual abuse and/or sexual harassment are made, first responder duties, data collection processes and other pertinent PREA requirements. All interviews were conducted one at a time, in a private and confidential manner. CCI has a total of 16 security supervisors: nine lieutenants and seven captains. Two security supervisors are assigned to each shift. An additional lieutenant was added in 2021 to better facilitate security staff training and development. CCI has five Corrections Program Supervisors. Each is assigned to and oversees two housing units and security and non-security staff. CCI is subject to staffing allocations as determined through the Wisconsin State biennial budget process. Security staff assignments are based upon programming, inmate movement, and behavioral needs. To address staffing shortages, CCI began scheduling sergeants to 12-hour shifts. The March 2021 edition of the PREA Auditor Handbook requires at least 12 random staff be interviewed. A total of 14 random staff were interviewed. A total of 30 specialized staff interviews were conducted.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	18
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	After selecting targeted inmates for interview, this auditor used an inmate roster sorted by housing unit to select the first inmate of each unit not in a cell with another person being interviewed. The identified inmate names were selected for both file reviews and random interviews.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	◉ Yes ○ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	22
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☑ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor questioned staff and observed inmates to determine if any inmates of this nature existed in the facility.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	4
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor questioned staff and reviewed investigational records to determine if any inmates of this nature existed in the facility.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	14

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☑ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	30
76. Were you able to interview the Agency Head?	◉ Yes ○ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No
78. Were you able to interview the PREA Coordinator?	◉ Yes ○ No
79. Were you able to interview the PREA Compliance Manager?	◉ Yes ○ No ○ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff ☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2

b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☑ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	○ Yes ◉ No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	◉ Yes ○ No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	◉ Yes ○ No
88. Informal conversations with staff during the site review (encouraged, not required)?	◉ Yes ○ No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The audit team began by conducting the physical plant review of CCI. The audit team was provided access to all areas of the facility, including one outlying building where inmates may be assigned for

work. This auditor observed the facility configuration, locations of cameras and security mirrors, the level of staff supervision, the housing unit layout (including shower/toilet areas), placement of posters and other PREA informational resources, security monitoring, and search procedures. The audit notice was visible in all inmate areas. Locked boxes were in each housing unit or common areas for inmates to deposit grievance and discrimination forms. Unit logbooks were checked to ensure the completion of unannounced supervisory rounds.

CCI did not have a standardized method of making opposite gender announcements. While onsite, the audit team did not observe opposite gender announcements taking place. Forty inmates were interviewed, and no one had any knowledge of opposite gender announcements at CCI. Some inmates were aware of the requirement from other DOC locations. One inmate indicated he had seen a blue light on the tier while the audit team was conducting the site review, and assumed it meant the phones could be used in the dayroom. When interviewed, random staff did not have an awareness of the requirement to announce at CCI.

During the physical plant review, the audit team looked for potential blind spots in areas accessible to inmates, and areas where cross-gender viewing may occur. The audit team identified the following areas of concern for corrective action:

- The tier showers in Restricted Housing 1 have a large window that permits female staff in the control center to view male inmates while showering.
- The Maintenance Shop inmate restroom had a security mirror that permitted viewing into the urinal. This mirror was readjusted while the audit team was still onsite.
- The Health Services Unit and Restrictive Housing had cells with cameras that did not have any digital or physical obstruction over the toilet in the cell. A digital obstruction was placed on the toilet area of the cell and this auditor was provided with photographs for review, prior to the submission of the interim audit report.
- The Gymnasium locker-room is situated next to a staff control center. The control center has windows that permit viewing the shower and toilet areas.
- Intake has showers will grill gates and two holding cells with toilets that require barriers to prevent opposite-gender viewing.
- The inmate restrooms in the Vocational Bays and the kitchen required additional frosting to prevent opposite-gender viewing. This was fixed while the audit team was still onsite.
- Several staff offices had both blinds on windows and obstructions over windows in doors, preventing anyone from being able to see into the office.

The changes made to the physical plant during corrective action are discussed in §115.15. By the end of corrective action period, all concerns were adequately remedied.

CCI has 206 cameras installed throughout the institution. Central Control, the Security Suite (where security management employees are assigned), and Maintenance can view all cameras. Other areas (Tool Room, Restricted Housing, Education, Health Services, Food Services, Education, the Lobby, Receiving & Orientation) can view the cameras in their respective areas. All video is recorded and retained for 102 days.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	◉ Yes ○ No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	After selecting targeted inmates for interview, this auditor used an inmate roster sorted by housing unit to select the first inmate of each unit not in a cell with another person being interviewed. The identified inmate names were selected for both file reviews and random interviews

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	11	0	11	0
Staff-on-inmate sexual abuse	10	0	10	0
Total	21	0	21	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	5	0	5	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	8	2
Staff-on-inmate sexual abuse	0	1	9	0
Total	0	2	17	2

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	1
Staff-on-inmate sexual harassment	0	0	0	2
Total	0	0	2	3

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	7
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2

107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	◉ Yes ○ No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	2

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	○ The audited facility or its parent agency ◉ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
Identify your state/territory or county government employer by name:	Oregon Department of Corrections
Was this audit conducted as part of a consortium or circular auditing arrangement?	◉ Yes ○ No

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC Organizational chart Interview with the PREA Director Interview with the PREA Compliance Manager (a) DOC Executive Directive 72 states on page four, *"The Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-related retaliation in its facilities, including those with which it contracts for the confinement of offenders."* This policy outlines the agency's comprehensive and coordinated approach to preventing, detecting, and responding to sexual abuse and sexual harassment, including definitions of prohibited behaviors and consequences for those found to have participated in prohibited behaviors. (b) DOC employs an upper-level, agency-wide PREA Coordinator. This position is titled "PREA Director". The PREA Director reports to the Assistant Deputy Secretary. This position is reflected in agency organizational charts. When interviewed, the PREA Director indicated that they have the time, resources, and authority required to manage their responsibilities. (c) CCI has designated a Corrections Program Supervisor as the facility PREA Compliance Manager, who reports directly to the Deputy Warden. When interviewed, the facility PCM indicated that they have the time to manage all their PREA-related responsibilities. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the agency and facility are in full compliance with the standard of zero-tolerance of sexual abuse and sexual harassment, and employment of the PREA Director, as it relates to PREA.

115.12	Contracting with other entities for the confinement of inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

CCI Pre-Audit Questionnaire (PAQ) responses
DOC Executive Directive 72
DAI Policy 410.00.01, *PREA Compliance Review of Contracted Facilities*
Contracts for the 15 contracted jails noted
Interview with agency contract monitor

(a-b) DOC Executive Directive 72 states on page four, *"The Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-related retaliation in its facilities, including those with which it contracts for the confinement of offenders."* Division of Adult Institutions Policy 410.00.01 directs how the agency will review its contracted facilities for the confinement of inmates to ensure compliance with PREA.

In 2021, Wisconsin DOC contracted with 15 jails. Eleven of the facilities conducted compliance reviews and four were in their federal PREA audit year. Each facility agreement contains language around the contracted facility's compliance with PREA, timely completion of the Bureau of Justice Statistics Annual Survey on Sexual Victimization, compliance reviews, and DOC's requirement to report all sexual abuse and sexual harassment allegations within 24 hours.

1. DOC's Memorandum of Agreement with Fond du Lac County Sheriff's Office was executed on October 17, 2016 and ended on October 17, 2017. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page eight of the agreement contains the required PREA-related information.
2. DOC's Memorandum of Agreement with Sauk County was executed on January 1, 2019 and ended on December 31, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
3. DOC's Memorandum of Agreement with Juneau County was executed on January 1, 2019 and ended on December 31, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
4. DOC's Memorandum of Agreement with Vernon County was executed on January 1, 2019 and ended on December 31, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
5. DOC's Memorandum of Agreement with Vilas County was executed on January 1, 2019 and ended on December 31, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
6. DOC's Memorandum of Agreement with Oneida County was executed on January 1, 2016 and ended on December 31, 2016. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page eight of the contract contains the required PREA-related information.
7. DOC's Memorandum of Agreement with Ozaukee County was executed on January 1, 2019 and ended on December 31, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
8. DOC's Memorandum of Agreement with Jefferson County was executed on January 1, 2019 and ended on December 31, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
9. DOC's Memorandum of Agreement with the Milwaukee House of Correction was executed on August 15, 2017 and ended on August 14, 2018. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Pages seven and eight of the contract contains the required PREA-related information.
10. DOC's Memorandum of Agreement with Racine County was executed on January 1, 2019 and ended on December 31, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are

automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.

11. DOC's Memorandum of Agreement with Winnebago County was executed on January 1, 2019 and ended on December 31, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
12. DOC's Memorandum of Agreement with Forest County was executed on December 20, 2019 and ended on December 20, 2020. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
13. DOC's Memorandum of Agreement with Dunn County was executed on July 1, 2019 and ended on June 30, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Pages seven and eight of the contract contains the required PREA-related information.
14. DOC's Memorandum of Agreement with Bayfield County was executed on September 20, 2019 and ended on September 19, 2020. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Pages eight and nine of the contract contains the required PREA-related information.
15. DOC's Memorandum of Agreement with Rock County was executed on June 1, 2018 and ended on June 1, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Pages nine and ten of the contract contains the required PREA-related information.

Division of Adult Institutions (DAI) Policy 410.00.01 states that contract compliance will be monitored annually, except during the year in which the facility has a federal PREA audit. If the compliance reviewer is not a certified PREA auditor, they must complete compliance review training with the DOC PREA Officer prior to reviewing a contracted facility. The contracted facility completes a self-report, which is evaluated by the compliance reviewer during the site review. The compliance reviewer makes determinations using observation, policy review, documentation review, staff interviews, and inmate interviews. All information is documented on the Contract Compliance Review Report (form DOC-2845). The contracted facility is required to document any follow-up or remedial actions taken to comply with any unsatisfactory determinations.

An interview with the agency contract monitor indicated they conduct site visits annually and checks to ensure signs are posted, inmates are receiving required PREA education, and reporting mechanisms are operational. Due to restrictions during the pandemic, some of the site visits in 2020 and 2021 were conducted virtually.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the agency is in full compliance with the standard of contracting with other entities for the confinement of inmates, as it relates to PREA.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 2021 Staffing Plan for CCI Interview with the facility head Interview with the PREA Director Interview with the PREA Compliance Manager Interview with intermediate or higher-level facility staff Housing Unit logbooks Staff duty rosters Observation of facility operations while onsite (a, c) DOC Executive Directive 72 states on page six, *"Each facility shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of employees and, where applicable, video monitoring, to protect offenders against sexual abuse."* CCI is a minimum-security, unfenced prison housing a maximum of 120 adult male inmates, with 25 emergency beds. No medium- or maximum-security inmates are housed at the facility. When an inmate needs a higher security placement due to investigation or rule violation, they are transferred to Oakhill Correctional Institution. CCI noted there were no sexual abuse allegations in 2020. Whenever necessary, but no less than once each year each facility, in collaboration with the agency PREA Director, will review the staffing plan, the deployment of monitoring technology and the allocation of facility resources to commit to the staffing plan to ensure compliance. Any adjustments are documented. This auditor reviewed documentation from the most recent staffing plan meeting, held in March 2021. The overall staffing plan remained unchanged with the primary method of inmate supervision remaining direct staff supervision, augmented using surveillance equipment. CCI has 16 security supervisors, nine lieutenants, and seven captains. Two security supervisors are assigned to each shift. Ideally, one of each rank is assigned, but depending on availability, two captains or two lieutenants may be on duty. An additional lieutenant was added in 2021 to better facilitate security staff training and development. CCI has five Corrections Programs Supervisors. Each one is assigned to and oversees two housing units and both security and non-security staff. CCI has not had any judicial findings of inadequacy, or findings of inadequacy from Federal investigative agencies, internal or external oversight bodies. (b) DOC Executive Directive 72 states on page six, *"In circumstances where the staffing plan is not complied with, the facility shall document in written form and justify all deviations from the plan."* The institution has prepared plans to effectively and efficiently respond when there is not enough staff to cover all posts. In the event of a staff shortage, overtime is hired. If the vacancy is pre-scheduled, staff are pre-ordered to fill the vacancy. If the vacancy is unanticipated, CCI engages a system of forced overtime. CCI's forced overtime system ensures that no post goes unfilled. Therefore, they do not deviate from the staffing plan. When fully staffed, CCI has 192 correctional officers. At the time of the onsite visit, they had 94. Most security staff at CCI have less than one year of correctional experience. Staff from four neighboring DOC facilities augment staffing – staff stay in the area for two weeks and they are paid travel time and a shift differential of $7.00 per hour. CCI has operated at minimum staffing levels for more than two years. While onsite, the audit team observed enough custody and support staff in all areas of the facility. The audit team was present for discussion around weekend staffing vacancies on two occasions. The facility warden, deputy warden, and a warden from another DOC facility were personally assuming security positions at CCI over the weekend to ensure adequate coverage. (d) Rounds are conducted no less than once per hour by security staff in each housing unit. Unannounced rounds are conducted by security supervisors once per shift and documented in each housing unit's logbook and on the daily report. DOC Executive Directive 72 states on page six, *"Supervisory staff shall conduct and document unannounced rounds, covering all shifts to identify and deter employee sexual abuse and sexual harassment. The DOC employees are prohibited from alerting other employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."*

	The audit team checked housing unit logbooks to ensure unannounced rounds take place as required. Unannounced rounds occurred on day, swing, and night shifts. Interviews with intermediate or higher-level staff indicated they conduct unannounced rounds on all shifts to detect and deter any staff misconduct, including staff sexual abuse and sexual harassment. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of supervision and monitoring, as it relates to PREA.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #302.00.20, *Placement of Juveniles in Adult Correctional Sites* CCI population reports Interview with the PREA Compliance Manager Interviews with random staff and random inmates (a-c) DOC Executive Directive 72 states on page ten, *"Youthful inmates shall not be placed in a housing unit in which they have sight, sound or physical contact with any adult offender through use of a shared dayroom or other common space, shower area or sleeping quarters. In areas outside of housing units, DOC shall either: maintain sight and sound separation between youthful inmates and adult offenders or provide direct staff supervision when youthful inmates and adult offenders have sight, sound, or physical contact. Adult facilities shall make best efforts to avoid isolating youthful inmates to comply with this provision. Absent exigent circumstances, adult facilities shall not deny youthful inmates daily large muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. Such exigent circumstances leading to the denial of large-muscle exercise, legally required education services and/or other programming shall be documented."* In December 2016, the Division of Adult Institutions Administrator issued written direction that all youthful inmates who were previously housed in some DOC facilities be moved to Division of Juvenile Corrections facilities. No youthful inmates were permitted to be housed at any DAI facilities after December 2016. DAI Policy #302.00.20 states on page two, *"Adjudicated juveniles who are less than 18 years of age shall not be admitted to a DAI facility or the WRC [Wisconsin Resource Center]. Juveniles sentenced as adults shall be…transferred to a DAI facility on or after their 18th birthday to account for birthdays that fall on a weekend or a holiday."* This auditor reviewed CCI population reports and did not find any inmates under the age of 18 listed. No interviews of staff or inmates indicated a youthful inmate may have been housed at CCI. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of youthful inmates, as it relates to PREA.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Order 72 DAI Policy #306.17.02, *Searches of Inmates* DAI Policy #306.16.01, *Use of Body Cameras* Lesson Plan for *Introduction to Searches of Inmates* CCI Inmate Handbook Interviews with random staff and random inmates Observation of facility operations while onsite (a) Frequent, unannounced searches of inmates, their living quarters and other areas of the facility are necessary to maintain the safety, security, and orderly operations of prisons. All strip searches of compliant inmates in DOC must be conducted by two staff members unless there is an emergency or other exigent circumstance. (Strip searches of non-compliant inmates require a minimum of four staff, including a Supervisor.) One staff member directly observes the inmate during the search, while the second staff member observes the first staff member to ensure proper search procedures are followed. DAI Policy #306.17.02 states on page two, *"Staff directly observing the inmate during a strip search shall be required to be the same sex as the inmate. A second staff shall only observe the staff performing the strip search."* Page four states, *"Cross gender strip searches of inmates are prohibited, except in exigent circumstances or when performed by medical practitioners."* This directive is articulated again in DOC Executive Order 72 on pages six and seven. This auditor reviewed the CCI lesson plan and training curriculum for *Introduction to Searches of Inmates*. Pages three and four of the lesson plans reiterate the policy directives. Designated facility staff are assigned body-worn cameras (BWC). Staff are directed to activate their body-worn camera under certain circumstances, to include when conducting a strip search or participating in a staff assisted strip search. DAI Policy #306.16.01 states on page two, *"Staff shall activate his or her BWC during a strip search or staff assisted strip search per the following: A staff member activating their BWC shall not conduct the strip search. A staff member activating their BWC shall record the staff member conducting the search and remain out of sight of the inmate."* Page three states, *"A DOC-2466 shall be completed when a staff member of the opposite gender of the inmate reviews BWC footage which reveals the breasts, buttocks, or genitalia."* Access and authorization to view BWC footage may only be given by the system administrator or the administrator's designee. The Office of Legal Counsel shall be consulted prior to any external disclosure of BWC footage. BWC records are retained for 180 days. (b) Because CCI does not house female inmates, this provision of the standard is not applicable. DAI Policy #306.17.02 states on page four, "[Transgender inmates] *assigned to a male facility shall be strip searched by male staff members."* (c) DAI Policy #306.17.02 states on page three, *"Inmate searches shall be documented utilizing DOC-1523. Documentation of all searches shall be kept in locations designated by the Warden/designee. Documentation of exigent circumstances where cross-gender strip, body cavity or body contents searches are preformed shall be maintained."* Because CCI does not house female inmates, the requirement to document all cross-gender pat-down searches of female inmates are not applicable. Interviews with staff and inmates did not indicate that cross-gender unclothed searches have occurred, nor did the audit team observe any cross-gender unclothed searches while onsite at CCI. (d) During the physical plant review, the audit team looked for potential blind spots in areas accessible to inmates, and areas where cross-gender viewing may occur. The audit team identified the following areas of concern for corrective action: • The tier showers in Restricted Housing 1 had a large window that permitted female staff in the control center to view male inmates while showering. During the July 2022 revisit, this auditor verified all windows had been frosted to prevent cross-gender viewing from the control center and on the tier. • The Maintenance Shop inmate restroom had a security mirror that permitted viewing into the urinal. This mirror was readjusted while the audit team was still onsite. • The Health Services Unit and Restrictive Housing had cells with cameras that did not have any digital or physical obstruction over the toilet in the cell. A digital obstruction was placed on the toilet area of the cell and this auditor was provided with photographs for review, prior to the submission of the interim audit report.

- The Gymnasium locker-room is situated next to a staff control center. The control center had windows that permit viewing the shower and toilet areas. During the July 2022 revisit, this auditor verified the entire locker-room had been reconstructed, removing the original shower "tree" and replacing it with seven individual showers. Each shower had an opaque shower curtain. Four changing areas in the locker room had curtains, as well. A portable barrier was available for inmates utilizing the toilet or urinal. Signs are posted in the area stating, *"When unclothed remain behind a privacy divider."* If the shower curtains, changing area curtains, and portable barrier were being used appropriately, there was no cross-gender viewing from the staff control center.
- Intake has showers with grill gates and two holding cells with toilets that required barriers to prevent opposite-gender viewing. During the July 2022 revisit, this auditor verified that opaque shower curtains were installed in the shower and toilet areas of Intake, preventing cross-gender viewing by staff.
- The inmate restrooms in the Vocational Bays and the kitchen required additional frosting to prevent opposite-gender viewing. This was fixed while the audit team was still onsite.
- Several staff offices had both blinds on windows and obstructions over windows in doors, preventing anyone from being able to see into the office. During the July 2022 revisit, this auditor verified all blinds and other obstructions had been removed.

DOC Executive Order 72 states on page six, *"In order to enable offenders to shower, perform bodily functions and change clothing without nonmedical employees of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, employees of the opposite gender shall announce their presence when entering an offender housing unit. If opposite gender status quo changes during that shift, then another announcement Is required. Facilities shall not restrict access to regularly available programming or other out-of-cell or housing unit opportunities to comply with this provision."*

There was no information regarding opposite gender announcements in the CCI Inmate Handbook. The PAQ did not have information regarding how the standard was implemented at CCI.

While onsite, the audit team did not observe opposite gender announcements taking place. Forty inmates were interviewed, and no one had any knowledge of opposite gender announcements at CCI. Some inmates were aware of the requirement from other DOC locations. One inmate indicated he had seen a blue light on the tier while the audit team was conducting the site review, and assumed it meant the phones could be used in the dayroom.

Staff interviewed did not have an awareness of the requirement to announce at CCI.

As part of corrective action, the facility was required to determine what method would be used for opposite-gender announcements, implement the method, train staff on the requirement to announce, and educate inmates regarding the method and purpose of the announcements.

On March 10, 2022 this auditor received verification that the following information had been sent to all CCI employees on March 10:

"Attached is a Training Brief regarding Cross Gender Announcements on the Housing Unit Complexes. Below are the announcement principles outlined in the Training Brief:

- *Except in exigent circumstances, staff of the opposite gender shall announce their presence when entering an inmate housing unit.*
- *A designated tone, sign and light will be used only for the purpose of announcing a member of the opposite gender entering housing units.*
- *Each housing unit has a remote switch on the bubble control panel to activate the 4 house bells mounted on each tier.*
- *Activate once at the beginning of each shift (if female staff present), If both staff are male, only activate once a female enters the unit. This should be logged in the unit logbook.*
- *For those units with blue lights turn on light (switch on panel). Light is to remain on for the duration of the shift if female staff are present. If both staff are male, activate light once a female enters the unit, then off upon exiting. This should be logged in the unit logbook.*
- *Bell/tone and lights should only be used to announce the presence of female staff.*
- *Testing of the bells/lights will periodically be conducted and will be accompanied by an appropriate verbal announcement."*

A memorandum was provided to all inmates via the institution television channel, with the following information:

"When lit, the blue light on each housing unit notes the presence of a female staff member. You will also hear a doorbell. This is called a cross-gender announcement and is a requirement of PREA. It is intended to provide you with an opportunity to cover up while washing or using the bathroom. A consequence may be issued for inappropriate comments, gestures, or actions in response to the notification."

The only exception to the use of the blue light is in RH1, where a tone is used, as inmates are segregation in cells and not

permitted access to the tier unescorted. This auditor verified receipt of the information by both staff and inmates during the July 2022 revisit to CCI.

On April 15, 2022, this auditor was provided with a copy of a laminated sign reinforcing the purpose and direction for use of the designated tone, sign, and blue light to announce the presence of opposite gender staff. The sign was posted next to the bell remote and blue light switch on the control center panels in all units. This auditor verified the postings during the July 2022 revisit to CCI.

(e) DOC Executive Order 72 states on page seven, *"Facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, 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."* This information is reiterated on page three of DAI Policy #306.17.02.

This auditor reviewed the CCI lesson plan and training curriculum for *Introduction to Searches of Inmates*. Page five of the lesson plan reminds staff of the prohibition to search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status. Most interviews with random staff indicated they are aware that searches to determine genital status are prohibited by standard and agency policy. The four transgender inmates interviewed did not indicate they had been searched for the sole purpose of determining genital status.

(f) It is the policy of the Wisconsin Department of Corrections to conduct all searches in a professional, respectful, and least intrusive manner as possible, consistent with security needs. DOC Executive Order 72 states on page seven, *"All security staff shall be trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders to ensure professionalism and to utilize the least intrusive manner possible consistent with security needs."*

This auditor reviewed the CCI lesson plan and training curriculum for *Introduction to Searches of Inmates*. The lesson plan reiterates policy directives about professionalism and respect.

Interviews with random staff indicated they were knowledgeable of proper pat-down search techniques.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of limits to cross-gender viewing and searches, as it relates to PREA.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 71, *Language Assistance Policy & Implementation for Addressing Needs of Offenders with Limited English Proficiency (LEP)* DOC Executive Directive 72 DAI Policy #300.00.35, *Americans with Disabilities Act* DAI Policy #300.00.61, *Language Assistance for Limited English Proficiency (LEP) Inmates* *DOC Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook Interview with the PREA Director Interview with the PREA Compliance Manager Interviews with random staff and random inmates Interviews with inmates with disabilities (a-b) DOC Executive Directive 72 states on page eight, *"Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities."* DOC utilizes contracts procured by the Wisconsin Department of Administration and facilities are authorized to use any of the contracts. There are seven contract options for in-person American Sign Language; four contracts for American Sign Language/Limited-English Proficiency services by video; three contracts for in-person Limited-English Proficiency services; and five contracts for written Limited-English Proficiency services. This auditor noted that page five of DAI Policy #300.00.61 recognizes that some inmates may inaccurately report English-language skills and/or may not request language assistance for many reasons, and language assistance may be needed even if the inmate lists English as their primary language. The "I Speak" cards developed by the US Census Bureau are required by policy to be posted in facility lobbies, visiting areas, HSU/DSU/PSU waiting rooms, property rooms, intake/reception areas, near forms bins, in libraries and educational areas, mailrooms, housing areas, and any other area deemed appropriate by the facility. Once determined, the inmate's primary language is documented in the Wisconsin Integrated Corrections System (WICS) database. While onsite, the audit team observed PREA postings in both English and Spanish. The *DOC Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook for inmates is available in English and Spanish. Interviews with random staff and random/targeted inmates indicated that inmates with disabilities are afforded additional accommodation to ensure their access to all aspects of the agency's PREA program. (c) DOC Executive Directive 72 states on page 14, *"The facility shall not rely on offender interpreters, offender readers or other types of offender assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-responder duties or the investigation of the offender's allegations. The exigent circumstances in which offender assistants are used shall be documented."* DOC Executive Order 71 states on page three, *"DOC shall evaluate and determine what interpretation services shall be provided based on identified needs. Each Division shall: Not rely upon fellow offenders to provide language services in situations with potentially significant consequences involving LEP offenders unless an emergency arises. Situations in which another offender may not be used include, but are not limited to, medical and psychological appointments or treatment; information or hearings associated with the Prison Rape Elimination Act (PREA); parole hearings, disciplinary and grievance proceedings and filings, and Program Review Committee (PRC) hearings."* Interviews were conducted with the following targeted populations: One inmate with a physical disability Two inmates with visual or hearing impairments One inmate with limited-English proficiency One inmate with cognitive impairments

	All interviews with targeted populations indicated they were able to receive information in a format they were able to understand. No interviews indicated another inmate had been used to assist in their comprehension. Interviews with random staff indicated they were aware of translation services and would not use another inmate to translate. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of inmates with disabilities and inmates who are limited-English proficient, as it relates to PREA.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 42, *Police Contact, Arrest, and Conviction Policy for Current Employees* DOC Executive Directive 72 DOC Human Resources Procedures, *Background Check Procedure* DOC Human Resources Policy #200.30.306, *Performance Management* DOC Human Resources Policy #200.30.507, *Reference Checks* DAI Policy #309.06.03, *Volunteers, Pastoral Visitors, Program Guests & Interns* DAI Volunteer Application *Background Check Authorization* forms DOC-1098R form, *Candidate Reference Check* Employee, contractor, and volunteer file reviews Interview with the facility head Interview with Human Resource staff Interview with agency PREA Director (a) DOC Executive Directive 72 states on page four, *"The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in activity described above."* DOC Human Resources *Background Check Procedure* states on page five, *"In addition to the criteria set forth in WHRH Ch. 246, and in accordance with the PREA standards, DOC will not hire or promote an applicant, or enlist the services of a contractor for a position which may have contact with inmates, offenders or juveniles who has:* *1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention.* *2. Convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.* *3. Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above."* DOC's *Background Check Authorization* form was last revised in February 2021 and includes the required questions about misconduct. All members of the audit team were required to submit an authorization prior to being admitted to the facility to conduct the audit. DOC Executive Directive 42 reiterates the requirements of DOC ED 72 and the DOC Human Resource procedure quoted above. (b) DOC Executive Directive 72 states on page four, *"The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee."* DOC Human Resources *Background Check Procedure* states on page five, *"…the agency will consider incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with inmates, offenders, or juveniles."* Interviews with the facility head and Human Resource staff indicated the policy is implemented in practice. The facility head indicated they would not enlist the services of a contractor who had allegations of sexually harassing inmates. (c) DOC Executive Directive 72 states on page five, *"Prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check."* DOC utilizes a standardized form for reference checks, *Candidate Reference Check*. The form guides supervisors to ask about workplace sexual abuse and sexual harassment, as well as if the candidate has ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, other institution or place of detention. Human Resource staff are tasked with collecting the *Candidate Reference Check* and ensuring the background check is completed through their portal and the Circuit Court Access Program (CCAP) to check for any convictions or pending litigation. Human Resource staff are also tasked with obtaining information about prior institutional employers and contacting them for

information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

DOC Human Resources Policy #200.30.507 states on page five, *"In accordance with PREA standards, if a candidate lists a prior confinement entity as a current or past employer on their resume (e.g. federal or state prison, county or local jail, lockup, or community confinement facility), best efforts shall be made to contact the entity as a reference, even if the employee does not list them as a reference."*

File reviews indicated criminal record checks are completed for all new employees.

(d) DAI Policy #309.06.03 states on page four that all potential volunteers are required to submit to a background check. Page nine states that violation of any facility rules, DOC/DAI rules, or state/federal law may result in suspension or revocation. The DAI Volunteer Application includes the required questions regarding misconduct.

Human Resource staff utilize the same process for volunteers and contractors as they do for permanent employees, with the exception that Health Services and Religious Services staff manage their own contractor/volunteer background checks. This auditor requested file documentation for three volunteers/contractors but did not receive them prior to the issuance of the interim report. This auditor received the requested information from facility PCM on February 25, 2022. Orientation, fingerprints, and background checks for all three were completed as required.

(e) DOC Executive Directive 72 states on page five, *"The DOC shall conduct a criminal background records check every five years for current employees."* DOC Human Resources *Background Check Procedure* states on page seven, *"To maintain compliance with PREA as well as the FBI's CJIS security policies, fingerprints must be retaken at least once every five years."* Fingerprints may be taken no earlier than one week prior to when the individual will report to the worksite.

Interviews with Human Resource staff and the agency PREA Director indicted these checks take place as required. Fingerprints for employees are obtained and submitted every five years, by policy.

This auditor requested and reviewed files of 29 current CCI employees. Seven employees did not have the required checks within the last five years. As part of corrective action, the facility PCM was required to ensure all employees were current on their fingerprint checks and provide documentation to this auditor. This auditor received documentation from the HR Director on March 22, 2022.

(f-g) DOC Human Resources Policy #200.30.507 states on page six, *"The following questions are included in the reference check form (DOC-1098R) and will be incorporated in any enterprise-approved on-line reference check software (if available) for DOC positions. These questions must be asked when references are conducted for any positions, including limited -term, project, seasonal, permanent, and unclassified employees.*

1. To your knowledge, has it been determined that the candidate has ever engaged in any incident of sexual misconduct or sexual harassment, while employed with your company? If so, what were the circumstances and outcome?

2. Did the candidate resign during a pending investigation of an allegation of sexual abuse or sexual harassment before the investigation was completed?

3. Has the candidate ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention?"

DOC applicants are required to fill out a DOC-1098R. The form requires applicants to answer questions related to the misconduct in paragraph (a) of this section.

DOC Executive Directive 42 states on page four, *"A current employee is required to notify his or her supervisor in writing of any non-work related police contact with the exception of employees who are victims of a crime…In the event of an arrest or charge, the employee must also notify the supervisor of any updates related to the court proceedings as well as the final outcome of the arrest or charge."* The policy expands that this requirement also pertains to an employee learning they have been identified as a subject in a police investigation, a warrant has been issued against them, they are subject to a restraining order or other injunction, or the employee has been placed under a deferred prosecution agreement. Any traffic violations must be reported if the employee is required to drive or maintain a fleet as part of their position. All notifications must take place by the start of the employee's next scheduled workday or within 48 hours, whichever occurs first.

DOC Executive Directive 72 states on page five, *"Applicants who fail to disclose such information shall be ineligible for hire…and…may be grounds for termination."* Failure to make the notification, providing false information related to convictions, and failure to cooperate with the background check process is met with disciplinary action up to and including termination. An interview with Human Resource staff indicated disciplinary action, including termination, is taken when material omissions are discovered.

Employees of DOC do not conduct self-evaluations. DOC Human Resource Policy #200.30.306 is applicable to all

permanent and probationary employees and guides performance reviews. Employee performance reviews are conducted annually, based on the job-related requirements and performance for the previous year. Performance reviews are completed by the employee's supervisor.

(h) DOC Executive Directive 72 states on page five, *"The DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation."* When a facility requests information pertaining to a former DOC employee, human resource staff will contact the agency PREA Director to determine if there are allegations associated with the former employee.

DOC Human Resources Policy #200.30.507 states on page two, *"If a confinement entity (e.g. federal or state prison, county or local jail) requests information regarding prior sexual abuse or sexual harassment allegations, these requests must be forwarded to the Bureau of Human Resources (BHR) Employment Relations Chief who will work with the ODES and PREA Directors to verify. The Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee."*

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of hiring and promotion decisions, as it relates to PREA.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 Interview with agency head/designee Interview with agency PREA Director Interview with the facility head Interview with the PREA Compliance Manager Observation of facility operations while onsite (a) DOC Executive Directive 72 states on page five, *"When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the DOC shall consider the effect of the design, acquisition, expansion or modification upon the DOC's ability to protect offenders from sexual abuse."* Interviews with the agency head/designee, agency PREA Director, facility head, and facility PREA Compliance Manager confirmed the agency has not designed or acquired any new facilities. During the site review, the audit team did not observe any other areas that appeared to be under construction for a substantial expansion or modification. Since the last PREA Audit at CCI, Restrictive Housing 1 was remodeled, and the Health Services Unit received an addition and relocation. This auditor requested information regarding how the facility PCM was involved with the planning of the institution modifications but did not receive information prior to the issuance of the interim report. On July 26, 2022 this auditor received documentation that PREA was considered during the planning of the space and considerations were reviewed by the agency's central office. (b) DOC Executive Directive 72 states on page five, *"When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the DOC shall consider how such technology may enhance the DOC's ability to protect offenders from sexual abuse."* Interviews with the facility head and facility PREA Compliance Manager confirmed that the prevention of sexual abuse and sexual harassment was a factor in determining camera placement and if an upgrade for a specific camera was necessary to aid in detection. Since the last PREA Audit at CCI, additional cameras were added in food service, general population housing units, restrictive housing, and the Health Services Unit. This auditor requested the number of cameras at CCI, as well as the locations in the facility that video records can be reviewed but did not receive the information prior to the issuance of the interim report. On March 21, 2022 this auditor was provided with documentation of 206 cameras in the facility. All video is recorded and retained for 102 days. All camera feeds can be viewed in Central Control, the Security Suite, and Maintenance. The following areas can view cameras within their zone of control – the Tool Room (seven cameras); RH1 (26 cameras); RH2 (eight cameras); HU7 (eight cameras); Education (19 cameras); Food Services (17 cameras); Lobby (two cameras); R/O (eight cameras); and HSU (30 cameras). When is use, the Barracks staff can view 12 cameras. Cameras can be moved or augmented upon request by the facility PCM or agency PREA Director. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of upgrades to facilities and technologies, as it relates to PREA.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #500.30.19, *Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse* DOC Agency Healthcare Manual *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook Interview with the PREA Compliance Manager Interview with Victim Services Coordinator Interview with SAFE/SANE Interviews with medical staff Interview with investigations staff Interviews with random staff and random inmates (a, f) DOC Executive Directive 72 states on page 15, *"The DOC shall follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions. Such protocol shall be developmentally appropriate for youth, where applicable, and adapted from a comprehensive and authoritative protocol developed after 2011. When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e) and §115.321(a-e)."* The agency provided this auditor with documentation of their request of the Columbia County Sheriff's Office to follow the requirements outlined in §115.21(a-e) and §115.321(a-e). (b) Per the DOC Agency Healthcare Manual, *"Wisconsin Department of Corrections (DOC) healthcare clinicians do not conduct SANE examinations. Inmates alleging sexual abuse are transported to a local community hospital for treatment and evidence collection. As such, DOC does not implement a forensic medical examination protocol, which is developmentally appropriate or based upon 'A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents' or similarly comprehensive and authoritative source. Rather, DOC conforms to healthcare standards in [Standards for Health Services in Prisons (2014 ed)]."* CCI does not house youthful inmates. (c) DOC Executive Directive 72 states on page 14, *"Further, all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SANEs."* DAI Policy #500.30.19 states on page four, *"The medical plan of care shall include timely and unimpeded access to emergency medial treatment without cost to the inmate patient."* The *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook educates inmates on page four of their right to *"receive free medical and mental health care and ongoing support following an incident of sexual abuse or sexual harassment"*. All forensic medical exams are provided offsite by Sexual Assault Nurse Practitioners, as verified through interview. The PAQ indicated there were five forensic medical exams provided during the audit documentation period. Interviews with medical staff verified inmates are not financially responsible for forensic medical exams. This auditor interviewed one inmate who received a forensic medical exam, and verified they were not required to pay for the exam. An interview with the SANE indicated some concerns related to communication and practices with the facility. Upon reviewing those concerns with the PREA Director, a meeting was initiated between the PREA Director, the facility, and the SANE in April 2022. Communication and practices were clarified with all parties to rectify the concerns. (d, e, h) DOC Executive Directive 72 states on page 14, *"The facility shall attempt to make available to the victim an advocate from a local sexual assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. As requested by the victim, such a person shall also provide emotional support, crisis intervention, information, and referrals. If a sexual assault service provider is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role*

and has received education concerning sexual assault and forensic examination issues. Facilities shall document efforts to secure services from a local sexual assault service provider."

DOC has a written and signed Memorandum of Understanding (MOU) with Hope House that was executed on March 16, 2017. The term of the MOU is until any party gives written notice that they intend to terminate the agreement. Through the agreement, Hope House provides an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview processes, as requested by the victim via DOC, if available. Hope House will provide emotional support services, to include crisis intervention, information, and referral. These services may be conducted by mail, in person, by telephone, or an approved telecommunications method.

If a confidential, community-based advocate is not available, the facility utilizes the Victim Services Coordinator at CCI to provide counseling and support. This auditor was provided with documentation that the staff in this position has successfully completed a Support Services Workshop (including training on Gender Inclusive Response, Forensic Medical Examinations, Victim Accompaniment, Support Services, and PREA Compliance) facilitated by Forge, the Wisconsin Coalition Against Sexual Assault, Aurora Healthcare, and the DOC PREA Office.

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

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of evidence protocols and forensic medical examinations, as it relates to PREA.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #303.00.05, *Law Enforcement Referrals* DOC Webpage Interview with agency head/designee Interviews with investigative staff (a-c) DOC Executive Directive 72 states on page 15, *"The DOC shall ensure than an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigation."* Page two of DAI Policy #303.00.05 states that law enforcement referrals must be made for allegations of sexual abuse or sexual harassment (as defined in DOC Executive Directive 72) that involve potentially criminal behavior, and sexual assault (as defined in Wisconsin Statutes). The DOC PREA policy (DOC Executive Directive 72) is available on the DOC website at DOC Prison Rape Elimination Act (wi.gov) . It reiterates the agency's zero-tolerance policy and outlines the process for investigations and referrals. Interviews with investigative staff indicated they are knowledgeable of the process for case referral. The interview of the agency head/designee indicated the agency is committed to creating a sexually safe environment for all inmates and has an established relationship with agency investigators to ensure allegations are investigated and referred properly. (d) Auditor is not required to audit this provision. (e) Auditor is not required to audit this provision. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of policies to ensure referrals of allegations for investigations, as it relates to PREA.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 Wisconsin Statute 301.28, *Training of Correctional Officers* DOC Executive Directive 33, *Pre-service Training Requirements for Correctional Officers, Correctional Sergeants, Supervising Officer 1 & 2* *DOC Staff Training* curriculum *Agency Newsletters*, dated 2017 Winter through 2020 Fall DOC-1158 form, *Employment Statement of Acknowledgement* Staff training reports Interviews with random staff (a-c) To ensure a professionally trained and competent security force, Wisconsin statute requires that all security staff hired by DOC successfully complete the WI DOC Pre-Service Training program regardless of the level at which they are hired. This requirement does not include any correctional officer appointed prior to July 31, 1981. The pre-service training includes 2.5 hours of PREA-related instruction, 2.5 hours of training related to DOC's zero-tolerance policy for staff sexual misconduct, and two hours of victims' rights. DOC Executive Directive 72 states on page seven, *"The DOC shall train all new staff members on the department's zero-tolerance policy for sexual abuse and sexual harassment. All staff members shall receive training every two years; in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies. The training shall include but is not limited to the subparts listed below."* The subparts referenced in policy language are the ten elements required by the standards, as well as relevant laws regarding the applicable age of consent, instruction tailored to male and female offenders, and instruction specific to the unique needs and attributes of juveniles. This auditor reviewed all curriculum to ensure a comprehensive training program that provides detailed information on all ten required elements. DOC's training is tailored for male, female, and transgender inmates, as verified through curriculum review by this auditor. All new staff complete this training upon being hired. All existing staff were required to complete it in 2015. Employees are provided refresher information between trainings regarding sexual abuse and sexual harassment using *Agency Newsletters* that are published multiple times each year. This newsletter includes data related to the total sexual abuse and sexual harassment allegations in the agency, standard highlights, and reminders about professionalism. Staff completed refresher training modules in the fall of 2017, 2019, and 2021. Knowledge checks are spaced throughout the module with an understanding assessment at the end. (d) DOC Executive Directive 72 states on page seven, *"Each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received."* New employees are required to read and acknowledge their understanding of several agency policies, to include Executive Directive 72. Employees attest to their responsibility to read, understand, and abide by all DOC policies and procedures by signature on form DOC-1558. The agency training module for all staff requires a score of 80% or higher on a final exam for successful completion. Refresher trainings include knowledge checks that are spaced throughout the module with an understanding assessment at the end. While onsite, this auditor reviewed staff training reports indicating 103 staff had not completed the required training. As part of corrective action, the facility PCM was required to ensure all staff completed PREA training and provide documentation to this auditor. On July 27, 2022, this auditor received a training report indicating all but one staff member had completed training. On July 28, 2022, the last staff member completed training. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of employee training as it relates to PREA.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #309.06.03, *Volunteers, Pastoral Visitors, Program Guests & Interns* *Sexual Abuse & Sexual Harassment in Confinement: A Guide for Volunteers & Contractors* brochure *Volunteer & Contractor Training* curriculum, revised February 2018 *DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation Manual* *DAI Brief Volunteer Orientation*, revised May 2019 *Agency Volunteer Orientation* Presentation DOC-2786 form, *PREA Sexual Abuse & Sexual Harassment in Confinement Training Contractor Statement of Acknowledgment* DOC-2809 form, *Volunteer Orientation Roster Attendance Record PREA Acknowledgment* Email from the Religious Practices Coordinator & DAI LEP Coordinator, dated March 2, 2018 re Documenting Volunteer PREA Compliance Volunteer & Contractor training records Interview with facility head Interviews with volunteers and contractors (a-c) DOC Executive Directive 72 states on page seven, *"All volunteers and contractors who have contact with offenders shall be trained, in accordance with the type of service and level of contact they have with offenders, on the DOC's zero-tolerance policy as it relates to sexual abuse and sexual harassment. They shall, additionally, be trained on their responsibilities under DOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Each volunteer or contractor shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received."* All contractors and volunteers are provided with a *Sexual Abuse & Sexual Harassment in Confinement: A Guide for Volunteers & Contractors* brochure, providing written information about establishing and maintaining professional relationships; PREA definitions; reporting and response duties; indicators of abuse; and characteristics of vulnerable offenders. Per DAI Policy #309.06.03, volunteers are required to complete an orientation prior to facility entry and inmate interaction, based upon the type, frequency, and level of inmate contact. The minimum expectations have been established by policy for all DAI volunteers: · Full orientation for any volunteer entering any one or combination of facilities five or more times a year · Brief orientation for any volunteer entering any facility four or less times a year · Any volunteer increasing facility entry to five or more times a year must complete full orientation The facility head or their designee can require full orientation for any volunteer on a case-by-case basis, may limit a volunteer's one-to-one contact with inmates, or provide direct staff supervision. This auditor reviewed the *Agency Volunteer Orientation* presentation, used in conjunction with *DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation Manual*. The curriculum includes information and directives about boundaries, a reminder than inmates cannot consent to any sexual contact, the agency's zero-tolerance policy, and information on reporting. Volunteers and contractors complete *Volunteer & Contractor Training* prior to providing service in a facility. The training covers the elements required by standard to be provided to staff. Contractors sign a statement of acknowledgment indicating they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures; have received training based on the services they provide and the level of contact they have with inmates; and, acknowledge receipt and understanding of such training. Volunteers sign an orientation roster attendance record indicating they have been notified of the agency's zero-tolerance

	policy regarding sexual abuse and sexual harassment; have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures; and have received training based on the services they provide and the level of contact they have with inmates. Volunteers began signing these forms in March 2018 as directed through an email by the Religious Practices Coordinator & DAI LEP Coordinator to all volunteer coordinators. Once the forms are signed, they are scanned into an electronic database and the original is provided to the facility PCM. The email directive has been codified in DAI Policy #309.06.03. An interview with the facility head indicated they would immediately discontinue the services of any volunteer that they believed engaged in sexual abuse and/or sexual harassment. Interviews with two volunteers/contractors indicated they are aware of the agency's zero-tolerance policy and their reporting responsibilities. This auditor requested three volunteers/contractors' files but did not receive them prior to the issuance of the interim report. On February 25, 2022 this auditor received verification of their training records. Each volunteer/contractor had completed training as required. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of volunteer and contractor training as it relates to PREA.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook CCI Inmate Handbook DAI Policy #410.20.01, *Inmate PREA Education* POC-41B, *Sexual Abuse in Confinement – A Resource for Offenders* form *Sexual Abuse & Sexual Harassment Prevention & Intervention* video POC-0041C, *Inmate PREA Education Facilitator Guide* DOC inmate postings within the facility Inmate file reviews Interview with intake staff Interviews with inmates having limited English proficiency or disabilities Interviews with random inmates (a-c, e) DOC Executive Directive 72 states on page eight, *"At intake, offenders shall receive information detailing the DOC's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents or suspicions."* The *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook states on page three, *"The Wisconsin Department of Corrections has zero tolerance for sexual abuse and sexual harassment within its facilities."* DAI Policy #410.20.01 directs that upon arrival at an intake facility, each inmate will receive a copy of the *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook and a copy of form POC-41B. Form POC-41B provides additional support information for victims of sexual abuse, including the name, address, and telephone number for the local sexual assault service provider. Upon arrival at CCI, each inmate receives a copy CCI Inmate Handbook, which was last revised in March 2021. Page ten outlines basic information about PREA – *"On May 17, 2012, the National Prison Rape Elimination Act (PREA) was signed into law. The intent of this law is to ensure sexual safety and the safety and security of all Inmates and offenders. The Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual misconduct and sexual harassment."* The page provides reporting methods. In January 2016, as part of DOC's compliance efforts with the standards, each facility was directed to provide all inmates with PREA education. There were 35 inmates at CCI who were admitted to the facility prior to August 20, 2012. Effective December 19, 2018, the agency's zero tolerance statement and reporting methods were printed on the reverse side of new and reissued inmate identification cards. The identification card states, *"WI DOC has ZERO TOLERANCE for sexual abuse, sexual harassment and retaliation related to reporting. You have the right to remain safe. To report sexual abuse or sexual harassment use any of these methods:* *1. Tell or write any staff member.* *2. Dial 777 or 888.* *3. Submit a grievance.* *4. Tell a family member or friend to report at www.doc.wi.gov.* *5. Write to law enforcement."* This auditor believes this practice exceeds the requirement for this subsection of the standard. DOC Executive Directive 72 states on page eight, *"Within 30 days of intake at adult facilities and within 10 days at juvenile facilities, the facility shall provide a comprehensive education to offenders either in person or through video regarding:* *a. The DOC's zero-tolerance policy, including offenders' right to be free of sexual abuse, sexual harassment, and disclosure-related retaliation; and,* *b. The DOC's policies and procedures for responding to such incidents.*

Upon transfer to another facility, offenders shall receive education specific to the facility's sexual abuse, sexual harassment, and report-related retaliation policies and procedures to the extent they differ from the previous facility."

The staff member assigned to provide inmate education at an intake facility shows a video (*Sexual Abuse & Sexual Harassment Prevention & Intervention*) and utilizes the *Inmate PREA Education Facilitator Guide* to facilitate discussion afterwards. The agency's zero-tolerance policy is repeated. The cross-gender announcement procedure is demonstrated and explained. The staff member assigned to provide inmate education at a transfer facility is not required to show the video but may elect to do so. The guide may stand alone or follow the video. At both intake and transfer facilities, inmates acknowledge receipt of the comprehensive education by signing the *Acknowledgment of PREA Education* offender standard form in WICS using an electronic signature pad.

The video, *Sexual Abuse & Sexual Harassment Prevention & Intervention*, was produced in 2017 by the Wisconsin Department of Corrections, Wisconsin Coalition Against Sexual Assault, and a local media firm. The video is available to the public at https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx. This auditor believes this practice exceeds the requirements of the standard as it allows friends and family to view the information and reinforces their ability to report concerns and see the steps the agency and facility take to keep their loved one safe.

All inmates interviewed indicated they had received the required information. This auditor checked the education documentation for each inmate that was selected for a targeted or random interview. A total of 40 records were reviewed. Twelve of the inmates reviewed did not receive any education. Fifteen of the inmates received education outside of the 30-day requirement.

As part of corrective action, the facility PCM was required to develop and implement a system to ensure the required education is provided to all inmates arriving at CCI within 30 days. The facility PCM was required to ensure all current inmates receive the required education.

This auditor reviewed education dates for all new arrivals or transfers to CCI each month the facility was in corrective action -

· On March 16, 2022 this auditor received a list of 28 admissions to CCI since the onsite review. There were five inmates who had education provided outside of the 30-day requirement, two that remained outstanding from prior to the onsite, and two that were not yet due.

· On April 5, 2022 this auditor received a list of 20 February and nine March admissions. There were 20 February admissions listed and nine March admissions. One of the of February admissions was late; the remainder were timely.

· On May 5, 2022 this auditor received a list of ten March and eight April admissions. One March admission was late. Six April admissions were not yet due. In the listing for May, four of the remaining admissions for April were late.

· On June 6, 2022 this auditor received two admission listings for May. Both admissions were late due to COVID protocols.

· On July 26, 2022 this auditor received a list of five June admission and six to-date admissions in July. Both months were completed within required timelines.

(d) DOC Executive Directive 72 states on page eight, *"Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities."*

There are nine versions of the video available, depending on the needs of the intended audience – three versions for male inmates, female inmates, and youth. The three versions for each audience include one in English, one with English subtitles, and one in Spanish. The facilitator guide directs staff to provide the information in an alternate format if an inmate has a known limitation that inhibits their ability to understand PREA education. The *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook and inmate posters are available in English and Spanish.

(f) The *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook is provided to each inmate upon arrival to CCI. Information is readily available on the reverse side of their inmate identification card. Page ten of the CCI Inmate Handbook contains information about the Prison Rape Elimination Act, including reporting options and the zero-tolerance policy. Key information is also continuously and readily available on posters throughout the facility.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant

	with this standard of inmate education as it relates to PREA.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 *DOC Sexual Abuse & Sexual Harassment Investigations* training curriculum *DOC Sexual Abuse & Sexual Harassment Investigations Resource Guide* Investigative staff training records Interviews with investigative staff (a-c) DOC Executive Directive 72 states on page eight, *"Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion."* Facility and agency investigators conduct administrative investigations. Investigations involving potentially criminal behavior are referred to the Columbia County Sheriff's Office. This auditor reviewed the *DOC Sexual Abuse & Sexual Harassment Investigations* training curriculum and accompanying *Resource Guide*. The training includes instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training on Miranda, Garrity and Wisconsin's Oddsen warnings take place on day three of the investigator training. Interviews with investigative staff indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations. CCI has nine facility investigators and DOC has 25 central office investigators. The PREA Director's office maintains a spreadsheet noting all trained investigators employed by the agency. This auditor reviewed training dates for all 34 CCI staff to ensure the required training was received. (d) This provision is not required to be audited. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of specialized training for investigations as it relates to PREA.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 *DOC PREA for Healthcare Staff* curriculum Staff training records Interviews with medical and mental health staff (a, c) DOC Executive Directive 72 states on page eight, *"All medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on the subparts below. The DOC shall maintain documentation that such training has been received.* *a. How to detect and assess signs of sexual abuse and sexual harassment;* *b. How to preserve physical evidence of sexual abuse;* *c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and* *d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."* This auditor reviewed the curriculum to ensure a comprehensive training program that provides detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The PAQ indicated there were 18 medical and mental health practitioners subject to this standard during the audit review period. This auditor reviewed training records for all 18 staff members. Two staff members were not required to complete the training until February 2022. Interviews with medical and mental health staff indicated they were knowledgeable of the required elements. (b) As the agency does not employ medical staff to conduct forensic medical examinations, this subsection of the standard does not apply. (d) In addition to the PREA training provided to all employees, medical and mental health staff receive additional training specific to their responsibilities with PREA. This auditor reviewed the training curriculum to ensure it provided detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of specialized training, medical and mental health care as it relates to PREA.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #140.30.01, *Screening for Risk of Sexual Abusiveness & Sexual Victimization* DOC-2863, *Sexual Abuse Incident Review (SAIR) Form - PREA* *DOC PREA Admission – Adult Male Facility* risk screening form *DOC WICS User Guide – Special Handling (SH) PREA* Interview with PREA director Interview with PREA compliance manager Interviews with staff responsible for conducting risk screening Interviews with randomly selected inmates Inmate file reviews (a-e) DOC Executive Directive 72 states on pages eight and nine, *"Offenders shall be assessed during an initial screening with 72 hours of arrival at the facility, and again upon transfer to another facility, for risk of being sexually abused by other offenders or sexually abusive towards other offenders. The objective screening instrument shall include, at minimum, the following criteria* [§115.41(a-e), §115.341(a-c)]. *Facilities shall not consider lesbian, gay, bisexual, transgender or intersex identification or status as an indicator or likelihood of being sexually abusive."* DOC has created a *WICS [Wisconsin Integrated Corrections System] User Guide* that outlines the purpose of the screening: *"PREA Standard 115.41 requires that the Wisconsin Department of Corrections screen all inmates for risk of being sexually abused by other inmates or sexually abusive towards other inmates with the goal of keeping those at high risk separated from one another."* DAI Policy #410.30.01 states on page three, *"Inmates shall be screened within 72-hours of admission to any DAI facility for risk of being sexually abused by other inmates or sexually abusive towards other inmates."* Screenings have been documented in WICS since 2017. Screenings prior to 2017 were completed in paper format. If the electronic system is not available, a paper format of the screening is completed, and responses are transferred to WICS as soon as possible. All screenings are administered in a private location. DOC uses a different screening form for male and female inmates. Sections A and B of the electronic PREA screening form contains all ten considerations to assess an inmate's risk for sexual victimization as described in the standard. The PREA screening form also assesses an inmate's aggressive/predatory factors. Section C will be completed if the screener believes an override of the automatic scoring is necessary. Section D is used for the 30-day follow up risk screening. (f) DOC Executive Directive 72 states on page eight, *"In addition to the initial screening, within 30 days of arrival, the facility shall reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening."* This auditor reviewed the 72-hour and 30-day screenings completed for every inmate selected for a targeted or random interview, for a total of 40 files. Only four of the forty inmates had received both the 72-hour and 30-day risk screening within required timelines. Seven of the 72-hour screenings were late, and 20 of the 30-day screenings were late. Seven inmates did not receive a 30-day screening. Three inmates had both the 72-hour and 30-day screenings within seven days or less of their arrival to the facility. As part of corrective action, the facility PCM was required to develop and implement a system to ensure risk screenings are conducted in a timely manner. This auditor reviewed the timeliness of 72-hour and 30-day risk screenings each month the facility is in corrective action. · On April 4, 2022 this auditor received admission listings for February and March. All 72-hour and 30-day screenings were conducted in a timely manner. · On May 5, 2022 this auditor received admission listings for March and April. One 30-day screening was late. · On June 6, 2022 this auditor received two admission listings for May. Both 72- hour and 30-day screenings were conducted in a timely manner. · On July 26, 2022 this auditor received five admission listings for June and six admission listings to-date in July. All 72-

hour screenings were conducted in a timely manner. The 30-day screenings for June were conducted in a timely manner. The 30-day screenings for July were not yet due.

(g) DOC Executive Directive 72 states on page eight, *"Thereafter, 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."*

DAI Policy #410.30.01 states on page three, *"Thereafter, an inmate may be referred for a follow-up rescreening by any staff member if and when: the inmate is the alleged victim or suspect of sexual abuse; the inmate discloses identification as lesbian, gay, bisexual, transgender or intersex and their identification was not revealed during the last screening; the inmate discloses a past unwanted or abusive sexual experience(s) while confined and the experience(s) was not revealed during the last screening; the inmate requests a screening; the inmate is referred for a rescreening by facility staff; or, additional information is received that bears on an inmate's risk of sexual victimization or abusiveness."*

To ensure part of the requirement is not missed, the DOC-2863 form reminds those participating in a sexual abuse incident review that the alleged victim and suspected perpetrator should have been rescreened for risk.

(h) DOC Executive Directive 72 states on page eight, *"Offenders may not be disciplined for refusing to answer or for failing to disclose information in regards to the assessment questions."*

DAI Policy #410.30.01 states on page three, *"Inmates may not be disciplined for refusing to answer or for failing to disclose responses to the screening questions."*

Interviews with staff who conduct risk screening indicated that if an inmate refused to answer questions, they would complete the screening with information otherwise available to them. Staff are permitted to review and record a minimum amount of protected health information to determine an inmate's risk. There were no interviews of inmates that indicated they had been disciplined for refusing to answer screening questions. None of the screenings reviewed indicated the inmate refused to answer questions.

(i) DOC Executive Directive 72 states on page nine, *"Appropriate controls shall be placed on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders."* Interviews with screening staff indicated they are aware that information obtained during the screening process is to remain confidential unless there is a legitimate need to know.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for risk of sexual victimization and abusiveness as it relates to PREA.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #306.00.72, *Screening for Risk of Sexual Abusiveness & Sexual Victimization* DOC-2570 form, *Inmate Offsite Review* DAI Policy #500.70.27, *Transgender Inmates* Interview with PREA director Interview with PREA compliance manager Interview with staff responsible for risk screening Interview with inmates who identify as transgender, intersex, gay, bisexual Inmate file reviews Observation of facility operations while onsite (a) DOC Executive Directive 72 states on page ten, *"Information obtained from the initial or follow-up screening shall inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. For the purposes of education, programming, work, and recreation activities, line-of-sight monitoring by DOC staff is sufficient to maintain separation."* DAI Policy #306.00.72 states on pages three and four, *"Screening information shall be used to inform staff making housing and bed assignments. The expectation is to keep inmates who score as a high risk of being sexually victimized separate from those scoring as a high risk for being sexually abusive.* *Screening information shall be used to inform staff making work, education, and program assignments. The expectation is to supervise or separate inmates who score as a high risk of being sexually victimized from those scoring as a high risk for being sexually abusive.* *Depending upon each inmate's responses and history, the screening tool categorizes each as being designated a ROV [Risk of Victimization], ROA [Risk of Abusiveness], or none. ROV and ROA categorizations shall be recorded as a security special handling type and security housing recommendation in WICS."* Information from the screening form is considered in the final determination of the inmate's housing and program assignments. Those at risk of abusiveness may participate in programming and work assignments with those at risk of victimization if there is adequate staff supervision. A PREA status review is part of all offsite work requests and noted on form DOC-2570. While the screening tool is compliant with the requirements of the standard, information from the screening tool cannot adequately inform safety determinations for each inmate if the screenings are not conducted as required in §115.41. This auditor reviewed the 72-hour and 30-day screenings completed for every inmate selected for a targeted or random interview, for a total of 40 files. Only four of the forty inmates had received both the 72-hour and 30-day risk screening within required timelines. Seven of the 72-hour screenings were late, and 20 of the 30-day screenings were late. Seven inmates did not receive a 30-day screening. Three inmates had both the 72-hour and 30-day screenings within seven days or less of their arrival to the facility. As part of corrective action, the facility PCM was required to develop and implement a system to ensure risk screenings are conducted in a timely manner. This auditor reviewed the timeliness of 72-hour and 30-day risk screenings each month the facility was in corrective action. • On April 4, 2022 this auditor received admission listings for February and March. All 72-hour and 30-day screenings were conducted in a timely manner. • On May 5, 2022 this auditor received admission listings for March and April. One 30-day screening was late. • On June 6, 2022 this auditor received two admission listings for May. Both 72- hour and 30-day screenings were conducted in a timely manner. • On July 26, 2022 this auditor received five admission listings for June and six admission listings to-date in July. All 72-hour screenings were conducted in a timely manner. The 30-day screenings for June were conducted in a timely manner. The 30-day screenings for July were not yet due.

(b) DAI Policy #306.00.72 states on page four, *"Individualized determinations about how to ensure the safety of each inmate shall be made."* This auditor reviewed the March 2021 Staffing Plan, which shows the facility takes care to identify those inmates with unique needs who may be especially vulnerable to any form of abuse, including sexual.

The screening tool has an additional Section C at the bottom of the form for the risk screener to document other factors related to aggressive/vulnerability that may be significant, but not otherwise addressed in the scored questions, that warrant an override. There may be special circumstances indicated by the inmate's behavior, criminal history, needs, or medical/mental health status that have not been addressed adequately and warrant placement in a living unit other than what has been indicated. Staff are instructed to provide detailed information. Overrides can be requested to change an inmate's housing consideration from a lower or a higher level. Overrides are encouraged when an inmate's score does not seem to be an accurate reflection of their actual risk of sexual victimization or abusiveness.

(c, e) DOC Executive Directive 72 states on page 11, *"When making facility, cell/unit housing and programmatic assignments for transgender or intersex offenders the DOC shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems, in addition to serious consideration of the offender's own views with respect to their own safety."*

DAI Policy #300.00.72 states on page four, *"If any inmate identifies as transgender or discloses an intersex condition, the screener shall notify the facility's PSU Supervisor or designated staff member to, in consultation with classification, security and/or healthcare staff, ensure:*

1. An inmate is not placed in a dedicated facility, unit or wing solely on the basis of such identification or status.

2. Housing and programming assignments are made on a case-by-case basis. Such placement decisions shall ensure the inmate's health and safety, which includes giving serious consideration to the inmate's own view of safety and any management or security problems."

DAI Policy #500.70.27 outlines the agency's approach to providing appropriate treatment and accommodations for inmates who are transgender, meet DSM-5 criteria for Gender Dysphoria (GD), or have a verified intersex condition. Inmates may identify as transgender or intersex at intake or at any other time while incarcerated. Upon identification, staff will notify the PSU supervisor who will make further notifications. DOC utilizes a Transgender Committee to make individualized facility placement decisions for transgender inmates. Committee members include the Bureau of Health Services (BHS) Director, Medical Director, Mental Health Director, GD Medical Consultant, Psychology Director, Psychiatry Director, Division of Community Corrections (DCC) Psychology Manager, PREA Director, Nursing Director, DAI Security Chief, Facility head or Deputy Warden, and others as deemed appropriate. The committee convenes at least quarterly and is required by policy to address issues pertaining to inmates or offenders who are transgender or diagnosed with GD or an intersex condition. The committee may consult with community-based providers who specialize in the evaluation and treatment of GD to make recommendations regarding medically necessary treatment and will make recommendations as needed regarding management issues, allowed property, and accommodations.

All facilities are approved for transgender or intersex inmates except Prairie du Chien Correctional Institution, Gordon Correctional Center, McNaughton Correctional Center, Chippewa Valley Correctional Treatment Facility, Flambeau Correctional Center, and St. Croix Correctional Center. Placement may occur at any approved site. Inmates who have completed sexual reassignment surgery prior to being incarcerated are placed at a facility after consultation with the committee, and placement *"…shall be, in most cases, consistent with the reassignment treatment."*

Transgender inmates are permitted by policy to wear undergarments corresponding to the desired gender. Cosmetics are allowed for all inmates, regardless of facility. Indigent inmates may submit a written request to HSU for chemical depilatory products for hair removal.

While all policy language states facility and housing assignments shall be made on a case-by-case basis, staff interviews indicated inmates are housed based on their genital status - inmates with male genitalia are housed at men's facilities, and inmates with female genitalia are housed at women's facilities. This was confirmed by the PREA Director and is not consistent with the requirements of this standard.

For corrective action:

1. The PREA Director worked with agency leadership to develop policy language and housing criteria that guides a meaningful, case-by-case determination for housing, programming, and work assignments that is not based on genital status. Once developed, the policy and housing criteria was provided to this auditor for review, along with a timeline for providing training to agency and facility leadership.

A revised DAI Policy #500.70.27 was approved by agency leadership and became effective April 4, 2022. This policy outlines how the agency will provide appropriate treatment, housing and accommodations for people in custody who are transgender, meet DSM-V criteria for Gender Dysphoria or have a verified intersex condition.

The policy implements 11 specific guidelines to be considered after a person in custody requests placement at a facility consistent with their gender identity. The policy implementation includes form DOC-3793, *Transgender Housing Evaluation*, for use when a transgender person in custody requests new placement. The form captures each guideline, benchmarks, comments from the psychological services unit, and transgender housing committee notes. Reasons for the ultimate decision and any recommended follow up are documented and moved forward to the agency head, who ultimately approves, denies, or defers the decision. When a person requesting housing consistent with their gender identify is transferred, steps are taken to ensure safety (to include placement in a single cell and separate showers). The person in custody may request the gender of the staff person who performs clothed and unclothed searches. For any off-site transports, at least one staff member of the appropriate gender will be assigned, subject to availability of such staff.

This auditor reviewed the Transgender Committee meeting minutes from April 11, 2022 where one transgender person in custody's request was evaluated and deferred for two months due to specific security threats.

The PREA Director provided this auditor with a training plan to make staff and people in custody aware of the policy and operational change. The training will begin with the women's facilities in Wisconsin, as they would likely be the first places to accept a transgender person. Memos from the agency head to all staff and people in custody were drafted to provide explanation of the policy update; assure careful assessment of candidates; set an inclusive, professional tone; and provide resources and training opportunities. The staff memo reinforces the agency expectation around professionalism and respect.

(d) DAI Policy #500.70.27 states on page three, *"Placement and programming assignments shall be reassessed a minimum of every six months at a reclassification hearing to review any threats to safety experienced by the inmate. The assigned OCS [Offender Classification Specialist] shall document in the WICS current offense description box: DAI Policy 500.70.27 applies to the management of this inmate with the requirement for classification review every six months."*

DAI Policy #300.00.72 states on page four, *"In accordance with DAI policy 500.70.27, placement and programming assignments shall be reviewed at a reclassification hearing a minimum of every six months to review any threats to safety experienced by the inmate."*

This auditor interviewed three transgender inmates during the onsite review. Six-month reviews for transgender inmates at CCI take place during scheduled classification reviews. The assigned social worker/treatment specialist meets with the transgender inmate and inquires about their perception of safety in housing and programming assignments. This auditor reviewed classification reviews and timeliness for one of the three transgender inmates interviewed.

(f) DAI Policy #300.00.72 states on page four, *"Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates who are not transgender or intersex."*

DAI Policy 500.70.27 states on page five, *"Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Inmates taking cross-gender hormones or with secondary sex characteristics of the desired gender (e.g., biological males with breast development) shall shower separately from inmates who are not transgender or intersex. Security, PSU, or HSU staff may make this determination. For any inmate who showers separately, PSU staff shall enter a 'Shower Separately' designation into the WICS Special Handling module."*

This auditor interviewed three transgender inmates at the time of the onsite review. All transgender inmates indicated they had the opportunity to take a separate shower.

(g) According to the agency PREA Director, CCI is not subject to a consent decree, legal settlement, or legal judgment for protecting LGBTI inmates, and does not place those inmates in dedicated facilities, units, or wings solely based on such identification. No LGBTI inmates indicated in their interviews that they had been housed in such a manner.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of use of screening information as it relates to PREA.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #306.05.01, *Protective Confinement* DAI Policy #306.00.72, *Screening for Risk of Sexual Abusiveness & Sexual Victimization* DOC-30, *Review of Inmate in Restrictive Housing* form Inmate housing records Interview with facility head Interviews with random inmates (a) DOC Executive Directive 72 states on page ten, *"Offenders at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment."* DAI Policy #306.05.01 states on page two, *"Inmates at high risk for sexual victimization shall not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made there is no available alternative means of separation from likely abusers. An inmate shall not be held for more than 24 hours pending this assessment."* DAI Policy #306.00.72 states on pages four and five, *"Inmates at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has likely ben made there are no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the facility may separate the inmate involuntarily from the general population for less than 24 hours while complete the assessment. If an inmate is voluntarily separated from the general population the facility shall document the basis for the facility's concern for the inmate's safety and the reason an alternate placement cannot be arranged."* (b) DOC Executive Directive 72 states on page ten, *"Offenders separated from the general population for this purpose shall have access to programs, privileges, education, or work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities the facility shall document the opportunities limited, the reason for such limitations and the duration of the limitation."* (c) DOC Executive Directive 72 states on page ten, *"Involuntary separation from the general population shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days."* (d) DOC Executive Directive 72 states on page ten, *"If an offender is involuntarily separated from the general population the facility shall document the basis for the facility's concern for the offender's safety and the reason an alternate placement cannot be arranged."* (e) DOC Executive Directive 72 states on page ten, *"Every 30 days, the facility shall review the offender's circumstances to determine whether there is a continuing need for separation from the general population and document accordingly."* DAI Policy #306.05.01 states on page three, *"Ensure inmate's protective confinement placement is reviewed every 30 days to determine if placement remains necessary. Document reviews of existing protective confinement placement on DOC-30."* CCI has not used involuntary segregation as a means of separation or protection for inmates at high risk for sexual victimization. Inmates can be moved to another housing unit, if necessary. No inmate interviewed indicated they had been placed in involuntary segregation as a means of separation or protection from being sexually victimized. All staff interviewed indicated they would utilize a move to a different housing unit or move an alleged perpetrator, prior to utilizing involuntary segregation. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for risk of protective custody as it relates to PREA.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC inmate posters within the facility DOC "Third Party" posters within the facility *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook Interview with PREA Compliance Manager Interviews with random staff Interviews with random contractors and volunteers Interviews with random inmates (a) DOC Executive Directive 72 states on page 11, *"The DOC shall provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents."* Internal and external reporting options are readily available to inmates on the PREA signs (in English and Spanish) posted throughout the facility. Inmates are encouraged to tell any staff person, write any staff person, dial an internal or external telephone number, file a grievance, tell a third party, or write to local law enforcement. (b) DOC Executive Directive 72 states on page 11, *"In addition, the DOC shall provide at least one way for offenders to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC."* Inmates are notified of the external reporting option on the PREA signs throughout the facility. A PIN is not needed to make an external report. CCI has an agreement with the Dane County Sheriff's Office as an external reporting mechanism. Any inmate can make a report to them by dialing 888 on the inmate telephone system. Interviews with random inmates indicated they are aware of available reporting mechanisms. CCI does not house inmates detained solely for civil immigration purposes. (c) DOC Executive Directive 72 states on page 11, *"Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports…"* Staff are trained on the expectation to immediately report during PREA-related trainings, as verified by curriculum review and through interviews with random staff. This auditor reviewed one example of written documentation after receiving a verbal report from an inmate. (d) DOC Executive Directive 72 states on page 12, *"The DOC shall provide a method for employees to privately report sexual abuse and sexual harassment of offenders."* CCI staff, volunteers, and contractors can report sexual abuse and sexual harassment privately to any supervisor. Interviews with staff and contractors did not indicate that any person had concerns with regards to private reporting mechanisms and all stated that they felt comfortable reporting. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for inmate reporting as it relates to PREA.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #310.00.01, *Inmate Complaints Regarding Staff Misconduct* Agency Administrative Code, Chapter 310.08, *PREA Complaint Procedure* CCI Inmate Handbook Interview with the agency PREA Director Interview with Institution Complaint Examiner (a) DOC Executive Directive 72, states on page 12, *"All sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Inmates shall 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."* DAI Policy #310.00.01 states on page one, *"Complaints regarding staff sexual misconduct shall be handled according to provisions of Executive Directive 72 to ensure an investigation by facility or law enforcement is not impeded. If a complaint alleges staff sexual misconduct, the ICE* [Institution Complaint Examiner] *shall not interview the complaining inmate or anyone else, but instead shall immediately refer the complaints to the Warden/designee to ensure processing in compliance with Executive Directive 72."* (b) DOC Executive Directive 72 states on page 12, *"A time limit shall not be imposed on when an offender may submit a complaint regarding an allegation of sexual abuse or sexual harassment though other applicable time limits may still apply to any portion of the complaint that does not allege an incident of sexual abuse or sexual harassment. All appeals shall be made in accordance with Wisconsin State statutory time limits and referred to the appropriate reviewing authority. The complaint process shall not include a mandatory informal resolution requirement."* DOC 310.08 states, *"Notwithstanding s. DOC 310.07(2), an inmate may file a complaint regarding sexual abuse or sexual harassment at any time. If a portion of the complaint alleges an issue that does not related to sexual abuse or sexual harassment, the time limits under s. DOC 310.07 apply. Notwithstanding s. DOC 310.07(1) or (8), an inmate is not required to attempt to resolve the issue with the staff member who is the subject of the complaint or to file a complaint regarding sexual abuse or sexual harassment with the staff member who is the subject of the complaint. The inmate may use an alternative method of filing, including submission of the complaint directly to the warden. Complaints filed under this section will be referred for a PREA investigation. Department policy shall address the requirements that investigations regarding allegations of sexual abuse or sexual harassment be completed within established time frames."* Page 47 of the CCI Inmate Handbook states, *"An inmate may file a complaint regarding sexual abuse or sexual harassment at any time. If a portion of the complaint alleges an issue that does not relate to sexual abuse or sexual harassment, the time limits apply."* CCI did not deny any grievances of this nature due to a time limitation during the audit review period. (c) DOC Executive Directive 72 states on page 13, *"Each facility shall ensure that an offender who alleges sexual abuse or sexual harassment may submit a complaint without submitting it to an employee who is the subject of the complaint and that such a complaint is not referred to an employee who is the subject of the complaint. The offender may use an alternate method of filing."* Page 47 of the CCI Inmate Handbook states, *"An inmate is not required to attempt to resolve the issue with the staff member who is the subject of the complaint or to file a complaint regarding sexual abuse or sexual harassment with the staff member who is the subject of the complaint."* (d) DOC Executive Directive 72, states on page 12, *"All sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Inmates shall 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."* Page 47 of the CCI Inmate Handbook states, *"Complaints filed under this section [Complaint Procedures] will be referred for*

a PREA investigation."

During the audit review period, CCI received 10 grievances alleging staff sexual misconduct and six grievances alleging inmate sexual misconduct. This auditor reviewed four staff grievance packets and three inmate grievance packets for compliance with the standards. This auditor requested follow up information related to two of the grievances. All seven grievance packets were handled according to PREA standards.

(e) DOC Executive Directive 72 states on page 13, *"Third parties, including fellow offenders, employees, family members, attorneys and outside advocates, shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment. Complaints filed shall be referred for sexual abuse and/or sexual harassment investigation."*

DOC 310.08 states, *"Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist an inmate in filing a request for administrative remedies relating to allegations of sexual abuse or sexual harassment and shall also be permitted to file such requests on behalf of inmates. Requests for administrative remedies filed under this section will be referred for a PREA investigation."*

Page 48 of the CCI Inmate Handbook restates the same information found in DOC 310.08.

There were no grievances filed by a third party during the audit review period.

(f) DOC Executive Directive 72 states on page 13, *"If an offender alleges that he or she is subject to a substantial risk of imminent sexual abuse, the offender may contact any employee who is not the subject of the allegation. Staff shall immediately forward the allegation to facility leadership for immediate corrective action. Facility leadership shall provide an initial response within 48 hours and issue a final decision within 5 calendar days. The initial response and final facility decision shall document the facility's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint. Further response shall be in accordance with Employee Reporting."*

DOC 310.08 states, *"Emergency grievance procedures for complaints alleging a substantial risk of imminent sexual abuse or sexual harassment will be handled in the following manner: the inmate may contact any staff member who is not the subject of the allegation for immediate corrective action. The inmate may file a complaint. Complaints collected under s. DOC 310.08 shall be immediately forwarded to the warden to determine if immediate action is warranted. Reports of substantial risk of imminent sexual abuse or sexual harassment outside of the complaint process under this chapter shall be immediately forwarded to the warden to determine if immediate action is warranted. Further response will be in accordance with department policy."*

Page 48 of the CCI Inmate Handbook states, *"Emergency grievance procedures for complaints alleging a substantial risk of imminent sexual abuse or sexual harassment are: 1. The inmate may contact any staff member who is not the subject of the allegation for immediate corrective action. 2. The inmate may file a complaint. Complaints collected under s. DOC 310.08 shall be immediately forwarded to the warden. 3. Reports of substantial risk of imminent sexual abuse or sexual harassment outside of the complaint process under this chapter shall be immediately forwarded to the warden."*

There were no emergency grievances filed during the audit review period.

(g) DOC Executive Directive 72 states on page 13, *"The DOC may discipline an offender for a complaint filed alleging sexual abuse or sexual harassment only where the DOC demonstrates that the complaint was filed in bad faith."*

DOC 310.08 states, *"The warden may discipline an inmate for filing a complaint related to alleged sexual abuse or sexual harassment only if the warden demonstrates that the inmate filed the complaint in bad faith."*

Page 48 of the CCI Inmate Handbook states, *"The warden may discipline an inmate for filing a complaint related to alleged sexual abuse or sexual harassment only if the warden demonstrates that the inmate filed the complaint in bad faith."*

CCI did not discipline any inmates for filing a grievance in bad faith during the audit review period.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for exhaustion of administrative remedies as it relates to PREA.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Memorandum of Understanding with Hope House *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook Form POC-41B, *Sexual Abuse in Confinement: A Resource for Offenders* Form DOC-2937, *Advocacy Request Form* Interview with confidential, community-based advocate Interview with PREA Compliance Manager Interviews with random inmates (a-c) DAI Policy #410.20.01 directs that upon arrival at an intake facility, each inmate will receive a copy of the *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook and a copy of form POC-41B. Form POC-41B provides additional support information for victims of sexual abuse, including the name, address, and telephone number for the local sexual assault service provider. The information is provided again at any subsequent facilities. The bottom of the form includes information about the extent to which communications will be monitored – *"Every effort will be made to ensure that your communication with the local sexual assault service provider remain confidential. Your PIN is not needed to make this call. These calls are not recorded or monitored. Written correspondence may be opened or inspected and may be read with the written approval of the Security Director. In person communication will be arranged in as private and confidential manner as possible."* DOC Executive Directive 72 states on page 14, *"…the facility shall provide offenders with access to outside victim advocates, with whom the DOC shall maintain or attempt to enter into memoranda of understanding with, for emotional support services related to sexual abuse. Access includes giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."* DOC has a written and signed Memorandum of Understanding (MOU) with Hope House that was executed on March 16, 2017. The term of the MOU is until any party gives written notice that they intend to terminate the agreement. Through the agreement, Hope House provides an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview processes, as requested by the victim via DOC, if available. Hope House will provide emotional support services, to include crisis intervention, information, and referral. These services may be conducted by mail, in person, by telephone, or an approved telecommunications method. PREA postings within CCI state, *"Even if you choose not to report you can still receive support. This community has a sexual assault service provider. Sexual assault service providers are trained to provide confidential support after sexual abuse. They will listen and provide information and education. Their services are free and not connected to WI Department of Corrections."* The posting identifies Hope House, provides an internal telephone number, and their mailing address. It notes that a PIN is not needed to place a call that is not monitored or recorded. It notes that written correspondence may be opened or inspected and may be read with the written approval of the security director. After a reported experience of sexual abuse, inmates are provided with an *Advocacy Request* form. The form outlines the assistance available from the community's local sexual assault service provider, in addition to the on-site facility-related support. If requested by the incarcerated survivor, the facility's victim services coordinator will share their name with Hope House and indicate their interest in receiving support services. The form notes that inmates are free to reach out on their own by calling #999 from any inmate phone. The original is maintained by the facility's victim services coordinator, with a copy provided to the incarcerated survivor. In an interview with a confidential, community-based advocate, this auditor verified that Hope House receives communication from incarcerated survivors at CCI. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of inmate access to outside confidential support services as it relates to PREA.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC postings within the facility *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook DOC website DOC Executive Directive 72 states on page 11, *"The DOC shall provide a method for third-parties to report sexual abuse and sexual harassment on behalf of an offender. Information on how to report sexual abuse and sexual harassment on behalf on an offender shall be posted publicly."* The DOC website states, *"To notify DOC on behalf of an inmate or youth, a third party may report by email. Please provide as much detail as possible, including…Reports may be discussed with the victim named in the report. Information related to the report will only be shared with those who need to know to ensure the victim's safety and begin an administrative investigation."* The passage include a link to send an email to docsecosopreainvestigations@wisconsin.gov. Page ten of the *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook states, *"If you experience, witness or suspect sexual abuse or sexual harassment you can report in ANY of these ways: Tell ANY staff person. Send a request to ANY staff person. Call the PREA Reporting Hotline. Tell a family member, friend or outside support person; they may report on your behalf by telling any staff person or submitting a report at www.doc.wi.gov (click on 'Prison Rape Elimination Act'). File a complaint. Contact local law enforcement."* The *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook is available to the public on the agency's website at InmatePREAHandbook.pdf (wi.gov). DOC has created a Third-Party poster (in English and Spanish) for the entrance and in visiting areas of the facility with the following information: *"Wisconsin Department of Corrections has ZERO TOLERANCE for sexual abuse and sexual harassment. To report on behalf of an inmate: Tell ANY staff person. Go to www.doc.wi.gov. Click on Prison Rape Elimination Act. Contact local law enforcement."* Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of third-party reporting as it relates to PREA.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC PREA training curriculum DOC First Responder cards Interview with facility head Interview with PREA director Interviews with random staff Interviews with medical and mental health staff (a) DOC Executive Directive 72 states on page 11, *"Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports; and immediately report:* *a. Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC;* *b. Any incidents of retaliation against offenders or employees who reported such an incident; and/or* *c. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.* *Reports shall be immediately reported to a supervisor who is not the subject of the allegation, unless reporting to such person compromises the safety of the alleged victim, witness(es) or reporter. In those instances, a report shall be made to the Office of Special Operations, the PREA Office, local law enforcement or submitted electronically via the DOC's internet site."* DOC staff training directs that all employees *"…must accept reports made verbally, in writing, anonymously, and from third parties"* and *"…must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is a part of the DOC"*. They are required to *"…report any incidents of retaliation against offenders or employees who reported an incident, and report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."* The reports must be immediately provided to a supervisor who is not the subject of the allegation, unless reporting compromises the safety of the alleged victim, any witnesses, or the reporter. In those cases, the report shall be made to the PREA Office, local law enforcement, or submitted electronically via the DOC's website. Interviews with random staff indicated they are aware of their responsibility to immediately report, as required by agency policy, staff training, and the standard. (b) DOC Executive Directive 72 states on page 12, *"Employees shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators and designated officials. Such information shall be limited to information necessary to make treatment, investigation and other security and management decisions."* DOC staff training directs, *"Apart from reporting to designated supervisors, staff shall not reveal any knowledge, suspicion, or information related to sexual abuse other than to the extent necessary to make treatment, investigation, and other security and management decisions."* DOC has created a series of First Responder cards based on position – Community Corrections staff, Healthcare staff, Youth Counselor, Non-Security staff, and Security staff. The card has a notice of confidentiality as a reminder – *"Apart from reporting to designated supervisors, staff shall not reveal any knowledge, suspicion, or information related to sexual abuse other than to the extent necessary to make treatment, investigation, and other security and management decisions."* Interviews with random staff indicated they are aware of their responsibility to keep information related to sexual abuse confidential, as required by agency policy, staff training and the standard. (c) DOC Executive Directive 72 states on page 12, *"Medical and mental health practitioners shall be required to report sexual abuse and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services."* DOC-mandated training for all staff directs, *"Professionals, including correctional officers, teachers, medical and mental*

	health clinicians, are mandated reporters." DOC medical and mental health staff are required to report information regarding sexual abuse and sexual harassment. Interviews with those staff indicated they are aware of their responsibility. DOC inmates sign an informed consent form prior to receiving services that states medical and mental health staff will report if inmates disclose that they have been sexually assaulted or harassed by other inmates or staff. (d) DOC Executive Directive 72 states on page 12, *"If the alleged victim is under the age of 18 or considered a vulnerable adult in accordance with State or local statute, the DOC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws."* There were no reports of this nature during the audit review period. (e) DOC Executive Directive 72 states on page 15, *"The DOC shall ensure than an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third parties and anonymous sources."* Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of staff and agency reporting duties as it relates to PREA.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC First Responder cards Interview with facility PREA Compliance Manager Interviews with random staff (a) DOC Executive Directive 72 states on page 13, *"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."* To ensure staff are aware of their role as a first responder, DOC has created a series of First Responder cards based on position – Community Corrections staff, Healthcare staff, Youth Counselor, Non-Security staff, and Security staff. The card directs staff to take the following action in the event there is suspicion of or a report of imminent harm: *"Act to protect the offender from immediate harm.* *Gather basic information about the offender's risk.* *Notify a security supervisor.* *Document the reported concern and response."* Interviews with random staff indicated they are aware of their responsibility to take immediate action if they learn an inmate is subject to substantial risk of imminent sexual abuse. The facility PREA Compliance manager indicated the facility did not have to take any immediate actions during the audit period due to an inmate being at substantial risk of imminent sexual abuse. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of agency protection duties as it relates to PREA.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 Documentation of one allegation Interview with facility head Interview with facility PCM Interviews with investigative staff (a-d) DOC Executive Directive 72 states on page 12, *"Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported by the head, or designee, of the facility to the head, or designee, of the facility where the alleged abuse occurred. In the event the alleged victim is a juvenile, facility employees shall also notify the appropriate investigative agency. All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated."* DOC has developed a template to be sent from the facility head where the allegation was received to the facility head where the allegation was reported to have occurred. The template reflects the language in the standard, and includes the reporting inmate's name, date of incident and incident details. The template is completed in the electronic database, which automatically notifies a list of recipients at the location where the allegation was reported to have occurred. The list of recipients at the location where the allegation was reported to have occurred did not include the facility head. On March 1, 2022 this auditor was provided with documentation from the agency PREA coordinator of direction regarding prior confinement notifications: *"The action steps are:* *1. Upon receipt of a report of sexual abuse at another confinement facility, PCM shall take first responder actions as appropriate and document in SINC, at minimum.* *2. If the report has previously been responded to, PCM shall indicate the known prior follow-up actions in SINC and distribute to the appropriate location. Done.* *3. If the report has not previously been responded to, PCM shall complete DOC-2933 and forward to their Warden/Sup.* *4. Within 72 hours of receiving the allegation, the Warden/Sup shall email the Warden/Sup where the alleged incident occurred; attach the informational 2933 and Cc the PCM.* *5. PCM shall upload the 2933 and emailed notification in SINC. Distribute the report to the appropriate location in SINC.* *Please note, the 72-hour window does not account for weekends, holidays, or time off. Please identify a backup process if the Warden/Sup or PCM is unavailable. In the unusual event the Warden/Sup is unable to send, the next most senior person shall make the notification."* Direction was provided in writing to all PREA Compliance Managers, Wardens, and Center System Superintendents on February 25, 2022. An interview with the facility head, facility PCM, investigative staff confirmed they are aware of these requirements. The facility received two allegations and referred one allegation during the audit period. The allegation was reported to CCI on December 23, 2021 and had not yet been referred to the facility where it was reported to have occurred at the time of the onsite review. The referral was completed while the audit team was onsite. There were no additional allegations reported to CCI during the corrective action period. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of reporting to other confinement facilities as it relates to PREA.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC PREA Training Curriculum DOC First Responder cards Interviews with random staff (a) DOC Executive Directive 72 states on pages 24 and 25, *"Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to, at a minimum:* *a. Separate the alleged victim and abuser;* *b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;* *c. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and* *d. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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."* DOC Staff PREA training curriculum explains first responder actions may be different based on the employee's position and may need to be adjusted based on the incident or reported information. The training states, *"For example, in an emergency situation you may have to separate the alleged victim and suspect or respond to acute medical needs, before notifying a supervisor or asking questions. Or, if the alleged incident happened long ago there may be no need to ask the victim to refrain from actions that could destroy or damage physical evidence."* To ensure staff are aware of their role as a first responder, DOC has created a series of First Responder cards based on position – Community Corrections staff, Healthcare staff, Youth Counselor, Non-Security staff, and Security staff. The Security staff First Responder card reminds staff to ask basic questions; notify their supervisor immediately; separate the alleged victim and suspect; notify HSU/PSU; preserve and protect any crime scene; maintain custody of evidence; and, document the incident and response. During the audit review period, there were five allegations of sexual abuse were reported within a time that still allowed for the collection of physical evidence. Interviews with random security staff and three staff who had acted as first responders indicated they understood their responsibilities. (b) DOC Executive Directive 72 states on page 13, *"If the first employee responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff."* The Non-Security staff First Responder card reminds staff to ask basic questions; notify their supervisor immediately; request that the alleged victim not take any actions that could destroy physical evidence; and, document the incident and response. During the audit review period there were five allegations of sexual abuse reported within a time frame that allowed for the collection of physical evidence. Non-security staff were not first responders for any of the five allegations, but interviews with random non-security staff indicated they understood their responsibilities. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with this standard of staff first responder duties as it relates to PREA.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 CCI Coordinated Response Plan (a) DOC Executive Directive 72 states on page 13, *"Each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among employee first responders, medical and mental health practitioners, investigators and facility leadership."* DOC provides a template for facilities to be used as a guide during the construction of a facility-specific coordinated response plan. CCI last created/revised their facility-specific plan in December 2021 and it outlines the actions taken by facility staff in response to an incident of sexual assault. The response includes when the initial disclosure is within 120 hours of a sexual assault incident, investigative actions, the forensic examination, after action and follow-up care, court referral/presentation and the after-action review. The plan includes a flow chart for the process from report through investigation and a list of critical contacts for notification purposes. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of coordinated response as it relates to PREA.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: DOC Executive Directive 72 Interview with agency head/designee Interview with facility head (a) DOC Executive Directive 72 states on page five, *"Neither the DOC nor any other governmental entity responsible for collective bargaining on the DOC's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the DOC's ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."* Interviews with the agency head and facility head confirmed they do not engage in any form of collective bargaining. (b) Auditor is not required to audit this provision. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of coordinated response as it relates to PREA.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 Form DOC-2805, *Sexual Abuse Allegation Staff Retaliation Monitoring* Form DOC-2767, *Sexual Abuse & Sexual Harassment Incident VSC Response Checklist* Interview with PREA Compliance Manager Review of investigative files (a) DOC Executive Directive 72 states on pages 16, *"Each facility shall designate an employee(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected."* The facility PCM is tasked with monitoring staff members involved in the reporting or investigation of sexual abuse, using the DOC-2805 form. The facility Victim Services Coordinator/Psychologist Supervisor is tasked with monitoring any inmates involved in the reporting or investigation of sexual abuse, using the DOC-2767 form. (b, e) DOC Executive Directive 72 states on page 17, *"For offenders or employees who express fear of retaliation, the facility shall take appropriate protective measures."* An interview with the facility PCM and Victim Services Coordinator indicated there are multiple protective measures that can be taken for staff or inmates who express fear of retaliation. For staff, it could include a change of job assignment, shift, or transfer to another facility. For inmates, it could include a move to unit, change in programming or work assignment, or transfer to another facility. (c-d) DOC Executive Directive 72 states on page 17, *"For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor 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. For offenders, such monitoring shall include periodic status checks. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need."* The facility PCM (for staff members) and the facility Victim Services Coordinator (for inmates) monitor retaliation for at least 90 days or beyond when there is an ongoing need. Any status checks and follow-up action steps are documented. The facility PCM stated that CCI did not receive any allegations of retaliation during the audit period. Documents in investigative files did not reveal any allegations of retaliation. An interview with the facility PCM and Victim Services Coordinator indicated they are knowledgeable of the requirements associated with retaliation monitoring. (f) DOC Executive Directive 72 states on page 17, *"The DOC's obligation to monitor shall terminate if DOC determines that the allegation is unfounded."* Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of agency protection against retaliation as it relates to PREA.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 Interview with PREA Compliance Manager Interviews with inmates who reported sexual abuse (a) DOC Executive Directive 72 states on page 14, *"Any use of restricted status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43 and §115.343 as found within Placement (section XIII.)"* The facility PREA Compliance Manager reported that CCI did not use segregated housing to protect an inmate who was alleged to have suffered sexual abuse during the audit period. This auditor interviewed four inmates who reported sexual abuse; none of them indicated they had been placed in segregated housing due to their report. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of post-allegation protective custody as it relates to PREA.

115.71	Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

CCI Pre-Audit Questionnaire (PAQ) responses
DOC Executive Directive 72
DOC Sexual Abuse & Sexual Harassment Investigations training curriculum
DOC Sexual Abuse & Sexual Harassment Investigations Resource Guide
DAI Policy #306.00.15, *Inmate Investigations*
DOC Human Resources Policy #200.30.304, *Employee Disciplinary Investigations*
Interview with PREA Compliance Manager
Interviews with investigative staff
Review of administrative and criminal investigations

(a) DOC Executive Directive 72 states on page 15, *"The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigation."*

DAI Policy #306.00.15 indicates that investigations will be completed in a timely manner and strongly recommends an investigation be completed within 30 days.

This auditor selected and reviewed nine investigations for the audit review period. During the audit period, CCI received three reports of inmate/inmate sexual harassment, 12 reports of inmate/inmate sexual abuse, two reports of staff/inmate sexual harassment, and ten reports of staff/inmate sexual abuse. One report of inmate/inmate sexual abuse was still pending investigational outcome at the time of the onsite review.

	Substantiated	Unsubstantiated	Unfounded	Total
Inmate/Inmate Sexual Abuse	2	8	1	11
Inmate/Inmate Sexual Harassment	1	2	0	3
Staff/Inmate Sexual Abuse	0	9	1	10
Staff/Inmate Sexual Harassment	2	0	0	2
	5	19	2	26

(b) DOC Executive Directive 72 states on page eight, *"Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion."*

This auditor reviewed the DOC Sexual Abuse & Sexual Harassment Investigations training curriculum and accompanying Resource Guide. The training includes instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with investigative staff indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations.

CCI has nine facility investigators and DOC has 19 central office investigators. The PREA Director's office maintains a spreadsheet noting all trained investigators employed by the agency. This auditor reviewed training dates for all 28 staff to ensure the required training was received.

(c) DOC Executive Directive 72 states on page 15, *"Investigators shall preserve and/or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."*

An interview with investigative staff indicated they are knowledgeable on evidence collection, interviewing and interrogation techniques and the requirement to review prior reports of sexual abuse involving the alleged perpetrator.

(d) An interview with investigative staff indicated they do not conduct compelled interviews; such interviews may be conducted by local law enforcement.

(e) DOC Executive Directive 72 states on pages 15 and 16, *"The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or employee. The DOC shall not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."*

An interview with investigative staff indicated they are conducting credibility assessments properly, and do not require incarcerated survivors to submit to a polygraph or other truth-telling device as a condition for investigation.

(f-g) DOC Executive Order 72 states on page 16, *"Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings."*

An interview with investigative staff indicated they are knowledgeable on report writing requirements and conducting credibility assessments. Agency and facility investigators do not conduct criminal investigations.

(h) DOC Executive Directive 72 states on page 15, *"Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC's website."*

DAI Policy #306.00.15 states on page four, *"All reports of sexual abuse shall be reported to law enforcement by the facility PREA Compliance Manager/designee. Reports of sexual harassment that involve potentially criminal behavior shall be referred to law enforcement."*

This auditor reviewed law enforcement referral dates for 12 allegations of inmate/inmate sexual abuse and 10 allegations of staff/inmate sexual abuse. Two allegations were not referred to law enforcement. Eleven allegations were referred more than one month after the date reported, with the average being 88.5 days between inmate report and referral to law enforcement.

As part of corrective action, the facility PCM was required to review how allegations are referred to law enforcement and develop a process to ensure all reports of sexual abuse are referred to law enforcement as required by PREA standards and agency policy. This auditor recommended that process include expectations around the timeliness of the referrals.

During the corrective action period, this auditor reviewed all allegations of sexual abuse and their subsequent referral to law enforcement. All referrals were made in a timely manner.

(i) DOC Executive Directive 72 states on page 16, *"Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years."*

(j) DOC Executive Directive 72 states on page 16, *"The departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation."*

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

(l) DOC Executive Directive 72 states on page 16, *"When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigation."*

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of criminal and administrative agency investigations as it relates to PREA.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 Interview with the facility head Interview with investigative staff Review of administrative and criminal investigations (a) DOC Executive Directive 72 states on page 32, *"The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated."* Interviews with the facility head and investigative staff indicated they are aware of this standard in determining if allegations of sexual abuse or sexual harassment are substantiated, unsubstantiated, or unfounded. This auditor's review of investigations indicated determinations are appropriately made. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of evidentiary standard for administrative investigations as it relates to PREA.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC forms 2768, 2768A, 2768B and 2768C – *Investigative Finding* *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook Review of administrative and criminal investigations Interview with PREA Compliance Manager Interview with investigative staff (a-b) DOC Executive Directive 72 states on page 16, *"Following an investigation of an allegation that an offender suffered sexual abuse in a DOC facility, the facility shall inform the alleged victim, and document such notification, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the DOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the alleged victim."* The *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook states on page 13, *"Following an investigation, a report will be determined substantiated, unsubstantiated or unfounded. You will be notified in writing of the outcome."* DOC and CCI utilize a series of form letters to make notifications to inmates. The information on the form includes the victim's name and identification number, identification numbers assigned to the case, the date the case was closed, and the outcome of each allegation. Interviews with the agency PREA Director, facility PCM, and investigative staff indicated they obtain the appropriate information from investigative agencies to inform inmates. (c, e) DOC Executive Directive 72 states on page 16, *"Following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the DOC shall subsequently inform the alleged victim, and document such notification, whenever the employee is no longer posted within the alleged victim's unit; the employee is no longer employed at the facility; or the DOC learns that the employee has been indicted of convicted on a charge related to the initial allegation of sexual abuse."* The DOC 2768 forms include checkboxes to indicate if the alleged staff member is no longer posted in the inmate's assigned living unit; is no longer employed at the facility; has been indicted on a charge related to sexual abuse committed within the facility; has been convicted on a charge related to sexual abuse within the facility; and not applicable. (d) DOC Executive Directive 72 states on page 16, *"Following an offender's allegation that he or she has been sexually abused by another offender, the DOC shall subsequently inform the alleged victim, and document such notification, whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse."* The DOC 2768 forms include checkboxes to indicate if the alleged inmate suspect has been indicted or convicted on a charged related to sexual abuse committed within the facility. This auditor reviewed nine investigations and found notifications took place as required. (f) Auditor is not required to audit this provision. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of reporting to inmates as it relates to PREA.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 2, *Employee Discipline* DOC Executive Directive 72 Review of criminal and administrative investigations (a) DOC Executive Directive 72 states on page 17, *"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."* CCI had did not have any substantiated cases of staff/inmate sexual abuse during the audit period. (b, d) DOC Executive Directive 72 states on page 17, *"Termination Is the presumptive sanction for a staff member who engaged in sexual abuse. All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies."* CCI had did not have any substantiated cases of staff/inmate sexual abuse during the audit period. (c) DOC Executive Directive 72 states on page 17, *"Sanctions shall be commensurate with the nature and circumstances of the violation, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories."* DOC Executive Directive 2 states on page five, *"If it is determined a work rule violation has occurred, the appointing authority will consider all of the following factors in determining the appropriate level of discipline: aggravating or mitigating circumstances surrounding the violation; progression schedule; just cause for discipline; and, department policies and procedures."* Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of disciplinary sanctions for staff as it relates to PREA.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 Interview with the facility head Interview with Agency PREA Director Interview with PREA Compliance Manager Interviews with contractors and volunteers (a) DOC Executive Directive 72 states on page 17, *"Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies."* The PAQ indicated that CCI did not have any contractors or volunteers who engaged in the sexual abuse of an inmate during the audit period. (b) DOC Executive Directive 72 states on page 17, *"Appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors."* The PAQ indicated during interview that CCI did not have any instances of remedial measures with contractors or volunteers during the audit period. Interviews with the facility head, agency PREA Director, and facility PCM indicated that any contractor suspected of engaging in any prohibited activity is immediately removed from the facility and prohibited from contact with inmates. Interviews with contractors and volunteers indicated they are aware of the agency's zero-tolerance policy and action the agency will take if they engage in prohibited conduct. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of corrective action for contractors and volunteers as it relates to PREA.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 Agency Administrative Code Chapter 303, *Discipline* Interviews with medical and mental health staff Interview with inmate disciplinary officer (a) DOC Executive Directive 72 states on page 17, *"Offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process."* There were two substantiated cases of inmate-on-inmate sexual abuse at CCI during the audit review period. (b) DOC Executive Directive 72 states on page 17, *"Sanctions shall 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."* (c) DOC Executive Directive 72 states on page 34, *"The disciplinary process shall consider whether a perpetrating offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."* If there are concerns about the inmate's mental health, the inmate disciplinary officer may request psychological input as appropriate regarding the mental health status of seriously mentally ill inmates at the time of the behavior. (d) DOC Executive Directive 72 states on page 17, *"The facility shall consider requiring perpetrating offenders to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse."* (e) DOC Executive Directive 72 states on page 18, *"An offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact."* The PAQ indicated that no instances of sexual contact with a staff member occurred during the audit period. CCI inmates who are victim of staff sexual misconduct are not disciplined. (f) DOC Executive Directive 72 states on page 18, *"Reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence to substantiate the allegation."* CCI did not discipline any inmates for a report of sexual abuse made in good faith during the audit period. Interviews with the agency PREA Director and facility PCM indicated allegations are determined to be in bad faith only when there is conclusive evidence the allegation did not occur, such as through video surveillance records. (g) DOC Executive Directive 72 states on page 18, *"While consensual sexual activity between offenders Is prohibited in the DOC facilities, the DOC may not deem consensual sexual activities as sexual abuse if it is determined that the activity is not coerced."* Agency Administrative Code 303.14 states, *"An inmate who does any of the following is guilty of sexual conduct:* *a) Requests, hires, or tells another person to have sexual intercourse, sexual contact, or engage in sexual conduct.* *b) Exposes the inmate's own intimate parts to another person for the purpose of sexual arousal or gratification.* *c) Has contact with or performs acts with an animal that would be sexual intercourse or sexual contact if with another person.* *d) Clutches, fondles, or touches the inmate's own intimate body parts, whether clothed or unclothed, while observable by another.* *e) Simulates a sexual act while observable by another.* *f) Kissing, hand holding, hugging, stroking, or other physical displays of affection except for that allowed under department policy.*

g) Engages in sexual harassment including repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature."

Agency Administrative Code 303.15 states, *"An inmate who does any of the following is guilty of sexual contact or intercourse:*

a) Has sexual intercourse.

b) Has sexual contact.

c) Commits an act of sexual gratification with another person."

Both chapter notations indicate that consensual acts are prohibited. The facility PCM indicated upon interview that while sexual conduct/contact are prohibited, they are not treated as sexual abuse as defined by the PREA standards.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of disciplinary sanctions for inmates as it relates to PREA.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #410.30.01, *Screening for Risk of Sexual Abusiveness & Sexual Victimization* DAI Policy #500.70.01, *Mental Health Screening, Assessment & Referral* DOC-1923 form, *Limits of Confidentiality of Health Information* Interviews with staff responsible for risk screening Interviews with medical and mental health staff Interviews with inmates who disclosed sexual victimization at risk screening Review of inmate files (a-c) DOC Executive Directive 72 states on page 9, *"If either the initial or follow-up screening indicates an offender has experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or a community setting, employees shall ensure the offender is offered a follow-up meeting with a mental health provider within 14 days of the initial or follow-up screening."* DAI Policy #410.30.01 states on page five, *"If the screening indicates an inmate has experienced prior sexual victimization and/or previously perpetrated sexual abuse, whether it occurred in a confinement setting or in the community, the inmate shall be offered a follow-up meeting with a medical or mental health practitioner. If accepted, the screener shall make a prompt referral to PSU or HSU. A follow-up meeting shall be held within 14 days of the intake screening."* If the screening indicates the inmate has experienced prior sexual victimization or perpetrated sexual abuse, the inmate is asked if they would like a follow up meeting. Their answer is documented on the screening form. If they indicate they do wish to have a follow up meeting, and electronic medical record note is automatically sent to PSU staff. This auditor interviewed three inmates who disclosed sexual victimization at risk screening. This auditor reviewed screening records to ensure referrals are taking place as required. (d) DOC Executive Directive 72 states on page 9, *"Appropriate controls shall be placed on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders. Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law."* Interviews with staff indicated they are aware of and adhere to the requirements around confidentiality. (e) DOC Executive Directive 72 states on page 9, *"Medical and behavioral health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18."* DAI Policy #410.30.01 states on page five, *"Medical and mental health practitioners shall obtain informed consent from inmates and document such consent on a DOC-1163A before reporting information about prior sexual victimization that did not occur in a confinement setting, unless the inmate is under the age of 18."* DOC medical and mental health staff utilize form DOC-1923 to obtain informed consent from inmates. The form states, *"Health care providers must report otherwise confidential information to the appropriate DOC authorities if it raises concern about a threat to you, a DAI or DJC correctional facility, community corrections operations, and/or public safety. This may include…reports of confinement-based sexual abuse, sexual harassment, or retaliation related to reporting either."* Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of medical and mental care as it relates to PREA.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #500.30.19, *Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse* DAI Policy #316.00.01, *Inmate Co-Payment for Health Services* Interviews with medical and mental health staff Interview with an inmate who received a forensic medical exam (a-c) DOC Executive Directive 72 states on page 15, *"Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. In the event that no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health employees…The DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis."* DAI Policy #500.30.19 states on page four, *"The medical plan of care shall include…timely and unimpeded access to emergency medical treatment without cost to the inmate patient [and] transfer to offsite for a SANE assessment when determine evidentiarily or medically appropriate by health care staff in consultation with the SANE."* The PAQ indicated five reports of sexual abuse were received within timelines for a forensic medical exam. This auditor interviewed one inmate who received a forensic medical exam during the audit review period. Interviews with medical staff indicated incarcerated survivors are offered sexually transmitted infection prophylaxis medication and treatment during the forensic medical exam and upon their return to the facility. Medical and mental health referrals are documented in the investigation reports for each incident. (d) DOC Executive Directive 72 states on page 15, *"All medical and mental health services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care."* An attachment DAI Policy #316.00.01 shows that crisis intervention, evaluation, and treatment related to sexual abuse in confinement. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of access to emergency medical and mental health services as it relates to PREA.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy 500.70.01, *Mental Health Screening, Assessment & Referral* Review of inmate files Interviews with medical and mental health staff (a-c, f) DOC Executive Directive 72 states on page 15, *"The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Victims of sexual abuse shall be offered tests for sexually transmitted infections."* Files for each inmate selected for a targeted or random interview were reviewed. Referrals to mental health were completed as required when an inmate indicated they wished to speak with someone. Interviews with inmates who reported previously perpetrating sexual abuse or experiencing prior victimization of sexual abuse indicated they had been offered the opportunity to meet with mental health providers. Interviews with medical and mental health services staff members indicated ongoing treatment is provided to victims of sexual abuse, as well as to known inmate-on-inmate abusers. When asked about the comparison with a community-level of care, they indicated they believed the facility's standard of care to be higher, as inmates are scheduled for appointments and do not have to seek these services out on their own. Interviews with medical staff indicated initial testing for sexually transmitted infections would occur at the hospital during the forensic medical examination, but any follow up testing would occur at the facility. Incarcerated survivors who declined to receive a forensic medical examination would have any testing conducted at the facility, upon their request. (d-e) DOC Executive Directive 72 states on page 15, *"Victims of sexual abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in (4) above in this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."* CCI does not have any female inmates or transgender inmates who may require pregnancy-related services. (g) DOC Executive Directive 72 states on page 14, *"Victims of sexual abuse shall be offered tests for sexually transmitted infections. All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care."* This auditor interviewed one inmate who received a forensic medical exam during the audit review period. They were not held financially responsible for any charges related to a forensic medical exam or STI prophylaxis or treatment. Interviews with medical staff indicated the usual inmate co-pay for medical exams is waived for these circumstances. (h) DOC Executive Directive 72 states on page 15, *"Further, facilities shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."* DAI Policy 500.70.01 states on page four, *"PSU staff shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of when DOC staff first learn of the abuse history."* PSU staff are generally informed of inmate-on-inmate abusers through risk screenings or after a current investigation has substantiated sexual abuse. DOC staff are required to refer the inmate to PSU within two business days. Treatment is offered when deemed appropriate. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of ongoing medical and mental health care for sexual abuse victims and abusers as it relates to PREA.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #410.50.01, *Sexual Abuse Incident Review* DOC-2863 form, *Sexual Abuse Incident Review (SAIR) Form - PREA* Interview with the facility head Interview with the PREA Compliance Manager Interview with two incident review team members (a-c) DOC Executive Directive 72 states on page 18, *"All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The team shall consist of upper level management officials with input from supervisors, investigators and medical and mental health practitioners."* DAI Policy #410.50.01 states the facility head and facility PCM will determine the composition of the committee, based on the nature of the incident, but at a minimum the team will include the deputy facility head/superintendent, security direction, PCM, PSU Supervisor/designee, HSU Supervisor/designee, Victim Services Coordinator, and investigator. (d) DOC Executive Directive 72 states on page 18, *"The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; gang affiliation; or, was motivated or otherwise cause by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Asses the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees; and, prepare a report of its findings, including but not necessarily limited to determinations made in the above items, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager."* Notes about these considerations are made on form DOC-2863. (e) DOC Executive Directive 72 states on page 18, *"The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so."* Recommendations for improvement or reasons improvements cannot be made are noted on the reverse of form DOC-2863. The PCM modifies the DOC-2863 with applicable updates, as improvements are discussed or implemented. CCI conducted 21 sexual abuse incident reviews during the audit documentation period. This auditor reviewed three sexual abuse incident reviews and compared investigational outcome dates and sexual abuse incident review dates for seven additional reports. Interviews with the facility head, facility PCM and other potential members of the incident review team indicated they were aware of the required considerations. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with and exceeds this standard of sexual abuse incident reviews as it relates to PREA.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC website DOC PREA Annual Reports (a-f) DOC Executive Directive 72 states on page 18, *"The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident review for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offender, using a standardized instrument and set of definitions. The extracted data, at minimum, 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 identifies removed, posted publicly to the DOC's website annually."* The annual reports for 2010 through 2020 are available on the agency website at DOC Prison Rape Elimination Act (wi.gov). The website also provides the public with access to the BJS Summary forms for years 2012-2020. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data collection as it relates to PREA.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC website DOC PREA Annual Reports (a-d) DOC Executive Directive 72 states on page 19, *"The data collected and aggregated shall be analyzed to assess and improve effectiveness of the DOC's sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility as well as the DOC as a whole. The report shall, additionally, include a comparison of the current year's data and corrective actions with those from previous years and shall provide an assessment of the DOC's progress in addressing sexual abuse. Corrective action reports shall also be posted publicly to the DOC's website. The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted."* DOC collects and reviews data to access and improve the effectiveness of its sexual abuse prevention, detection and response polices, practices and training in order to identify problem areas, take corrective action on an ongoing basis, compare the current year's data/corrective action with data/corrective action from previous years, and assess the agency's progress in addressing sexual abuse within its facilities. The report is prepared by the agency PREA Director and signed by the DOC Secretary. The annual reports for 2010 through 2020 are available on the agency website at DOC Prison Rape Elimination Act (wi.gov). Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data review for corrective action as it relates to PREA.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC website DOC PREA Annual Reports Interview with Agency PREA Director Interview with Human Resource staff Interview with PREA Compliance Manager Interviews with investigative staff (a, d) DOC Executive Directive 72 states on page 19, *"All data shall be securely retained and maintained for at least ten years after the date of initial collection."* The agency and facility utilize an electronic database to collect and secure data, and includes all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (b-c) DOC Executive Directive 72 states on page 18, *"The DOC shall 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 with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The extracted data, at a minimum, 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."* Data from the agency's public and privately-operated facilities is maintained in an electronic database. The annual reports for 2010 through 2020 are available on the agency website at DOC Prison Rape Elimination Act (wi.gov). The reports on the website do not contain any personal identifiers. The website also provides the public with access to the BJS Summary forms for years 2012-2020. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data storage, publication, and destruction as it relates to PREA.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC website Interview with Agency PREA Director (a) DOC operates oversees 36 adult correctional facilities. The agency began receiving audits in the first year of the first cycle. All audits were completed by DOJ-certified auditors, and all final audit reports have been posted on DOC's website, available to the public at DOC Prison Rape Elimination Act (wi.gov). During the prior three-year audit period, Cycle Two, the agency ensured that each facility under their control was audited at least once. (b) This is the third year of Cycle Three. (h, I, m, n) While onsite at CCI, the audit team was provided with access to, and the ability to observe, all areas of the facility. The auditor received copies of all requested documents and the team was permitted to conduct private interviews with staff and inmates. Inmates were permitted to send confidential correspondence to the auditor, prior to the onsite review. There were no barriers to conducting the audit. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: CCI Pre-Audit Questionnaire (PAQ) responses DOC website Interview with Agency PREA Director (f) DOC operates oversees 36 adult correctional facilities. The agency began receiving audits in the first year of the first cycle. All audits were completed by DOJ-certified auditors, and all final audit reports have been posted on DOC's website, available to the public at DOC Prison Rape Elimination Act (wi.gov). Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.

Appendix: Provision Findings		
115.11 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	**Contracting with other entities for the confinement of inmates**	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	**Contracting with other entities for the confinement of inmates**	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	**Supervision and monitoring**	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	**Youthful inmates**	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	**Youthful inmates**	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	**Youthful inmates**	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.16 (c)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone 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
115.17 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does 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)	**Employee training**	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	**Employee training**	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	**Employee training**	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	**Inmate education**	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	**Inmate education**	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	**Inmate education**	
	Have all inmates received 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)	**Specialized training: Investigations**	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (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)	**Screening for risk of victimization and abusiveness**	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	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
115.41 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	**Use of screening information**	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	**Use of screening information**	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	**Use of screening information**	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	**Use of screening information**	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	**Use of screening information**	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (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 degree, 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 degree, 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 degree, 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.)	yes
	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.)	yes
	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.)	yes
115.43 (c)	**Protective Custody**	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	**Protective Custody**	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	**Protective Custody**	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	**Inmate reporting**	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	**Inmate reporting**	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (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.	no
115.52 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	**Inmate access to outside confidential support services**	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (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)	**Inmate access to outside confidential support services**	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	**Inmate access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	**Agency protection duties**	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	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
115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	**Agency protection against retaliation**	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	**Reporting to inmates**	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	**Reporting to inmates**	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	**Reporting to inmates**	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	**Reporting to inmates**	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	**Reporting to inmates**	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	**Disciplinary sanctions for inmates**	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	**Disciplinary sanctions for inmates**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	**Disciplinary sanctions for inmates**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	**Disciplinary sanctions for inmates**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	**Disciplinary sanctions for inmates**	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	**Disciplinary sanctions for inmates**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	**Disciplinary sanctions for inmates**	
	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
115.81 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	**Access to emergency medical and mental health services**	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	**Access to emergency medical and mental health services**	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. 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
115.83 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. 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
115.83 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	**Data review for corrective action**	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	**Data review for corrective action**	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	yes
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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