

PREA Facility Audit Report: Final

Name of Facility: Fox Lake Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/22/2022

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Yvonne Gorton | Date of Signature: 06/22/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|------------------------|
| Auditor name: | Gorton, Yvonne |
| Email: | yvonnegorton@yahoo.com |
| Start Date of On-Site Audit: | 05/10/2022 |
| End Date of On-Site Audit: | 05/12/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Fox Lake Correctional Institution |
| Facility physical address: | W10237 Lake Emily Road, Fox Lake, Wisconsin - 53933 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|-------------------------------|
| Name: | Michael Meisner |
| Email Address: | michael.meisner@wisconsin.gov |
| Telephone Number: | 920-928-6911 |

| Warden/Jail Administrator/Sheriff/Director | |
|--|-------------------------------|
| Name: | Michael Meisner |
| Email Address: | michael.meisner@wisconsin.gov |
| Telephone Number: | 920-928-6911 |

| Facility PREA Compliance Manager | |
|---|-----------------------------|
| Name: | April Schultz |
| Email Address: | april.schultz@wisconsin.gov |
| Telephone Number: | O: 920-928-3151 |
| Name: | Stacey Polk |
| Email Address: | Stacey.Polk@wisconsin.gov |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
|--|-------------------------------|
| Name: | Candace Whitman |
| Email Address: | candace.whitman@wisconsin.gov |
| Telephone Number: | 920-928-6960 |

| Facility Characteristics | |
|--|--------|
| Designed facility capacity: | 979 |
| Current population of facility: | 1213 |
| Average daily population for the past 12 months: | 1201 |
| 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: | 18-78 |
| Facility security levels/inmate custody levels: | Medium |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 295 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 485 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 46 |

| 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 | |
|--|---|
| <p>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.</p> <p>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.</p> | |
| Number of standards exceeded: | |
| 3 | <ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.17 - Hiring and promotion decisions • 115.73 - Reporting to inmates |
| Number of standards met: | |
| 42 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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|---|------------|
| 1. Start date of the onsite portion of the audit: | 2022-05-10 |
| 2. End date of the onsite portion of the audit: | 2022-05-12 |

Outreach

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| 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? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | The community-based victim advocate organization that the facility holds an MOU with is Protect, Advocate, Validate and Educate (PAVE), an advocacy agency in Beaver Dam, Wisconsin. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 979 |
| 15. Average daily population for the past 12 months: | 1201 |
| 16. Number of inmate/resident/detainee housing units: | 10 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 1234 |
| 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: | 0 |
| 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: | 1 |
| 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: | 0 |

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| 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: | 0 |
| 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: | 5 |
| 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: | 2 |
| 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: | 2 |
| 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: | 1 |
| 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: | 10 |
| 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): | No text provided. |
| 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: | 295 |
| 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: | 40 |
| 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: | 129 |
| 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: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |

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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 21 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | <p>Auditor took the required number of random inmate interviews required, as identified by the PREA Auditor's Handbook, and first divided by the number of housing units to ensure that inmates from each housing unit were interviewed. There were 12 random inmate interviews required, divided by 10 housing units. Auditor chose the middle name on each housing unit roster and crossed that name off the roster. Auditor again chose the middle name on all the housing unit rosters, and crossed that name off each roster. Auditor then reviewed the 20 inmate names and determined if any of those names fell into any of the Targeted Inmate interview categories and moved any names that did to the appropriate Targeted Interview list. Auditor then reviewed the remaining names and balanced the list for age, race and length of incarceration of inmates. Where imbalances existed, auditor returned to the housing unit lists and took the very next name on the list that would help balance the selection with regard to race, age, and length of incarceration. The list of extras was retained to use where a randomly chosen inmate might not have been available for interview or may have refused the interview. In this case, there were not inmates available from all targeted categories so auditor selected 19 inmates for random inmate interviews, to meet the requirements laid out in the Auditor Handbook.</p> |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> 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): | There were no barriers to completing interviews. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 20 |

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".

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| <p>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:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>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).</p> | <p>Auditors conducted informal interviews with both inmates and staff and asked them if they were aware of any physically disabled inmates in their units.</p> |
| <p>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:</p> | <p>1</p> |
| <p>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:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>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).</p> | <p>Auditors conducted informal interviews with both inmates and staff and asked them if they were aware of any physically disabled inmates in their units.</p> |
| <p>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:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>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).</p> | <p>Auditors conducted informal interviews with both inmates and staff and asked them if they were aware of any physically disabled inmates in their units.</p> |
| <p>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:</p> | <p>5</p> |
| <p>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:</p> | <p>2</p> |
| <p>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:</p> | <p>2</p> |
| <p>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:</p> | <p>1</p> |
| <p>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:</p> | <p>10</p> |
| <p>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:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>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).</p> | <p>Auditors reviewed agency policies prohibiting the placement of inmates in segregated housing for risk of sexual victimization.</p> |

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| 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. |
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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| 71. Enter the total number of RANDOM STAFF who were interviewed: | 13 |
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| 72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None |
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| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 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): | There were no barriers to completing interviews. |
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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.

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| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 14 |
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| 76. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |
| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p> |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| 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) | <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 1 |
| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |
| 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? | <input checked="" type="radio"/> Yes <input type="radio"/> 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)? | <input checked="" type="radio"/> Yes <input type="radio"/> 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)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> 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). | Auditors conducted informal interviews with at least one inmate and one staff in each housing unit, and in various other areas of the facility, during the onsite review. |

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.

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| 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? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). | There were no barriers to selecting additional documentation. Staff provided all documentation requested by auditors. |

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 | 4 | 0 | 4 | 0 |
| Staff-on-inmate sexual abuse | 2 | 1 | 2 | 2 |
| Total | 6 | 1 | 6 | 1 |

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 | 8 | 0 | 8 | 0 |
| Staff-on-inmate sexual harassment | 1 | 0 | 1 | 0 |
| Total | 9 | 0 | 9 | 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 | 2 | 1 | 0 | 0 | 0 |
| Total | 2 | 1 | 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 | 0 | 3 | 1 |
| Staff-on-inmate sexual abuse | 2 | 0 | 0 | 0 |
| Total | 2 | 0 | 3 | 0 |

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 | 8 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 1 | 0 | 0 | 0 | 0 |
| Total | 1 | 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 | 5 | 3 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 1 |
| Total | 0 | 0 | 5 | 4 |

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: | 13 |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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: | 4 |
|--|---|

| | |
|---|--|
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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: | 2 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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: | 9 |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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: | 8 |

| | |
|--|--|
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

Staff-on-inmate sexual harassment investigation files

| | |
|---|---|
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>No text provided.</p> |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

| | |
|--|---|
| <p>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.</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p> | <p>1</p> |

Non-certified Support Staff

| | |
|--|---|
| <p>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.</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|---|

| | |
|---|----------|
| <p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p> | <p>1</p> |
|---|----------|

AUDITING ARRANGEMENTS AND COMPENSATION

| | |
|---|---|
| <p>121. Who paid you to conduct this audit?</p> | <p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
|---|---|

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: Exceeds Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 c. Agency PREA Coordinator Position Description d. Wisconsin Department of Corrections Agency Organizational Chart e. Wisconsin Department of Corrections PREA Compliance Manager Victim Services Coordinator Responsibilities, dated 01/10/2022 f. Facility Organizational Chart 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Facility PREA Compliance Manager 3. On-Site Observations <ol style="list-style-type: none"> a. PREA Posters <p>Findings (By Provision):</p> <p>115.11 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. That policy is Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72). In Section V, (p. 4,) ED 72 states, "The Wisconsin Department of Corrections (DOC) 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." Auditors noted, during the review of the facility, that posters were visible, throughout the facility, that identified that the agency has a zero-tolerance policy for sexual abuse and sexual harassment. In informal interviews conducted with inmates during the site review, inmates who were asked if they were aware of the agency's zero tolerance policy, and what they thought that meant, were familiar with the agency's zero tolerance policy and responded appropriately by saying, "they told us that at Dodge and again here" and "it's on the posters." All 41 inmates who were formally interviewed, all 13 staff who were randomly chosen for interview, and two volunteers, who were also interviewed, were familiar with the zero-tolerance policy and verified that they had received information, and training, regarding this policy.</p> <p>115.11 (a) - 2</p> <p>The facility indicated, in their response to the PAQ, that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. ED 72, in Sections V through XX1, (pp. 4-19), outlines how the agency will implement their approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Required by agency policy are:</p> <ol style="list-style-type: none"> a. Providing a coordinated victim-centered response to reports of sexual abuse and sexual harassment, including providing medical and mental health services to victims, b. Investigating all allegations, c. Providing multiple avenues for reporting allegations, d. Training all staff members, contractors, and volunteers to recognize, respond to, and report sexual abuse and sexual harassment, e. Providing offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment, and report-related retaliation, |

- f. Identifying core causal factors, and
- g. Taking corrective action so as to align with a zero tolerance environment.

The agency also has in place policy requirements that prevent hiring, or promoting, anyone who has engaged in sexual abuse in a confinement facility, that 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 these activities. The agency will, by policy, also consider incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee.

115.11 (a) - 3

The facility indicated, in their response to the PAQ, that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Definitions are laid out in ED72, Section III, (pp. 2 - 4). Definitions listed there are related to prohibited behaviors of sexual abuse and sexual harassment as defined in the National Standards to Prevent, Detect, and Respond to Prison Rape. Terms defined on those pages include, but are not limited to, contractor, employee, PREA, PREA Compliance Manager, PREA Director, sexual abuse, and sexual harassment.

115.11 (a) - 4

The facility indicated, in their response to the PAQ, that the policy includes sanctions for those found to have participated in prohibited behaviors. Identified on p. 2-3 of ED 72 are sanctions for those found to have participated in prohibited behaviors. The policy identifies that staff who are found to have violated the agency's sexual abuse and sexual harassment, and retaliation policies are subject to disciplinary sanctions up to and including termination and that termination is the presumptive sanction for a staff member who engaged in sexual abuse. By policy, inmates who have committed sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.

115.11 (a) - 5

The facility indicated, in their response to the PAQ, that the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. ED 72 identifies as strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders:

1. Training staff to recognize signs of threatened and real sexual abuse and sexual harassment and to act as first responders in instances of actual sexual abuse,
2. Providing multiple avenues for reporting instances of sexual abuse and sexual harassment,
3. Training staff to respond to incidents of sexual abuse including offering medical and mental health care,
4. Investigating all allegations of sexual abuse and sexual harassment,
5. Maintaining hiring practices that prevent anyone who has prior adjudications for sexual abuse in a confinement setting from being hired or promoted,
6. Performing criminal background checks on all potential new hires and on existing employees,
7. Employing a PREA Director at the agency level and PREA Compliance Managers at all facilities,
8. Considering sexual safety when acquiring new buildings or substantially modifying existing buildings,
9. Requiring all agencies, it contracts with for the confinement of inmates to comply with the PREA Standards,
10. Using video technology and electronic surveillance systems to enhance the safety of inmates and staff,
11. Employing adequate staffing levels in the facilities, and
12. Assessing the risk of victimization and abusiveness of each inmate upon admission to the facility and using that information to make housing, programming and work assignments with the goal of keeping potential abusers and potential victims separate from each other.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.11 (b) - 1

The facility indicated, in their response to the PAQ, that the agency employs, or designates, an upper-level, agency-wide PREA Director who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. The DOC has one statewide PREA Director, Leigha Weber, who is responsible for PREA compliance for all state correctional institutions and correctional centers. ED 72, in Section V, (p. 5), C, says, "the DOC shall employ or designate a PREA Director to oversee department efforts to comply with PREA standards." The facility provided a position description for Ms. Weber's position that says, ". . . this position is responsible for the direction of the Prison Rape Elimination Act (PREA) provisions in the Department." It goes on to say, "the scope of this position encompasses the entire Wisconsin Department of Corrections in which capacity it serves as the department expert on the PREA and provides oversight and consultation to department management."

115.11 (b) - 2

The facility indicated, in their response to the PAQ, that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. ED 72, in Section V, (p. 5), C, says, "This position shall have sufficient time and authority to develop, implement and oversee DOC's efforts to comply with

PREA standards in all of its facilities." The position description demonstrates that 100% of the PREA Coordinator's time is spent on assisting facilities to gain, and maintain, compliance with PREA standards. In an interview conducted via telephone, Ms. Weber, when asked if she felt that she has enough time to manage all her PREA related responsibilities, said, "Yes, this is my job, this is what I do. PREA compliance and ensuring our facilities and agency are complying on a consistent basis are my full-time job."

The facility submitted, in response to the PAQ, an organizational chart showing that the position of PREA Coordinator is an upper-level position. Ms. Weber reports to the Assistant Deputy Secretary, who reports to the Deputy Secretary, who reports to the Secretary.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.11 (c) - 1, 2, 3 and 4

The facility indicated, in their response to the PAQ, that the facility has designated a PREA Compliance Manager (PCM). ED 72 states, in Section V, D (p. 5), "the appointing authority or designee, at each facility, shall assign one employee as the facility based PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as set forth by DOC." The facility indicated, in their response to the PAQ, that the PCM has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility identified Security Director April Schultz as the facility PCM. They also identified that recently, the agency has instituted a regional PCM position, in Dodge County, where the Fox Lake Correctional Institution, and four other correctional facilities, either institutions or correctional centers, are located. When asked, in an interview conducted onsite, if she had sufficient time to coordinate the facility's efforts to comply with the PREA standards, Security Director Schultz replied, "I do now with Karen (Karen Strobel, Regional PCM) helping. We don't get a lot of allegations here but when we do, sometimes it's hard to meet those." Regional PCM Karen Strobel said, "PREA is the only job that I have. My position is unique because I am working with the whole county, four facilities, to ensure that they are compliant with the PREA standards. I follow up with staff who do risk screening, etc., and make sure they are done timely. I will help with any Corrective Action required."

Security Director Schultz's position is an upper-level security supervisory position at the facility, and the position reports to the Deputy Warden of the facility. The Regional PCM reports to the agency PREA Coordinator.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility exceeds this standard because, in addition to the facility PCM, they have also assigned a regional PCM to provide an added layer of higher-level staff to be responsible for ensuring that the facility meets the PREA standards. This action serves as a demonstration of the culture of compliance entrenched in the Wisconsin Department of Corrections. There is no corrective action to take.

115.12 Contracting with other entities for the confinement of inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- 1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Contracts for the confinement of inmates with the following counties:
 - 1. Fond du Lac
 - 2. Jefferson
 - 3. Bayfield
 - 4. Milwaukee HOC
 - 5. Forest
 - 6. Dunn
 - 7. Oneida
 - 8. Ozaukee
 - 9. Rock
 - 10. Juneau
 - 11. Racine
 - 12. Marquette
 - 13. Vernon
 - 14. Vilas
 - 15. Sauk
 - d. Notices of Cancellation with Dunn and Forest Counties, effective February, 2022
- 2. Interviews
 - a. Agency Contract Administrator

Findings (By Provision):

115.12 (a) – 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency currently has Memorandums Of Agreement (MOA), with 13 agencies, for the temporary housing of inmates. During the pre-onsite phase of the audit, the facility provided copies of all 13 MOAs. MOAs of all 13 contracted agencies were reviewed and it was noted that all of them were originally written for a one-year period, with automatic renewal for the next consecutive year, in the absence of the execution of a new or modified agreement. All 13 MOAs are currently in effect. The agencies contracted with are County Jails in:

- Fond du Lac,
- Jefferson,
- Bayfield
- the Milwaukee House of Correction,
- Oneida,
- Ozaukee,
- Rock,
- Juneau,
- Racine,
- Marquette,
- Vernon,
- Vilas, and
- Sauk counties.

All of these are other governmental agencies, and none are private entities.

115.12 (a) - 2

The facility indicated, in their response to the PAQ, that all the above contracts require contractors to adopt and comply with PREA Standards. All 13 MOAs were reviewed, and it was noted that in Section VII, paragraph Q, in all the MOAs, there is

the requirement that the contract agencies, "take all feasible and necessary steps to work toward full compliance and continue to do so until full compliance is achieved." The MOAs also require the contract agencies to have policies in place for responding to allegations of sexual abuse and sexual harassment, for maintaining reports and records necessary for reporting the appropriate data, and for timely completion of the Bureau of Justice Statistics Annual Survey on Sexual Victimization or its currently equivalent.

115.12 (a) - 3

The facility responded to the PAQ by identifying 13 MOAs for the confinement of inmates and providing copies of each of the 13 MOAs. A review of the MOAs confirmed that all of them were entered into, or renewed, since the last audit date, which was April of 2017. Of the 13 MOAs, 12 were entered into since the day of the last audit and two of them were entered into prior to that date and have been automatically renewed each year since then.

115.12 (a) - 4

The facility indicated, on the PAQ, that the agency does not contract with any agencies that are not required to adopt, and comply with, PREA standards. All MOAs were reviewed, and it was noted that the requirement for the contracted agencies to adopt, and comply with, PREA standards is included all of them.

A final analysis of the evidence indicates that the agency is in substantial compliance with this provision.

115.12 (b) - 1

The facility indicated, in their response to the PAQ, that all the contracts with county jails require the Wisconsin Department of Corrections (DOC) to monitor the contractors' compliance with PREA standards and provided copies of each MOA, as well as an agency policy, that requires the DOC to monitor the contractors' compliance. Division of Adult Institutions (DAI) Policy # 401.00.01 requires that the DAI review its contracted facilities for the confinement of inmates to ensure compliance with the Prison Rape Elimination Act (PREA), and, in Section I, A, (p. 2), requires that the contracts be monitored by the DOC annually except during the year in which the facility has scheduled a United States Department Of Justice (US DOJ) PREA audit.

Sections I, B and C, on the same page, specify that during US DOJ PREA audit years, the final PREA audit report may replace a DOC PREA compliance review, and during non-audit years, a compliance review shall include a combination of the contracted agency's self-report and the DOC evaluation. Reviews of each of the MOAs the DOC holds with the identified county jails revealed that all but two of the 13 MOAs require each contracted agency to be monitored by the DOC. In those two MOAs, in Section VII, D, 3, it says, "the DOC may decide to conduct a compliance review. This review may include an examination of Sheriff's incident and offender records related sexual abuse or sexual harassment allegations as defined by PREA." The PREA Director explained that all new contracts entered into since January 2019 have different language that specify, in Section VII, Q, 4, that during years when the contractor is not audited by a US DOJ PREA auditor, the, ". . . DOC shall conduct an annual compliance review to ensure that the Sheriff is compliant with PREA standards." The facility submitted, as evidence that those reviews do take place, DOC form 4825, known as the Contract Compliance Report. The form is used to record the annual compliance review, done of the contracted agency by the DOC, and asks the reviewer to examine the contracted agency's policies and procedures, and agency compliance with the policy requirements, regarding the prevention, detection, and response to allegations of sexual abuse and sexual harassment, opposite gender announcing, use of a uniform evidence protocol, the investigation of allegations of sexual abuse and sexual harassment, training of staff and contractors, hiring practices including background checks, the development of a an adequate staffing plan, the inmate intake process, education provided to inmates, training provided to investigators, medical and mental health services available in the facility, risk screening of inmates and the use of information gleaned during the screenings, avenues for reporting allegations of sexual abuse and sexual harassment, the provision of sexual assault service providers for confidential emotional support services related to sexual abuse or sexual harassment, reporting responsibilities of staff, the facility's written coordinated sexual abuse response plan, retaliation monitoring and incident reviews of allegations determined to be substantiated or unsubstantiated. DAI Policy # 410.00.01 instructs staff conducting the compliance reviews to use observation or facility tour, document review, policy review, and staff and/or inmate interviews as methods for conducting the reviews. The policy instructs the reviewer to report areas of non-compliance to the DOC PREA Office.

In an interview, the Agency Contract Administrator said that she reviews each contracted agency that is not scheduled for a US DOJ PREA audit on an annual basis. She said that her reviews include a site visit, a tour of the facility, and review of all their materials. She said she also assists the contracted agencies with creating policies, training, and investigations. Her role is that of a liaison who can provide training and technical assistance. When asked if PREA compliance results were completed for each contract entered into agreement with within the past 12 months, she responded that they were completed, or the site visits are currently scheduled. She also reported that the majority of the contracted agencies have already had a US DOJ PREA audit or are scheduled for one within the next year.

115.12 (b) - 2

The facility indicated, in response to the PAQ, that none of the 13 contracts with outside agencies, held by the DOC, do NOT

require the DOC to monitor the contractor's compliance with PREA standards. A review of the MOAs offered as evidence proved that two of the 13 contracts do not contain language that requires the agency to monitor the contractor's compliance with PREA standards. Instead, they say that the agency may monitor that compliance. The use of the word, may, as opposed to shall, makes the compliance monitoring an option rather than a requirement. However, the agency PREA Director said, "staff in our Office of Detention and Procurement are working to update these two contracts and obtain signature." The facility also provided documentation verifying that the agency is indeed monitoring all the contracted agencies' compliance with PREA, including the two whose contract language still uses the word, "may," rather than, "shall." Auditor also understands that the pandemic created some delays in getting these contracts updated due to staff shortages and work slowdowns. Therefore, Auditor feels that the standard is being substantially met.

A final analysis of the evidence indicates that the agency is in substantial compliance with this requirement.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

| | |
|--------|--|
| 115.13 | Supervision and monitoring |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.05 Staffing Plan, effective date, 05/17/2021 c. Fox Lake Correctional Institution Staffing Plan, dated 03/31/2022 d. Division of Adult Institutions Policy#: 401.40.01 Unannounced Supervisory Rounds, effective date, 01/24/2022 e. Wisconsin Department of Corrections Executive Directive 72 Sexual Harassment and Sexual Abuse in Confinement (PREA), effective date, 01/11/2016 2. Interviews <ol style="list-style-type: none"> a. Warden b. PREA Director c. Facility PREA Compliance Director d. Staff Who Make Unannounced Rounds 3. On-Site Observations <ol style="list-style-type: none"> a. Documentation of Unannounced Rounds <p>Findings (By Provision:)</p> <p>15.13 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency requires each facility it operates to develop, document, and make its best efforts to comply, on a regular basis, with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. They provided agency policy Division of Adult Institutions (DAI) Policy#401.50.05, that says, "The Division of Adult Institutions shall ensure each facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates from sexual abuse." The facility also provided Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), which says, in section IX, A, (p. 6), "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." ED 72 also requires that in calculating adequate staffing levels, and determining the need for video monitoring, the facilities must consider.</p> <ul style="list-style-type: none"> - generally accepted correctional practices; - any judicial, federal investigative and internal/external oversight agency findings of inadequacy; - the facility's physical plant including blind spots or areas where employees or offenders may be isolated; - the composition of the offender population; - the number of placement and security staff - institution programs occurring on a particular shift; - the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and, - applicable State or local laws, regulations, standards and other relevant factors. <p>In an interview conducted onsite, the facility PREA Compliance Manager (PCM), confirmed that the required elements listed above are taken into consideration during the annual review of the staffing plan. She said, "we consider all those things. The Warden also verified that all those things are considered during the annual review of the staffing plan.</p> |

The facility submitted copies of their staffing plan dated March of 2021. The staffing plan identifies that the Fox Lake Correctional Institution (FLCI) is a medium security facility with an operating capacity of 979 and a current population of 1212. The institution also houses a 50 bed Restricted Housing Unit where maximum custody inmates are awaiting transfer to maximum custody sites.

The institution has 10 housing units, a Health Services unit, a Food Service Building, Vocational School, Maintenance building, Industries building, Academic School, Chapel, Recreation Building, Multipurpose building, and an Administration building. Areas where inmates go are outfitted with video monitoring, locked and controlled doors and mirrors. Cameras are also placed in common areas, both inside and outside buildings, to supplement the security and observation rounds. These cameras are monitored by staff. Rounds have been increased in areas with minimal security staff supervision to ensure adequate supervision and safety. While an ongoing need exists for extra cameras, the facility has rearranged existing camera placement to maximize use. Cameras have been added to the Restricted Housing unit and the institution also makes facility or structural changes to rectify areas of isolation or vulnerability.

Fox Lake Correctional Facility is subject to staffing allocations as determined through the Wisconsin State biennial budget process. The facility runs three shifts and is permitted 150 correctional officers, 104 sergeants, six Lieutenants, and eight Captains. Security staff assignments are based upon programming, inmate movement, and behavioral needs. The following chart illustrates FLCI's staffing pattern.

Housing Unit

of Inmates

Shift*

Sergeants

Officers

1

168

1st

2nd

3rd

2

2

1

0

0

1

2

168

1st

2nd

3rd

2

2

1

0

0

1

3

168

1st

2nd

3rd

1

1

1

2
2
1

4
168
1st
2nd
3rd

2
2
1

0
0
1

5
168
1st
2nd
3rd

2
2
1

0
0
1

6
168
1st
2nd
3rd

2
2
1

0
0
1

7
30
1st
2nd
3rd

1
1
1

1
1
1

9

144

1st

2nd

3rd

1

1

1

2

2

1

10

144

1st

2nd

3rd

1

1

1

2

2

1

Restrictive Housing

50

1st

2nd

3rd

1

1

1

2

2

1

The facility runs three shifts and uses an electronic scheduling program (WorkLoud) to assist with planning. When a security shift vacancy occurs, overtime is hired. There is never an instance where a post is unattended.

In addition to security staff, FLCI has one social worker assigned to each general population housing unit.

115.13 (a) – 2

The facility indicated, in response to the PAQ, that the average daily number of inmates, over the past year, has been 1201.

115.13 (a) – 3

The facility indicated, in response to the PAQ, that the average daily number of inmates on which the staffing plan was predicated is 1201.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (b) – 1 and 2

The facility indicated, in response to the PAQ, that the facility does not deviate from the staffing plan. The staffing plan identifies that the facility uses an electronic scheduling program to assist with planning. When a security shift vacancy occurs, overtime is hired. When asked if the facility documents all instances of non-compliance with the staffing plan, the warden said, "There are no instances of non-compliance. If there are staff shortages we can collapse posts or hire overtime."

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (c) - 1

The facility indicated, in their response to the PAQ, that the agency, in collaboration with the PREA Director, does review the staffing plan, at least annually, to see whether adjustments are needed to:

- the staffing plan,
- the deployment of monitoring technology, or
- the allocation of resources.

Agency policy DAI #: 410.50.05, 410 Prison Rape Elimination Act, effective date, 05/17/2021, requires, in Section II, A, (p. 2), not less than once per year, each facility to assess, determine and document whether adjustments are needed to each of the three items listed above. Paragraph B, of the same section, requires that the staffing plan be reviewed by the agency PREA Director. The agency PREA Director said, in an interview conducted via telephone, that she reviews all facility staffing plans.

She said, "we have a yearly process in which I ask them to update staffing plans and we consult about it after they have updated it, and I review it and make sure it makes sense from a PREA perspective. I make adjustments if necessary and both the PCM and I sign it." Submitted was a spreadsheet, used by the Agency PREA Director, to keep track of facility staffing plan annual reviews. The spreadsheet shows an entry for each of the Agency's facilities, the date of the most recent annual review, and the facility participants to the review. The data dates back to 2015 and shows the date of the most recent annual review of the staffing plan, for the facility, as March of 2021.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (d) - 1

The facility indicated, in their response to the PAQ, that the facility requires intermediate-or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Agency policy ED 72 requires, in Section IX D, (p.6), that supervisory staff conduct and document unannounced rounds, on all shifts, to identify and deter employee sexual abuse and sexual harassment. Auditors interviewed multiple supervisory staff who said they do make unannounced rounds as required.

115.13 (d) - 2

The facility indicated, on the PAQ, that the facility documents unannounced rounds. In interviews, all supervisory staff who said that they are responsible for conducting unannounced rounds verified that they do document the unannounced rounds they make. During the onsite review of the facility, auditors were able to view these rounds logged in logbooks in the various areas of the facility.

115.13 (d) - 3

The facility indicated, in their response to the PAQ, that unannounced rounds do, over time, cover all three shifts. Supervisory staff who were interviewed also verified that they make rounds on all three shifts.

115.13 (d) - 4

The facility indicated, in their response to the PAQ, that the facility does prohibit staff from alerting other staff when unannounced rounds are taking place. Agency policy ED 72 says, in Section IX D, (p.6), "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." Staff who were asked how they ensure that staff do not alert other staff that unannounced rounds are taking place said they vary their routines and do not tell staff when they are coming or where they are going next. None of them recalled ever having had to discipline staff for alerting other staff that the rounds were taking place.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="240 329 858 356">1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="240 360 1414 423">a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 <li data-bbox="240 427 743 454">c. Agency Notice of Movement, dated 12/19/2016 <li data-bbox="240 459 1449 521">d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 302.00.20 Placement of Juveniles in Adult Correctional Sites, effective date 07/01/2018 <li data-bbox="240 611 379 638">2. Interviews <ol style="list-style-type: none"> <li data-bbox="240 642 261 669">a. <li data-bbox="240 817 395 844">3. Site Review <ol style="list-style-type: none"> <li data-bbox="240 848 480 875">a. No Youthful Inmates <p data-bbox="240 1023 483 1050">Findings (By Provision):</p> <p data-bbox="240 1081 379 1108">115.14 (a) - 1</p> <p data-bbox="240 1113 1489 1408">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the Division of Adult Institutions (DAI) does not house inmates under the age of 18 and that inmates under the age of 18 years old are supervised by the Wisconsin Division of Juvenile Corrections. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII C, (p.10), prohibits placing youthful offenders in housing units where they have sight, sound or physical contact with adult offenders through use of shared dayrooms or other common areas, shower areas or sleeping quarters. Auditors verified that the Wisconsin Department of Corrections (DOC) does not place inmates under the age of 18 in adult facilities through a review of the agency website. According to the website, the agency currently operates two juvenile facilities, one for males and one for females. Administrative staff, at the facility, confirmed that the facility does not house inmates under the age of 18.</p> <p data-bbox="240 1440 475 1467">115.14 (a) - 2, 3, and 4</p> <p data-bbox="240 1471 1449 1534">The facility indicated, in their response to the PAQ, that there are no inmates under the age of 18 housed at the Fox Lake Correctional Institution (FLCI).</p> <p data-bbox="240 1565 443 1592">115.14 (a) - 5 and 6</p> <p data-bbox="240 1597 1485 1659">The facility indicated, in their response to the PAQ, that, in the past 12 months, there have been no inmates under the age of 18 housed at (FLCI).</p> <p data-bbox="240 1691 1243 1718">A final analysis of the evidence indicates that the facility is substantially compliant with this provision.</p> <p data-bbox="240 1780 443 1807">115.14 (b) - 1 and 2</p> <p data-bbox="240 1812 1302 1839">The facility indicated, in their response to the PAQ, that FLCI does not house inmates under the age of 18.</p> <p data-bbox="240 1870 1243 1897">A final analysis of the evidence indicates that the facility is substantially compliant with this provision.</p> <p data-bbox="240 1960 379 1986">115.14 (c) - 1</p> <p data-bbox="240 1991 1302 2018">The facility indicated, in their response to the PAQ, that FLCI does not house inmates under the age of 18.</p> <p data-bbox="240 2049 379 2076">115.14 (c) - 2</p> <p data-bbox="240 2080 1409 2143">The facility indicated, in their response to the PAQ, that, in the past 12 months, there have been no inmates placed in isolation to separate them from adult inmates because FLCI does not house youthful inmates.</p> |

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1453 927" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.16.01 Use of Body Cameras, effective date 05/06/2019 d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.17.02 Searches of Inmates, effective date, 12/21/2020 e. Division of Adult Institutions Policy #: 500.70.27 Transgender Inmates, effective date, 07/19/2021 f. Form DOC-544, Lesson Plan Correctional Officer Pre-Service Introduction to Searches, Rev. 02/2019 2. Interviews <ol style="list-style-type: none"> a. Random Inmate b. Random Staff c. Transgender/Intersex Inmates <p data-bbox="240 1077 483 1104">Findings (By Provision):</p> <p data-bbox="240 1249 379 1276">115.15 (a) - 1</p> <p data-bbox="240 1285 1485 1641">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Section X, B, (p. 6), stipulates, "facilities shall not permit cross-gender strip or body cavity searches except in exigent circumstances or when performed by medical practitioners." Division of Adult Institutions (DAI) Policy #306.17.20 Searches of Inmates, in Section I, C, says that staff directly observing the inmate, during a strip search, are required to be the same sex as the inmate and that a second staff participating in the search shall only observe the staff performing the strip search. A total of 41 inmates who were interviewed confirmed that they had never been subjected to cross-gender strip or visual body searches at this facility. Thirteen random staff were interviewed, during the onsite phase of the audit, and they also confirmed that no cross-gender strip or cross-gender visual body searches are conducted at the facility except in exigent circumstances. None of the staff interviewed could recall a time when cross-gender strip, or visual body searches, had been conducted.</p> <p data-bbox="240 1675 379 1702">115.15 (a) - 2</p> <p data-bbox="240 1711 1449 1767">The facility reported, in their response to the PAQ, that, in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates was zero.</p> <p data-bbox="240 1800 379 1827">115.15 (a) - 3</p> <p data-bbox="240 1836 1465 1892">The facility reported, in their response to the PAQ, the number of cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff as zero.</p> <p data-bbox="240 1924 1225 1951">A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p data-bbox="240 2036 379 2063">115.15 (b) - 1</p> <p data-bbox="240 2072 1449 2161">Wisconsin Department of Corrections (DOC) agency policies ED 72 and DAI Policy #306.17.02, prohibit pat searches of female inmates by male staff, absent exigent circumstances, at all of their institutions. In addition, there are no female inmates housed at Fox Lake Correctional Institution (FLCI).</p> |

115.15 (b) - 2

There are no female inmates housed at FLCI.

115.15 (b) - 3 and 4

There are no female inmates housed at FLCI.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15. (c) - 1 and 2

The facility indicated, in response to the PAQ, that the facility requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. DIV Policy #: 306.17.02 Searches of Inmates, requires, in Section I, E, 2 and 3, (p. 3), that documentation of exigent circumstances where cross-gender pat-down searches of female inmates by male staff are conducted shall be maintained and that documentation of exigent circumstances where cross-gender strip, body cavity or body contents searches are performed shall be maintained. The facility reports that the facility does not house female inmates.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (d) - 1

The facility indicated, in their response to the PAQ, that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). ED 72 says, in Section IX, E, (p.6) says, "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." Of the 41 inmates who were interviewed all of them confirmed that they are never naked in front of opposite gender staff, and that they have the opportunity to shower, change their clothes and use the toilet without being viewed by opposite gender staff. Inmates identified things such as curtains on the showers, half walls on the toilet stalls, curtains on the cell door windows in the female units, all things that help protect inmates' ability to shower, perform bodily functions and change clothing without being seen by non-medical staff of the opposite gender and auditors noted all of them during the review of the facility.

115.15 (d) - 2

The facility indicated, in their response to the PAQ, that policies and procedures do require staff of the opposite gender to announce their presence when entering an inmate housing unit. ED 72 says, in Section IX, E, (p.6), "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 in order to comply with this provision." Of 41 inmates formally interviewed, 33 said that opposite gender staff always announce their entry into the housing unit by ringing a tone and/or a blue light goes on, and eight said they did not always hear the tone or see the sign. Auditors noted, while touring the facility, that some officers did make the announcement when females entered the housing units and some did not. In addition, at least one of the 13 random staff who were interviewed said that they did not believe staff took the cross-gender announcement requirement very seriously.

A final analysis of the evidence indicates that staff perhaps need to be reminded of the requirement of the cross-gender announcement. Auditor recommends that the Warden, or Security Director, send a memo to all staff reminding them of this requirement.

115.15 (e) - 1

The facility indicated, in their response to the PAQ, that the agency does have a policy that prohibits searching, or physically examining, a transgender or intersex offender for the sole purpose of determining the offender's genital status. ED 72 says, in Section X, D, (p. 7) that facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. DAI Policy #306.17.02, Section II, D, (p. 3) also outlines this prohibition. Each of the 13 staff who were randomly selected for interview confirmed that they were aware of these agency policies and two transgender inmates who were interviewed said that they were never searched for this reason.

115.15 (e) - 2

The facility indicated, in their response to the PAQ, the number of such searches conducted at the facility, in the past 12 months, was zero. A transgender inmate who was interviewed confirmed that they have never been subjected to a strip search for the sole purpose of determining genital status.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (f) - 1

The facility indicated, in their response to the PAQ, that 100% of the security staff were trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. They submitted the lesson plan outlining the training used to train facility staff on conducting searches. The lesson plan contained instructions for how to conduct cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner. Of the 13 staff who were randomly selected for interview, all of them verified they had received the training and were able to accurately describe the training they received. Security staff reported that they had the training in the officers' academy.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action:

A final analysis of the evidence indicates that while the facility is substantially compliant with this standard, staff need to be reminded of the requirement to make the cross-gender announcement when female staff are entering a housing unit. Auditor recommends that the Warden, or Security Director, send a memo to all staff reminding them of this requirement. There is no other corrective action to take.

Findings (By Provision):

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #:300.00.35 Americans with Disabilities Act, effective date, 09/14/2020 d. Contract for In-person Interpretation Services for American Sign Language (ASL), dated 11/01/2020 e. Contract for Video Remote Interpreting (VRI) Services for American Sign Language (ASL), dated 10/01/2018 f. Agency Posted Language Policy Notice g. Contract for In-Person Interpretation Services for Foreign Language, dated 11/01/2018 h. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 300.00.61 i. Contract for Written Foreign Language Translation Services, dated 09/01/2018 j. POC-41S Agency Inmate Handbook, Spanish, dated 07/2019 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Inmates with Disabilities or who are Limited English Proficient c. Random Staff 3. On-site observations <ol style="list-style-type: none"> a. PREA posters in both English and Spanish <p>Findings (By Provision):</p> <p>115.16 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has established procedures to provide disabled inmates 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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XI, B, (p.4), that offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the Department of Correction's (DOC's) efforts to prevent, detect and respond to sexual abuse and sexual harassment. Division of Adult Institutions (DAI) Policy #300.00.35, in Section I, Paragraph A, requires all facilities to establish a process for inmates with qualified disabilities to request accommodations for access to programs, services, and activities. Paragraph C, of the same policy, outlines that individuals with disabilities may not be excluded from participation in, or be denied the benefits of, DAI services, programs or activities on the basis of their disabilities, and that all DAI programs, services and activities shall be readily accessible to, and useable by, individuals with disabilities. The same policy requires facilities to make reasonable accommodations for individuals with disabilities except where doing so would result in a fundamental alteration in the nature of the program, would threaten or destroy the historic significance of an historic property, or result in undue financial and administrative burdens. Section II, paragraph F says that inmate access to adaptive hearing devices for telephone calls must be equivalent to access to telephone calls by hearing inmates and allows for inmates using adaptive devices for phone calls to be allowed up to three times the amount of time usually permitted for phone calls. This policy also requires facilities to develop procedures to ensure visual alarms, or manual means of notifying deaf or hard of hearing inmates, are in place for such things as emergencies, counts, and announcements whenever, and wherever, the inmate is authorized to be in the facility.</p> |

Accommodations that must be made may include a qualified sign language interpreter or other auxiliary aids, services, and devices.

The facility provided, as evidence, copies of contracts the agency has entered into to provide video remote interpreting (VRI) services for American Sign Language (ASL) and in person interpretation services for ASL. A video with PREA Education is available for inmates who are visually impaired to listen to. Auditors were able to review this video on YouTube. There are videos designed for both male and female inmates. The agency head said, in an interview, ". . . we identify them at intake . . . and they are also evaluated on an ongoing basis, and disability coordinators at each facility assess needs and make accommodations." Auditors were able to interview several disabled inmates who said that the facility does provide information about sexual abuse and sexual harassment that they are able to understand. Auditors were also able to interview a cognitively disabled inmate who said that he does read, and that the information is printed on posters, and in the inmate handbook, which he is also able to read.

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

115.16 (b)

The facility indicated, in their response to the PAQ, that the agency has established procedures to provide equal opportunities, to inmates who are Limited English Proficient (LEO), to participate in, or benefit from, all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. ED 72 says, in Section XI, B, (p.4), that offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. DAI policy #300.00.61 Language Assistance for LEP outlines procedures that ensure LEP inmates in DAI facilities are not precluded from accessing or participating in important programs or proceedings, including those that may affect the duration and condition of their classification or confinement, have meaningful access to important vital documents, are afforded language assistance at no cost, receive meaningful access to medical, dental and mental health services, are not subjected to retaliation for requesting language assistance, and are permitted to communicate verbally and in writing in languages other than English. This policy also requires the posting of important items such as visiting room rules, surveillance notices, security warnings, facility regulations, policies, procedures, unit rules, and inmate discipline information in the lobby, visiting area, intake/reception area, waiting rooms of medical and mental health service units, mailrooms, property rooms, libraries, housing areas and school and program areas. It also requires staff to obtain, from inmates at intake, their self-identified primary language and to ensure that the information is recorded in the department's computerized database. The policy requires staff to initiate provision of language assistance when there is a question of an inmate's ability to use the English language in reading, writing, or speaking, and requires staff to provide specific documents, including a PREA pamphlet, in both Spanish and English. The facility presented, as documentation, the inmate handbook and the PREA Pamphlet, printed in both Spanish and English, and auditors were able to observe PREA information posted, throughout the facility, in both English and Spanish. The facility also provided the agency's Language Policy Notice, printed in both English and Spanish, that auditors observed posted in the facility. Also provided as documentation were copies of contracts that the agency has entered into to provide in person interpretation services for foreign languages, written foreign language translation services, and statewide telephone interpretation services. Auditors were able to interview three inmates using the language line. An inmate who speaks limited English said, in an interview, that the facility provides an interpreter when one is needed, and that the inmate handbook is in Spanish so he can read it. Auditors also noted that PREA posters, throughout the facility, are printed in both English and Spanish.

A final analysis of the evidence indicates that is in substantial compliance with this provision.

115.16 (c) - 1

The facility indicated, in their response to the PAQ, that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants 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 or the investigation of the inmate's allegations. ED 72, in Section XVI, A, no. 4, (p. 13) prohibits relying on offender translators, offender readers or other types of offender assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first responder's duties, or the investigation of allegations. Thirteen staff were randomly selected for interview, and all were familiar with the translation services that are available at the facility. None of the 13 staff randomly selected for interview were aware of any instance, at the facility, where one inmate was allowed to translate for another when making an allegation of sexual abuse or sexual harassment.

115.16 (c) - 2

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

115.16 (c) - 3

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

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take

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| 115.17 | Hiring and promotion decisions |
| | <p data-bbox="240 147 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1460 757" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 c. Division of Adult Institutions Policy #” 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns d. Agency Procedure Fingerprints, effective date, 11/26/2018 e. Wisconsin Department of Corrections Executive Directive #42 Police Contact, Arrest, and Conviction Policy for Current Employees, effective date 08/15/2016 f. Agency Procedure Background Check, effective date, 08/04/2020 g. Form DOC-2674 DAI Volunteer Application, (blank), Rev. 09/2018 h. DOC-1098-D Background Check Authorization, dated 02/2021, (blank) i. DOC-1098-R Candidate Reference Check, dated 10/2020, (blank) j. Department of Corrections Human Resources Policy, 200.30.507, issue date, 06/20/2016 2. Interviews <ol style="list-style-type: none"> a. Human Resources Staff <p data-bbox="240 1200 483 1227">Findings (By Provision):</p> <p data-bbox="240 1317 347 1344">115.17 (a)</p> <p data-bbox="240 1352 1485 1442">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:</p> <ol style="list-style-type: none"> (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution: (2) 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: or (3) has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. <p data-bbox="240 1644 1485 2002">Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section VI, A, 1, (p. 4), prohibits the hiring or promoting of anyone who has engaged in sexual abuse in a confinement facility, anyone who has been convicted of engaging, or attempting to engage in, non-consensual sexual activity in the community, or anyone who has been civilly or administratively adjudicated to have engaged in activity described above. Executive Directive 42 Police Contact, Arrest, and Conviction Policy for Current Employees (ED 42) says, in Section VIII, 1, (p. 7), that the Department Of Corrections (DOC) will not hire or promote an applicant for a position which may have contact with inmates, offenders or juveniles based on the following PREA standards: 1) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, 2) Convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. 3) Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above.</p> <p data-bbox="240 2033 1465 2092">Auditors reviewed documentation and noted that the background check authorizations ask the candidate for employment if they have ever been:</p> <ol style="list-style-type: none"> a. engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution or place of detention, |

- b. 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,
- c. civilly or administratively adjudicated to have engaged in the activities described above.

Auditors also noted that the candidate reference check forms ask the person providing the reference if they have any knowledge of the employment candidate ever having been engaged in any of the three situations described above.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (b)

The facility indicated, in their response to the PAQ, that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. ED 72, in Section VI, A, 1, (p. 4), says that the DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee. Auditor's review of the sample documentation that was provided was provided, by the facility, reflected that the background check authorization asks the candidate if they have ever engaged in sexual harassment in the community or confinement setting, and the candidate reference check form used asks if the person providing the reference has any knowledge of the candidate ever engaging in any incident of workplace sexual abuse or sexual harassment while employed by their company. When the Human Resources Administrator was asked if the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates, she replied, "yes we do." A review of the application packet confirmed her response.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (c) - 1

The facility indicated, in their response to the PAQ, that before hiring any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. ED 72 says, in Section VI, A, 3, (p. 5), that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check. Paragraph a, of the same section, says that the DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment, or any resignation during a pending investigation of a sexual abuse allegation.

The facility provided a Background Check Procedure that provides guidance on conducting both criminal and non-criminal background checks for applicants, contractors performing work similar to department employees and persons considered for an internship or job shadow. This document identifies that Bureau of Human Resources staff is responsible for conducting and reviewing background checks and that no applicant, contractor or person considered for an internship or job shadow may begin working until a background check has been completed and is approved for hire. The facility provided Department of Corrections Human Resources Policy #200.30.507 Employment References – Guidelines for Obtaining and Providing References, that outlines when background checks are to be completed and describes the methods used, and identifies, in Section III, that the agency also requires a criminal background check to be completed when a current employee is moving to a position which has significantly different duties than his or her current position.

This policy also identifies, in Section VII, 4, (p. 5), that, in accordance with PREA standards, if a candidate lists a prior confinement entity as a current or past employer on their resume (e.g. federal or state prison, county or local jail), best efforts shall be made to contact the entity as a reference, even if the employee does not list them as a reference. The policy identifies that the Reference Check Form DOC-1098R should be used, for obtaining reference checks, to ensure the proper PREA questions are asked. The facility provided a blank DOC-1098R Candidate Reference Check form that shows that questions 10 through 12 are additional questions, for positions that may have contact with inmates or juvenile offenders, that ask if the candidate has ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if it has ever been determined that the candidate has ever engaged in any incident of sexual abuse or sexual harassment while employed by the former employer, or if the candidate resigned during a pending investigation of an allegation of sexual abuse or sexual harassment prior to an investigation being completed. Auditor reviewed documentation provided by the facility and determined that the required reference checks were completed prior to hire.

115.17 (c) - 2

The facility indicated, in their response to the PAQ, that, in the past 12 months the number of persons hired who may have contact with inmates who have had criminal background record checks was 40. Auditors reviewed 10 of those employment

files and determined that the requisite criminal background records check, and reference checks had been done.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (d) - 1

The facility indicated, in their response to the PAQ, that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. ED 72, in Section VI, A, 3, (p.5) identifies that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check. ED 72 identifies, in Section III, (p.2), that the term, "employee," means any staff member, contractor or volunteer who performs work inside of a DOC operated facility so that all required criminal background, and employee reference checks, are required of contractors who may have contact with inmates as well. The Human Resources Administrator said, in an interview, "we do criminal background checks for interns and we also have some contracted Health Care staff and we do background checks for them as well." She went on to say that, "the security director signs off on contracted builders." She also said that if they have employees who change from one position to another position of the same level that has very different job duties, a change that is a lateral transfer rather than a promotion, they will also do background checks. This represents yet another opportunity to discover information that may have gone unnoticed.

115.17 (d) - 2

The facility identifies, in their response to the PAQ, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates as six and explained that contractors came into the facility to complete two major projects and to provide routine maintenance.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (e)

The facility indicated, in their response to the PAQ, that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. ED 72 says, in Section VI, A, 3b, (p. 5), "the DOC shall conduct a criminal background record check every five years for current employees." DOC Library #201.100.0042 Police Contact, Arrest, and Conviction Policy for Current Employees, effective 08/15/2016, says, in Section VIII, (p.7), that, "to maintain compliance with the Prison Rape Elimination Act (PREA) the Department shall conduct background checks either by running fingerprints or processing a criminal background check at least once every five years on current employees who may have contact with inmates, juveniles or offenders." The same policy, in the next paragraph, makes the same requirement for current contractors who may have contact with inmates, juveniles or offenders. An agency procedure, submitted during the pre-onsite phase of the audit, entitled Background Check Procedure, dated 11/26/2018, says, "to maintain compliance with PREA as well the (sic) FBI's CJIS security policies, fingerprints must be retaken at least once every five years." Auditor interviewed the Human Resources Administrator, during the onsite portion of the audit, who, when asked what system the facility presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with inmates said, "we do the CCAP Portal 100 which is the FBI system as well. When asked if the fingerprint checks are done every five years, she said, "either a background check or fingerprints are done every five years." She also provided documentation of a tracking system she uses that lists every employee, and the date of they were last fingerprinted, and the date the next fingerprinting is due.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (f and g)

The facility submitted, as documentation that it does 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees, the DOC-1098D Background Check Authorization form, that requires all applicants to answer whether they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if they have ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied, threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, and if they have ever been civilly or administratively adjudicated to have engaged in any of these activities. Auditor reviewed the sample background check authorizations submitted as documentation and noted that the applicants had answered those exact questions.

ED 42, Police Contact, Arrest, and Conviction Policy for Current Employees imposes a continuing duty to report by saying, in

Section VI, Paragraph A, that employees who fail to disclose police contact, arrests and/or criminal convictions, fail to provide accurate details regarding criminal convictions or fail to cooperate in the background check process, including being fingerprinted, may be subject to disciplinary action up to and including discharge. The Human Resources Administrator said, in an interview conducted onsite, "it is on the background check form where we ask those questions. If they don't answer, they cannot be considered for employment."

A final analysis of the evidence indicates that the facility is in substantial compliance with these provisions.

115.17 (h)

Executive Directive #72 requires, in Section VI, A, 3a, (p. 5), that the DOC provide reference information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. The Human Resources Director said, in an interview conducted onsite, "yes, those questions are on a reference form. We ask both the applicant and the reference." Auditor reviewed both those forms and noted that the questions are on both.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility exceeds the standard by performing background checks where current employees make a lateral transfer from one position to another, same-level position that has substantially different duties. This provides yet another opportunity to discover information that might otherwise go unnoticed. There is no corrective action to take.

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| 115.18 | Upgrades to facilities and technologies |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Warden 3. Site Review Observations <ol style="list-style-type: none"> a. Facility Review (including Control Centers for access to camera monitoring system) <p>Findings (By Provision):</p> <p>115.18 (a) The facility indicated, in response to the Pre-Audit Questionnaire (PAQ), that the facility has not made a substantial expansion or modification to existing facilities since the last PREA audit which was in April of 2018. The agency head, said, in an interview, “we work have a few facilities we are working on lately, upgrading, remodeling everywhere.” The Warden said, “it’s an aging facility and we always have projects going on.”</p> <p>A final analysis indicates that the facility is in substantial compliance with this provision.</p> <p>115.18 (b) The facility indicated, in their response to the PAQ, that the facility has updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit in April of 2017. The agency head said, in an interview, “we use stationary cameras, also body worn cameras in max, and we use the technology to improve very visual coverage to monitor movement of both staff and inmates, to deter misconduct and as an investigation tool.” The Warden said, “our camera upgrade is an ongoing project.”</p> <p>A final analysis indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action A final analysis indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p> |

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.14 Protection, Gathering and Protection of Evidence, effective date, 10/18/2021 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, effective date, 04/01/2017 d. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 e. Memorandum of Understanding between Wisconsin Department of Corrections and PAVE, dated 09/26/2019 f. Wisconsin Department of Corrections Victim Services Coordinators Support Services Workshop Agenda, dated Wednesday, April 18, 2018 g. Wisconsin Department of Corrections Prison Rape Elimination Act Victim Accompaniment Guide, dated March 2018 h. Agency Victim Services Coordinators Sexual Abuse and Sexual Harassment in Confinement i. Staff Certificate of Attendance, Support Services Workshop, dated 04/05/2018 j. Form DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist, (blank) dated 09/2015 k. Agency Law Enforcement Compliance Request, 2019 2. Interviews <ol style="list-style-type: none"> a. Random Staff b. SANE/SAFE Staff c. Facility PREA Compliance Manager d. Inmates Who Reported a Sexual Abuse <p>Findings: (By Provision):</p> <p>115.21 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ) that the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct.) Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section, XVII, A (p.15), says, "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."</p> <p>115.21 (a) - 2 The facility indicated, in their response to the PAQ, that the facility is not responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). ED 72, Section XVII, B, (p.15), says, "allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement."</p> <p>115.21 (a) – 3 The facility indicated, in their response to the PAQ that the Dodge County Sheriff's Department is the local law enforcement agency designated to investigate allegations of sexual abuse that involve potentially criminal behavior.</p> <p>115.21 (a) - 4 The facility indicated, in their response to the PAQ, that when conducting a sexual abuse investigation, investigators follow a uniform evidence protocol. The evidence protocol followed is outlined in Division of Adult Institutions (DAI) Policy #306.00.14 Protection, Gathering and Preservation of Evidence, in section I, paragraphs, A through D, (p. 2 and 3), in section</p> |

II, paragraphs A through E, (p. 3), and section III, paragraphs A through I, (pps. 3-6). Auditor noted that the policy, in Section I, B, (pp.2-6) is highly detailed and outlines the entire process, including securing and protecting the scene and the collection, preservation and logging of evidence. All 13 random staff who were interviewed were well familiar with the agency's protocol for obtaining useable physical evidence and all of them knew who the facility's investigators were.

Final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (b) - 1

The facility indicated, in their response to the PAQ, that this portion of the standard does not apply because the facility does not house youthful offenders and there is no requirement for the protocol to be developmentally appropriate for youth. The auditor was able to verify through facility records and staff interviews that there were no youth housed at the Wisconsin Resource Center (WRC) during the 12-month review period.

115.21 (b) - 2

The facility indicated, in their response to the PAQ, that the protocol was not adapted from, or otherwise based on, the most recent edition of the DOJ 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. Instead, the facility indicated that, "the Wisconsin Department of Corrections (DOC) healthcare clinicians do not conduct SANE examinations. Inmates alleging sexual abuse are transported to St. Agnes Hospital, in Fond du Lac, 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). (2019). Chicago, Illinois: National Commission on Correctional Health Care."

Final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (c) - 1

The facility indicated, in their response to the PAQ, that the facility offers all inmates who experience sexual abuse access to forensic medical examinations. ED 72, in Section XVI, B, (p.14), identifies that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and that forensic medical examinations will be performed by Sexual Assault Nurse Examiners (SANEs) where possible. The facility PREA Compliance Manager (PCM) identified, during an onsite interview, that St. Agnes Hospital, in Fond du Lac, employs SANEs and that if a SANE is available, an inmate requiring a forensic exam will be transported there. Auditor conducted a telephone interview with staff at St. Agnes Hospital who said that if there is a SANE available, they will perform the exam but that there is not always a SANE available at St. Agnes Hospital. She said that if a request for a forensic exam is made when a SANE is not available at St. Agnes, they will have the facility take the inmate to a hospital in Oshkosh because there is 24/7 SANE availability there. She said that they do perform SANE exams for inmates, just like any other victim. She was not certain if they had provided forensic exams for any WRC inmates, in the past 12 months but said that they do not get a lot of requests for forensic exams.

115.21 (c) - 2

The facility indicated, in their response to the PAQ, that the facility does not offer all inmates who experience sexual abuse access to forensic medical examinations onsite because the facility does not conduct forensic exams. This information was verified during an onsite interview with the facility Nurse Manager who verified that the facility does not conduct forensic exams but would send victims to St. Agnes Hospital in Fond du Lac or to Aurora Medical Center, in Oshkosh, where the service is available.

115.21 (c) - 3

The facility indicated, in their response to the PAQ, that the agency does offer all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. DAI Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, identified, in Section III, C, (p.4) that when it is determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, staff will send the alleged victim to the designated Emergency Room (ER) for the SANE to conduct an evidentiary exam. The policy goes on to say that an alleged victim cannot refuse to be transported to the ER but may refuse to be evaluated once at the ER. A telephone interview, with staff at St. Agnes Hospital and at Aurora Medical Center – Oshkosh, conducted during the post-onsite phase of the audit, confirmed that the hospital will conduct SANE exams for Fox Lake Correctional Institution (FLCI) upon request. She said they provide the service for all correctional institutions in Dodge County.

115.21 (c) - 4

The facility indicated, in their response to the PAQ, that forensic medical examinations are offered without financial cost to

the victim. ED 72, Section XVI, B, 3, (p.14), identifies that, “. . . 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.”

The Inmate Handbook also identifies that inmates have the right to receive free medical and mental health care following an incident of sexual abuse or sexual harassment and this was verified by facility staff.

115.21 (c) - 5

The facility indicated, in their response to the PAQ, that, where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiner (SANEs). ED 72, Section XVI, B, 3, (p.14), identifies that, “. . . all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, . . . where evidentiary or medically appropriate.” Division of Adult Institutions (DAI) Policy #: 500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse, identifies, in Section III, C, (p.) that when it is determined evidentiary or medically appropriate by health care staff in consultation with the SANE, staff will send the alleged victim to the designated ER for the SANE to conduct an evidentiary exam. Auditor interviewed staff at St. Agnes Hospital and at Aurora Medical Center – Oshkosh who confirmed that there is always a SANE on duty, or on call, and that Aurora Medical Center will conduct forensic exams for inmates from FLCI upon request.

115.21 (c) - 6

The facility indicated, in their response to the PAQ, that when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. ED 72 says, in Section XVI, B, 3, (.14) that if SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.

115.21 (c) - 7, 8, 9 and 10

The facility indicated, in their response to the PAQ, that the facility documents efforts to provide SANEs or SAFEs. The facility also indicated, in their response to the PAQ, that the number of forensic medical exams conducted, during the past 12 months, is zero, that the number of exams performed by SANEs/SAFEs, during the past 12 months is zero, and the number of exams performed by qualified medical practitioners, during the past 12 months is zero. Thus, no documentation of efforts to provide forensic medical exams was available for review.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (d) - 1

The facility indicated, in their response to the PAQ, that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. ED 72 says, in Section XVI, B, 4, (p. 14), that the facility shall attempt to make an advocate from a local sexual assault service provider (SASP) available to accompany and support victims through a forensic medical examination process and investigatory interviews. It also says that if the victim requests the service, the SASP shall also provide emotional support, crisis intervention, information and referrals.

The facility provided, as documentation, a Memorandum of Understanding (MOU), dated 05/08/2017, between the Wisconsin Department of Corrections (WDOC) and Protect, Advocate, Validate and Educate (PAVE) in Beaver Dam, WI.

According to the MOU, PAVE will provide services such as an advocate to accompany and support victims of sexual abuse through a forensic medical examination and investigatory processes, emotional support, crisis intervention, information and referral to victims of sexual abuse in confinement at FLCI. Auditor interviewed a representative from PAVE who confirmed that the services identified in the MOU are provided upon request for inmates housed at FLCI. Staff said that few calls are received from FLCI and also said that the agency serves the public, as well as a number of other correctional facilities in the area, and that the staff is trained and qualified to serve in this role. They also said that they have been to FLCI for a tour but that their interactions with inmates are all via telephone. She said they started doing the telephone counseling during the pandemic and have had to continue that because they do not always have enough staff available to go to the facility.

In an interview conducted onsite, the facility PCM verified that the advocacy agency the facility uses is PAVE, that the DOC has an MOU with them, and that they can call them if they have an inmate victim who requests the services provided by PAVE.

115.21 (d) - 2

The facility indicated, in their response to the PAQ, that the facility's attempts to make a victim advocate from a rape crisis center available either in person or by other means, are documented. ED 72 requires, in Section XVI, B, 4, (p. 14), that the facility's efforts to secure services from a local SASP be documented. The facility provided forms used to document efforts to provide these services. Form DOC-2767, Sexual Abuse Incident Victim Services Coordinator Response Checklist is used to document a referral made by the facility Victim Services Coordinator. The facility provided three sample DOC-2767 forms where the inmate victim was offered the assistance of an advocate and accepted the referral to an advocate. The documentation shows that staff made the referrals, to the advocacy agency, by e-mail. The facility also submitted 13 files from the investigations conducted during the audit period. Included in the files was the documentation verifying that the advocacy services were offered and, where inmates declined the services, the facility provided the name of the agency and the contact information in case the inmate changed their minds and opted to contact the advocacy agency.

115.21 (d) - 3

The facility indicated, in their response to the PAQ, that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. ED 72 says, in Section XVI, B, 4, (p.14) that if a SASP 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. The facility submitted, as verification of staff who are appropriately trained to serve in this role, a Notice of Support Services Workshop for WDOC Victim Services Coordinators, a WDOC PREA Victim Accompaniment Guide, and an Agency Victim Service Coordinator's Guide, all of which are used as training materials to train facility staff identified as a Victim Services Coordinator. They also provided proof of the training that their staff Victim Services Coordinator completed in order to be qualified for this role.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (e)

The facility indicated, in their response to the PAQ, that, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. ED 72 XVI, B, 4, (p.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. It goes on to say that if a SASP is not available to provide victim advocate services, the DOC shall make available a member who has been screen for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues. The facility submitted a form DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist that the facility Victim Services Coordinator would use to document this service if they were called upon to provide it. PAVE provides advocacy services to inmates and will accompany an inmate through investigatory interviews if that service is requested. The facility PCM verified this as did staff at PAVE.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (f)

The facility indicated, in their response to the PAQ, the agency does conduct administrative administrations of sexual abuse but does not conduct criminal investigations. Allegations of sexual abuse that may involve criminal behavior are referred to local law enforcement, in this case the Dodge County Sheriff's Department, and the agency has requested that the responsible agency follow the requirement of paragraphs 115.21 (a) through (e) of the standards. Presented as documentation of this request was a copy of a letter, sent by DOC Secretary, Kevin Carr, to law enforcement agencies used by the WDOC to investigate allegations of sexual assault, in WDOC facilities of confinement, requesting that they comply with the requirements of Standard 115.21 (a) through (e). The letter is dated March 11, 2019.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (h)

The Warden identified that a qualified advocate is available through Reach PAVE and that there are staff, at the facility, who are also qualified to serve in that role. Those staff are called Victim Services Advocates. Sample training materials used for training staff to act as advocates was provided. Documentation of the staff Victim Services Coordinator's training was provided.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with this provision. There is no corrective action to take.

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1430 801" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Spreadsheet of Investigations Conducted During the Audit Period d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 303.00.05 Law Enforcement Referrals, effective date, 02/22/2021 e. Printout from Wisconsin Department of Corrections Website 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Investigative Staff <p data-bbox="240 949 483 976">Findings (By Provision):</p> <p data-bbox="240 1066 379 1093">115.22 (a) - 1</p> <p data-bbox="240 1102 1485 1594">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct.) They said that all reports of sexual misconduct are documented and tracked for appropriate response. Those that meet the definitions of sexual abuse or sexual harassment transition to an administrative investigation. The facility makes a referral to law enforcement for criminal conduct when indicated. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XVII, A, (p.15), that the agency will ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. The Agency Head said, in a telephone interview conducted during the pre-onsite phase of the audit, "Executive Directive 72 requires it of all allegations, and we have a recently created an office of internal affairs and it has a focus of serious misconduct. Supervisory misconduct was the original focus, but we moved PREA investigators over to that office as well. The head of that office is a former law enforcement officer and a former PREA Director." When asked to describe how an administrative or criminal investigation is completed, she said, "We conduct parallel investigations, refer to law enforcement and work in concert with them. Our investigators are specially trained with PREA investigator training, and an investigation committee takes the lead on investigations. It's incredibly specialized. Each facility has a Training Captain and an Investigative Captain, and they take the lead on these issues at the facility level."</p> <p data-bbox="240 1626 368 1653">115.22 (a) 2</p> <p data-bbox="240 1662 1458 1751">The facility indicated, on the PAQ that, in the past 12 months, 15 allegations of sexual abuse and sexual harassment were received. The facility submitted copies of all 13 of the investigations that were completed during the audit period. Five of the 15 allegations ended in a finding of substantiated, eight ended in a finding of unsubstantiated, and two are ongoing.</p> <p data-bbox="240 1783 379 1809">115.22 (a) - 3</p> <p data-bbox="240 1818 1425 1908">The facility reported, on the PAQ, that in the past 12 months, the number of allegations resulting in an administrative investigation was two. However, upon closer review, the facility identified that the number of allegations resulting in an administrative investigation should have been reported as 4.</p> <p data-bbox="240 1939 379 1966">115.22 (a) - 4</p> <p data-bbox="240 1975 1485 2065">The facility reported, on the PAQ, that in the past 12 months, the number of allegations referred for criminal investigation was six. Auditor noted that of the 15 allegations that were made, six were for sexual abuse and nine were for sexual harassment.</p> <p data-bbox="240 2096 379 2123">115.22 (a) - 5</p> <p data-bbox="240 2132 1469 2159">The facility reported, on the PAQ, that, in the last 12 months, of the 15 allegations that were made, not all allegations were</p> |

completed. The computerized database printout indicated that 13 of the investigations are closed and two remain ongoing.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.22 (b) - 1

The facility indicated, in their response to the PAQ, that the agency's policy requires 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. ED 72, in Section XVII, B, (p. 15), says that allegations of sexual abuse or sexual harassment that involve potential criminal behavior will be referred for investigation to local law enforcement and that all such referrals will be documented. Division of Adult Institutions (DAI) Policy #303.00.05, Law Enforcement Referrals, identifies a variety of offenses that the Warden/Designee shall refer to Law Enforcement for investigation. On that list is, "Sexual abuse per Executive Directive 72, Staff sexual assault of an offender per Executive Directive 16A, and Sexual assault per Wisconsin Statutes s. 940.225." This policy also identifies that the Warden may also refer, to law enforcement, "any other incident deemed appropriate." The Agency Head said, in an interview, "we conduct parallel investigations, refer to law enforcement and work in concert with them. If they are not done, with their investigation, they may not want us to close our investigation until they either file charges or close the investigation. We work in parallel but not stepping on each other's toes. "

115.22 (b) - 2

The facility indicated, in their response to the PAQ, that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The facility offered, as documentation, a printout of a page found on the Agency web site that details the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation. In addition, auditors reviewed the Agency web site and were able to determine that the agency's policy, regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation, is published on the agency website.

115.22 (b) - 3

The facility indicated, in their response to the PAQ, that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Investigators who were interviewed said they refer allegations that may involve potential criminal behavior to the Dodge County Sheriff's office. Referrals are documented in SINC, a computerized database used by the agency, and four sample printouts, requested by the auditor, were offered as documentation. Evident on the document was an entry identifying when an allegation was referred to local law enforcement. The printout clearly shows the date of the referral to the local law enforcement agency, in this case, the Dodge County Sheriff's Department. ED 72, in Section XVII, B, (p. 15) requires that all referrals to law enforcement be documented.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.22 (c) - 1

The facility indicated, in their response to the PAQ, that information published on the agency website, regarding investigations of allegations of sexual abuse and sexual harassment refers the reader to ED 72 where the responsibilities of both parties are listed. The website identifies that the agency PREA Office educates and trains offenders, staff, and community partners regarding PREA, reviews and conducts administrative investigations of sexual abuse and sexual harassment allegations, provides technical assistance and interpretation of PREA standards, coordinates PREA compliance and auditing, and collects and analyzes data. It also identifies that local law enforcement agencies investigate allegations of sexual abuse when the alleged conduct involves potentially criminal behavior.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action:

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

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| 115.31 | Employee training |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="240 331 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="240 362 517 389">a. Pre-Audit Questionnaire <li data-bbox="240 394 1430 456">b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 <li data-bbox="240 461 1294 488">c. Wisconsin Department of Corrections Correctional Officer Preservice Program, effective date, 01/2015 <li data-bbox="240 492 619 519">d. Agency Training Module - All Staff <li data-bbox="240 524 991 551">e. Wisconsin Department of Corrections PREA Refresher, 2017 and 2019 <li data-bbox="240 555 1043 582">f. Form DOC – 1558 Employment Statement of Acknowledgement, Rev. 6/2018 <li data-bbox="240 586 991 613">g. Fox Lake Correctional Institution PREA Training – All Staff spreadsheet <li data-bbox="240 618 927 645">h. Fox Lake Correctional Institution Healthcare Staff PREA Training, <li data-bbox="240 649 999 676">i. Form DOC-2397 WCCS Staff Orientation Checklist (blank), Rev. 04/2019 <li data-bbox="240 680 967 707">j. Fox Lake Correctional Institution All Staff PREA Training Spreadsheet <li data-bbox="240 869 379 896">2. Interviews <ol style="list-style-type: none"> <li data-bbox="240 900 416 927">a. Random Staff <li data-bbox="240 1075 488 1102">3. On-site Observations <ol style="list-style-type: none"> <li data-bbox="240 1106 738 1133">a. PREA Posters with Zero-tolerance Information <p data-bbox="240 1281 483 1308">Findings (By Provision):</p> <p data-bbox="240 1397 419 1424">115.31 (a) 1 - 10</p> <p data-bbox="240 1429 1485 1590">The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the agency trains all employees who may have contact with inmates on the agency’s zero-tolerance policy for sexual abuse and sexual harassment by saying that all new staff are required to take the module “PREA,” and that all staff were required to take this module in the fall of 2015. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XI, A, 1, (p. 7), requires the agency to train all employees who may have contact with prisoners on:</p> <ol style="list-style-type: none"> <li data-bbox="240 1594 1074 1621">a. the department’s zero-tolerance policy for sexual abuse and sexual harassment, <li data-bbox="240 1626 1485 1688">b. how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, <li data-bbox="240 1693 1002 1720">c. the right of inmates to be free from sexual abuse and sexual harassment, <li data-bbox="240 1724 1394 1751">d. the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, <li data-bbox="240 1756 970 1783">e. the dynamics of sexual abuse and sexual harassment in confinement, <li data-bbox="240 1787 983 1814">f. the common reactions of sexual abuse and sexual harassment victims, <li data-bbox="240 1818 1018 1845">g. how to detect and respond to signs of threatened and actual sexual abuse, <li data-bbox="240 1850 810 1877">h. how to avoid inappropriate relationships with inmates, <li data-bbox="240 1881 1422 1944">i. how to communicate professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates, and <li data-bbox="240 1948 1294 1975">k. how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="240 2020 1461 2150">The policy goes on to say, “All staff members shall receive training every two years; in years in which a staff member does not receive such training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies.” “ Staff are required to acknowledge and certify to the Department of Corrections (DOC) through signature or electronic verification, that they understand the training they received.”</p> |

The facility provided a copy of a DOC Correctional Officer Pre-service Curriculum, effective date 01/2015, that outlines training given at the Officer's Academy. This training is required prior to new Correctional Officers working inside any of the agency's facilities. The Auditor reviewed the program and identified that PREA training is a part of the pre-service training program.

The facility also provided screen shots of the required online module all staff are required to complete. The module is narrated, and knowledge checks are spaced throughout; understanding is assessed at the end, in the form of a "final exam." The module informs trainees that they must achieve a score of 80% or higher, on the final exam and receipt of training is tracked electronically. The auditor reviewed the entire module and ascertained that all the items listed above were included in the training. Thirteen staff were randomly chosen for interview, during the onsite phase of the audit, and all of them were able to articulate the training they received and were able to identify the above components of the training. The facility provided printouts of training completed by all staff at the facility. The printouts list the names of the staff, their current positions in the facility, the date and time of all PREA trainings completed, and the trainees' scores on their training. Auditors noted posters, with PREA information printed on them, throughout the facility and staff showed auditors pocket cards, provided by the facility, with PREA information on them that staff can use as reminders throughout their work time.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (b) 1 and 2

The facility indicated, in their response to the PAQ, that training is tailored to the gender of the inmates at the facility. ED 72 identifies, in Section XI, A, 1, (p.7), that the agency will train all new staff members, that all staff members shall receive training every two years, and that 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 policy identifies topics staff will be trained on, including all topics listed in 115.31 (a) 1 – 10, as well as "instruction tailored to male and female offenders."

Auditor reviewed the training module all staff are required to complete and ascertained that the training is gender neutral and is applicable to working with both male and female inmates. In addition, the facility uses a brochure as additional training for staff who are reassigned from facilities housing the opposite gender facility, entitled, "Sexual Misconduct and Harassment Brochure."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (c) - 2 and 3

The facility indicated, in their response to the PAQ, that, between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. ED 72 requires, in section XI, A, 1, (p.7), that all staff members receive training every two years and that in years during which staff members do not receive training, the DOC will provide refresher information on current sexual abuse and sexual harassment policies. The facility provided copies of refresher trainings, in the form of Agency Newsletters from 2017 through 2020. Also submitted were refresher training modules staff were required to complete in 2017, 2019, and 2021. Completions are tracked electronically. The all staff training documentation identified the refresher trainings staff have completed.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (d) - 1

The facility indicated, in their response to the PAQ, that the agency documents that employee who may have contact with inmates understand the training they have received through employee signature or electronic verification. ED 72 identifies, in Section XI, A, 1, (p. 7), that, "each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received." The training employees complete is computer based and is structured so that knowledge quizzes are spaced throughout the training and trainees must achieve a certain score to pass the training. The facility provided a printout from an agency computerized database showing facility employees' completion of the required training with appropriate scores.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1465 952" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. POC-54 Sexual Abuse and Sexual Harassment in Confinement, A Guide for Volunteers and Contractors, dated 09/2018 c. Wisconsin Department of Corrections Division of Adult Institutions Policy:# 309.06.03 d. Division of Adult Institutions, Volunteer, Pastoral Visitor, Program Guest and Intern Orientation e. Agency Volunteer and Contractor Training Module f. Form POC-0080 Division of Adult Institutions Brief Volunteer Orientation g. Form DOC-2786 Agency Contractor Acknowledgment (blank), Rev. 05/2016 h. Memo – Volunteer Documentation Process, dated 03/02/2018 i. DOC-2809 Volunteer Orientation Roster Attendance Record (blank), Rev. 02/2018 2. Interviews <ol style="list-style-type: none"> a. Volunteers b. Contractors <p data-bbox="240 1099 483 1126">Findings (By Provision):</p> <p data-bbox="240 1211 443 1238">115.32 (a) - 1 and 2</p> <p data-bbox="240 1249 1497 1709">The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Division of Adult Institutions (DAI) Policy #: 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, specifies, in Section VI, A, (p.) 10, that Volunteers are required to complete an orientation prior to facility entry and inmate interaction, based upon type, frequency and level of inmate contact. It identifies as minimum expectations for all DAI volunteers, a full orientation for any volunteer entering any DAI facility five or more times per year, or a brief orientation, for any volunteer, entering any facility four or fewer times per year. The policy also identifies that the full orientation should be provided by facility staff and should include a thorough review of the standardized Volunteer Manual (POC-0079) and requires that volunteer training provided be documented in the appropriate agency computerized database. The brief orientation is required to include a review of the standardized brief orientation Form (POC-0080) and can be conducted by phone or e-mail. The policy also requires that all DAI volunteers be required to undergo orientation once per calendar year to maintain active status and that the facility is to require each volunteer to sign a DOC-2809 to verify their attendance at the volunteer orientation. Interviews with two active volunteers verified that they did receive volunteer orientation prior to beginning their volunteer service.</p> <p data-bbox="240 1776 1481 2134">The facility presented materials used to train volunteers and contractors before they have contact with inmates. The documentation included the Agency Volunteer Orientation Guide, form POC – 0080 that instructs volunteers to carefully review the DOC pamphlet regarding the Federal Prison Rape Elimination Act of 2003 (PRREA), and advises them that the Department of Corrections (DOC) has a zero-tolerance standard for sexual abuse and sexual harassment, that inmates cannot legally consent to any sexual contact, and that volunteers are obligated to immediately report any information (including suspicion) about inmate victimization, retaliation or neglect. Other training materials included a brochure entitled, "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors," an orientation guide entitled, "DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation," and a contractor and volunteer training module. Auditor reviewed these materials and noted that they do contain training on the agency's zero-tolerance policy and on the Prison Rape Elimination Act (PREA). The pamphlet, "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors," contains information on responsibilities of reporting any knowledge, suspicion or</p> |

information about sexual abuse or sexual harassment, retaliation against a victim or reporter, and violation of responsibilities that may have contributed to an incident or retaliation. The training materials contain definitions of sexual abuse and sexual harassment and describe, "red flags," that may indicate abuse. They also provide different avenues for reporting sexual abuse or sexual harassment.

The facility indicated, in their response to the PAQ, that 129 volunteers and contractors, who may have contact with inmates, have been trained in agency policies and procedures regarding sexual abuse and sexual harassment. They provided a sample DOC-2809 Volunteer Orientation Roster Attendance Record from November of 2021, demonstrating the Orientation that had been presented and the volunteer participants' signatures. Auditor interviewed a volunteer, via telephone, who indicated that he had received PREA training prior to interacting with inmates inside the facility and has received PREA education. He has been a volunteer, at the Fox Laked Correctional Institution for a number of years, and was familiar with the agency's zero tolerance policy and his responsibility in preventing, detecting and reporting sexual abuse and sexual harassment.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.32 (b) - 1 and 2

The facility indicated, in their response to the PAQ, that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. DAI Policy #: 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, specifies, in Section VI, A, (p.) 10, that Volunteers are required to complete an orientation prior to facility entry and inmate interaction, based upon type, frequency and level of inmate contact. It identifies as minimum expectations for all DAI volunteers, a full orientation for any volunteer entering any DAI facility five or more times per year, or a brief orientation, for any volunteer, entering any facility four or fewer times per year. Contracted employees, who come into the facility to perform short-term jobs, such as those who work inside the facility when electronic monitoring systems are upgraded or new cameras are installed, are required to complete a brief orientation. Contracted employees, such as the health care staff who work there full-time, are required to complete the same computer-based training, including achieving a passing score on a knowledge quiz, that regular agency employees are required to complete. Auditors interviewed a contracted employee during the onsite portion of the audit, who verified that she had received the PREA training that all employees received.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.32.(c) - 1

The facility indicated, in their response to the PAQ, that the agency maintains documentation confirming that volunteers and contractors understand the training they receive. The Volunteer Orientation Roster Attendance Records showed the date of the Volunteer Orientation, the printed name of the volunteers in attendance and a signature, from each volunteer, acknowledging that they did complete the training and did understand the training they received. A memo dated March 02, 2018, that contains instructions on how to document the orientations was also presented. The memo was generated by the agency's Religious Practices Coordinator and outlines the process for entering volunteer orientation documentation into a SharePoint database. The memo instructs facility staff to have each volunteer sign the form and to scan the completed DOC-2809 into the electronic group folder where the information can be reviewed and retrieved when needed.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

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| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 c. Form POC-0041B Agency Handbook Addendum, Sexual Abuse in Confinement, A Resource for Offenders, (blank), revised 03/2020 d. PDC – 0041C Inmate PREA Education Facilitator Guide, Rev. 07/2019 e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.20.01 Inmate PREA Education, effective date, 05/17/2021 f. PC – 41 Wisconsin Department of Corrections Division of Adult Institutions Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates, Rev. 07/2019 g. Agency ID Card Statement h. Form POC – 41BS Agency Handbook Addendum – Spanish (blank), Rev. 07/2016 i. Agency Inmate Handbook – Spanish j. PC – 41S Wisconsin Department of Corrections Division of Adult Institutions Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates, Rev. 07/2019 k. Form POC-99 Agency Inmate Acknowledgment of Receipt of / Access to Information Prison Rape Elimination Act (PREA) Education (blank), dated 10/2017 2. Interviews <ol style="list-style-type: none"> a. Intake Staff b. Random Inmates 3. Site Review Observations <ol style="list-style-type: none"> a. Educational and Informational Posters b. Sexual Abuse and Sexual Harassment Reporting Posters (English and Spanish) <p>Findings (By Provision):</p> <p>115.33 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that inmates receive information, at time of intake, about the agency’s zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Division of Adult Institutions (DAI) Policy #410.20.01, in Section 1, (p.1), requires that, upon arrival at an intake facility, each inmate receive Inmate PREA Education, including viewing a video entitled, “Sexual Abuse and Sexual Harassment Prevention and Intervention,” and an agency handbook addendum with local sexual assault service provider contact information. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XI, B, 1, (p. 8), says that at intake, offenders shall receive information detailing the Department of Corrections’ (DOC) zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents and suspicions. Of the 41 inmates who were interviewed, all of them said they received the information, at time of intake, at the agency’s intake facility, Dodge Correctional Institution, about the agency’s zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. All but two also said they received the same information upon arrival at Fox Lake Correctional Institution (FLCI). One said he had arrived Covid positive and had to quarantine for two weeks and another inmate just said he couldn’t recall having received the information at FLCI. Inmates said they received the information either the day they arrived or the day after. They said they viewed a video and received an inmate handbook, in either English or</p> |

Spanish, as appropriate. In addition to the material presented at intake, as of December 19, 2018, the agency's zero tolerance statement and reporting methods are printed on the back of new, or reprinted, inmate identification cards. The facility provided copies of the inmate handbook, in both English and Spanish, the handbook addendum, also in English and Spanish, which lists a telephone number for a local sexual assault service provider. The agency also provided a list of versions of the video, "Sexual Abuse and Sexual Harassment Prevention and Intervention," that are available, including videos suited for male inmates in English, Spanish and with English subtitles, and for females, in English, Spanish and with English Subtitles. The list presented identifies that the facility plays the appropriate video(s) depending on the audience's needs.

115.33 (a) - 2

The facility indicated, in their response to the PAQ, that the number of inmates admitted, in the past 12 months, who were given the above information, at intake, is 442. Auditor interviewed Intake staff who said that inmates are given the information at intake. She said that she meets inmates upon their arrival and demonstrated that information regarding the agency's zero-tolerance policy and ways to report incidents of sexual abuse and sexual harassment are printed on the back of all inmate ID cards which inmates receive at the time of admission to the facility. Of the 41 inmates who were interviewed, all but two of them said they received the information, at time of intake or the following day, about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. They said they viewed a video and received an inmate handbook, in either English or Spanish, as appropriate. An intake staff person was interviewed who said, upon arrival, inmates go directly to Property and then they meet individually with her, in a separate office, where she provides the required intake materials and then does their PREA screening immediately. She also said, "if they come in late on Friday, I do it first thing Monday morning." She identified that she currently has a back-up person who can provide coverage for her when she is away from the facility, that she trained herself.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 (b) - 1

The facility indicated, in their response to the PAQ, that 390 inmates were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. The facility reports that 100% of inmates who were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

The facility provided 40 Acknowledgment of Receipt of/Access to Information Prison Rape Elimination Act (PREA) Education form that Auditors requested. All but three of them showed that the Orientation was received, by inmates, well within the required 30 day time frame.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 © - 1, 2, and 3

The facility indicated that all inmates currently housed at the institution have been educated within 30 days of admission.

115.33 © - 4

The facility indicated, in their response to the PAQ, that agency policy does require that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. ED 72 says, in Section XI, B, 3, (p. 8), that, "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." DAI Policy #: 410.20.01, Inmate PREA Education, says, in Section II, A, (p.2), "within 30 days of transfer, each inmate shall be provided comprehensive PREA education, which includes, at minimum, a staff facilitated discussion of:

1. The agency's zero tolerance for sexual abuse, sexual harassment and report-related retaliation,
2. Sexual abuse and sexual harassment reporting options,
3. The facility's cross-gender announcement procedure,
4. Local sexual assault service provider contact information,

5. The facility's response procedure,
6. Notable facility specific PREA procedures.”

A final analysis of the evidence indicates the facility is compliant with all aspects of this provision.

115.33 (d) – 1

The facility indicated, in their response to the PAQ, that inmate PREA education is available in formats accessible to all inmates, including those are limited English proficient. ED 72 says, in Section XI, B, 4, (p.8), that offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 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. DAI Policy #:410.20.01 Inmate PREA Education says, in Section III, A, 1, 2 and 3, (p. 2-3), that inmates with disabilities or who have limited English proficiency shall be provided with access to interpreters or alternate formats to assist them with comprehension of the information. Identified by the policy as alternate formats of education are Spanish versions of the Inmate Handbook and the Handbook Addendum that provides contact information for emotional counseling, both of which were provided by the facility as examples, and Spanish and subtitled versions of the PREA education video, which Auditor verified are available on YouTube. Auditors also observed PREA posters and information, throughout the institution, printed in both Spanish and English.

115.33 (d) - 2

The facility indicated, in their response to the PAQ that inmate PREA education is available in formats accessible to all inmates, including those who are deaf, visually impaired, limited in reading skills and to those who are otherwise disabled. Presented as inmate education materials suitable for inmates who are deaf was the printed inmate handbook and a list of videos with subtitles that are available on YouTube, which Auditor viewed. Auditor also confirmed that the PREA video delivers information in a manner suitable for inmates who are visually impaired. In addition, a Braille version of the inmate handbook is available, by request, from the agency's PREA office. Auditor viewed this Braille version at an earlier audit of another facility, and PREA Director verified that it is still available. The facility indicated, in their response to the PAQ, that PREA Information is available in written materials printed in both Spanish and English and on video with closed caption. The facility indicated that there are no inmates who are blind, deaf or hard of hearing, but auditors were able to interview one inmate with a physical disability who verified that he had received all the education, presented in a manner he could understand. In addition, Limited English Proficient inmates were interviewed, some with use of the language line interpretation service, and they all verified that they had been given the appropriate educational materials and that they were able to understand them.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 € - 1

The agency indicated, in their response to the PAQ, that they do maintain documentation of inmate participation in PREA education sessions. They said that participation and documentation are recorded electronically using a signature pad and that the automated form is stored in the inmate's record. Auditors requested, facility and for 10 of the inmates who were interviewed during the onsite portion of the audit, all of whom were interviewed during the onsite portion of the audit.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 (f) - 1

The facility indicated, in their response to the PAQ, that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. Auditors noted, during the site review, that information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, and on the back of every inmate's ID card. Auditors noted PREA posters, in every housing unit, in the Dining Room, and in classrooms and other places that inmates frequent.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1430 797" style="list-style-type: none"> <li data-bbox="240 331 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 1430 591" style="list-style-type: none"> <li data-bbox="240 365 517 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 1430 456">b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 <li data-bbox="240 463 652 490">c. Agency Investigation Resource Guide <li data-bbox="240 497 652 524">d. Agency Investigation Training Module <li data-bbox="240 530 1155 591">e. Directory of Wisconsin Department of Corrections Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement <li data-bbox="240 734 379 761">2. Interviews <ol data-bbox="240 768 456 797" style="list-style-type: none"> <li data-bbox="240 768 456 797">a. Investigative Staff <p data-bbox="240 943 483 969">Findings (By Provision):</p> <p data-bbox="240 1093 379 1120">115.34 (a) - 1</p> <p data-bbox="240 1126 1485 1518">The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XI, A, 4, (p. 8), that 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 facility presented a copy of their investigator training module. Auditor reviewed the module and determined that it does cover investigation of sexual abuse allegations made in confinement settings. A facility investigator was interviewed who confirmed receipt of training specific to conducting sexual abuse investigations in confinement settings and identified that the training covered all the required subjects including 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.</p> <p data-bbox="240 1552 1270 1579">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1664 347 1691">115.34 (b)</p> <p data-bbox="240 1697 1473 1861">Auditor reviewed the training module provided by the facility. Unit 1, of the module, is entitled, "Sexual Abuse and Sexual Harassment in Confinement, " and it provides definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations, and proper use of Miranda and Garrity warnings. The investigative staff who was interviewed verified having received this training.</p> <p data-bbox="240 1895 1270 1921">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 2007 432 2033">115.34 © - 1 and 2</p> <p data-bbox="240 2040 1485 2161">The facility indicated, in their response to the PAQ, that the agency maintains documentation showing that investigators have completed the required training. ED 72, in section XI, paragraph A, No. 4, (p.8), requires the agency to maintain documentation of the training completions. Reported on the PAQ was that the agency currently employs 495 investigators who have completed the specialized training. The facility provided a computerized database printout that the agency uses to</p> |

record agency investigators completion of the appropriate training. The database groups the investigators who have completed the training by agency institution. Auditor noted that the name of the investigator, who was interviewed, did appear on the list.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1425 645" style="list-style-type: none"> <li data-bbox="240 331 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 1425 524" style="list-style-type: none"> <li data-bbox="240 365 517 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 1425 456">b. Wisconsin Department of Corrections Executive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 <li data-bbox="240 463 635 490">c. Agency Healthcare Training Module <li data-bbox="240 497 855 524">d. Documentation of Healthcare Training Completed by Staff <li data-bbox="240 555 379 582">2. Interviews <ol data-bbox="240 589 480 645" style="list-style-type: none"> <li data-bbox="240 589 480 616">a. Medical Health Staff <li data-bbox="240 622 469 649">b. Mental Health Staff <p data-bbox="240 792 483 819">Findings (By Provision):</p> <p data-bbox="240 909 379 936">115.35 (a) - 1</p> <p data-bbox="240 943 1485 1368">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XI, A, 5, (p.8), requires all medical and mental health care practitioners, who work regularly in agency facilities, to be trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how, and to whom, to report allegations or suspicions of sexual abuse and sexual harassment. The facility submitted screenshots of the online module all Wisconsin Department of Corrections healthcare employees are required to complete upon hire and in yearly trainings. Understanding of the training is assessed, at the end of the module, in the form of a quiz. Receipt of the training is tracked electronically. Auditor reviewed the module and found that the training does cover the topics required by agency policy. The facility indicated, on the PAQ, that the number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy is eight. The facility presented a database printout that lists medical and mental health staff who have received the training. Auditor determined that all medical and mental health staff, at the facility, have been properly trained.</p> <p data-bbox="240 1402 379 1429">115.35 (a) - 2</p> <p data-bbox="240 1435 1465 1561">The facility indicated, in their response to the PAQ, that 17 medical and mental health care staff, who work regularly at the facility, completed the required training. Auditors interviewed the Medical Health Care Director and the Psychological Services Unit Director, both of whom verified that they had received the appropriate training. The facility provided appropriate training documentation for all medical and mental health care staff at the facility.</p> <p data-bbox="240 1594 379 1621">115.35 (a) – 3</p> <p data-bbox="240 1628 1469 1720">The facility indicated, in their response to the PAQ, that 100 percent of all medical and mental health care practitioners who work regularly at this facility have received the training required by agency policy. The facility presented documentation verifying that 100% of Health Care Staff, at the facility, have received the training required by agency policy.</p> <p data-bbox="240 1753 1270 1780">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1865 379 1892">115.35 (b) – 1</p> <p data-bbox="240 1899 1485 2092">The facility indicated, in their response to the PAQ, that the medical staff, at the facility do not conduct forensic medical exams. If a forensic exam is needed, the facility will transfer an inmate to St. Agnes Hospital in Fond du Lac, WI for that service. The Nursing Supervisor confirmed, in an interview, that forensic exams are not done at the facility and a phone call to St. Agnes Hospital confirmed that the hospital will perform SANE exams for Redgranite Correctional Institution or, that if a SANE is not available at St. Agnes, they will transfer the inmate to Aurora Health Care in Oshkosh where there is a SANE available 24 hours per day.</p> <p data-bbox="240 2125 1270 2152">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> |

1151.35 © - 1

The facility indicated, in their response to the PAQ, that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. Presented as documentation of appropriate staff training was a computerized database printout verifying that all 17 medical and mental healthcare staff have been properly trained.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.35 (d) - 1

The facility indicated, in their response to the PAQ, that medical and mental health care practitioners also receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32. The facility presented training documentation that demonstrated that medical staff and treatment specialists receive training mandated for employees by 115.31.

115.35 (d) - 2

The facility has contracted healthcare staff employed at the facility full-time who are required to complete the annual training that all staff complete and are required to complete the PREA training for medical and mental health care staff. An interview with a contacted health care staff verified that they have received both trainings, as required, and documentation provided by the facility confirmed that those trainings were completed.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

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| 115.41 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1430 826" style="list-style-type: none"> <li data-bbox="240 331 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 1430 591" style="list-style-type: none"> <li data-bbox="240 365 515 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 1430 456">b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 <li data-bbox="240 463 1430 521">c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, effective date 05/24/2017 <li data-bbox="240 528 1066 555">d. DOC-2781B PREA Screening Tool Adult Male Facility, (blank), revised 09/2017 <li data-bbox="240 562 1091 589">e. DOC-2781A PREA Screening Tool Adult Female Facility, (blank), revised 09/2017 <li data-bbox="240 734 379 761">2. Interviews <ol data-bbox="240 768 643 826" style="list-style-type: none"> <li data-bbox="240 768 643 795">a. Staff Responsible for Risk Screening <li data-bbox="240 801 448 828">b. Random Inmates <p data-bbox="240 976 483 1003">Findings (By Provision):</p> <p data-bbox="240 1088 379 1115">115.41 (a) - 1</p> <p data-bbox="240 1122 1493 1485">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XII, A, (p. 8), "Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, and again upon transfer to another facility, for risk of being sexually abused by other offenders or sexually abusive toward other offenders." Staff who perform risk screening were interviewed, who said that inmates are typically screened upon arrival at the facility. She said that those who arrive late on a Friday afternoon will be screened first thing Monday morning. The screening consists of two parts, an in-person, face-to-face interview and a records review. All but two of the inmates who were interviewed remembered this happening as soon as they got to the facility, or perhaps the next day. One inmate said that he arrived at the facility Covid positive and had to quarantine for two weeks so his screening did not happen immediately upon arrival and the other one said he could not recall his arrival at the facility.</p> <p data-bbox="240 1514 1270 1541">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1626 379 1653">115.41 (b) - 1</p> <p data-bbox="240 1659 1493 1821">The facility indicated, in their response to the PAQ, that the agency policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Division of Adult Institutions (DAI) Policy# 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization says, in Section I, A, (p. 3), "inmates shall be screened within 72 hours of admission to any DAI facility for risk of being sexually abused by other inmates or sexually abusive towards other inmates."</p> <p data-bbox="240 1850 379 1877">115.41 (b) – 2</p> <p data-bbox="240 1883 1493 2112">The facility indicates, in their response to the PAQ, that the number of inmates, whose length of stay at the facility was for 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, within the past 12 months, was 663. Auditors reviewed 40 screens for inmates they had interviewed and noted that not all the risk screens were completed within 72 hours of the inmates' admission to the facility. The facility achieved an 88% accuracy rate for screening all inmates with 72 hours of admission to the facility for risk of victimization or abusiveness. This rate of accuracy was undoubtedly affected by the pandemic and the necessity of quarantining some inmates upon arrival.</p> |

All but two of the 41 inmates who were randomly chosen for interview said they were asked questions about things like whether they had ever been incarcerated before, whether they had ever been sexually abused, if they identified with being lesbian, bisexual or transgender, and if they felt safe at the facility and all of them recalled that interview having taken place soon after their arrival at the facility. Some of them said it took place the day they arrived. Staff who are responsible for conducting risk screening said inmates are screened within 72 hours of arrival, and one said the screening is done as soon as they arrive.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (c and d)

The facility indicated, in their response to the PAQ, that the risk assessment is conducted using an objective screening tool. Submitted as documentation was Form DOC-2781, dated 09/2017, entitled PREA Screening Tool Adult Male Facility. The screening is divided into two sections. Section A involves an inmate interview to obtain information. Inmates are asked their age, height, weight, all questions that can be verified by the screener. Section A also includes questions about the inmates' own perception of themselves and their safety, including whether they consider themselves gay or bisexual, and if others think they are gay or bisexual, if they are transgender or have an intersex condition, if they have ever been the victim of unwanted or abusive sexual contact in the community, if they have ever been the victim of unwanted or abusive sexual contact while confined, if they have ever had sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them, and if they have any concerns about their safety in this particular facility.

Section B, of the objective screening tool, is comprised of a records review. Staff review inmate records to answer questions regarding whether the inmate has a mental illness, developmental limitation or physical disability that might make them vulnerable in a confinement setting, if the inmate is serving a first prison sentence and has been confined for less than one year, if the inmate has any convictions for violent offenses or sexual offenses, if the inmate has a history of previous sexual victimization while confined or has ever been the perpetrator in a substantiated sexual abuse case while confined, and if the inmate has ever received a conduct report for either sexual assault, or physical assault, while confined. The assessment tool has at the top of the page, instructions to staff completing the screening. It tells them what information to read to inmates, as they conduct interviews with inmates. The tool has a scoring mechanism, based on inmate answers, which calculates an objective number score denoting the inmates' risk of victimization or abusiveness. The assessment tool is automated through the Wisconsin Integrated Corrections System (WICS), a computerized agency database. It asks all inmates the same questions and each response has a numeric value assigned to it. The numbers are totaled, for each part of the assessment, which allows a determination to be made if the offender is at risk of either victimization (ROV) or abusiveness (ROA).

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (e)

The facility indicated in their response to the PAQ, that the initial screening considers prior acts of sexual abuse, prior convictions for violent offense, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The screening tool, and the completed screens reviewed by auditors showed that the screening does ask, in section A, question 7, if the inmate has ever had sexual contact in confinement with someone without their consent or because the inmate forced, coerced or threatened them. Section B, the Record Review section, asks, in question 3, if the inmate has had any convictions for violent offenses, in question 4 if the inmate has had any convictions for sexual offenses, and, in question 6, if the inmate has ever been the perpetrator in a substantiated sexual abuse case while confined or if the inmate ever received a conduct report for sexual assault while confined.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (f) - 1

The facility indicated, in their response to the (PAQ), that agency policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. ED 72 requires, in Section XII, D, (p. 8), that, in addition to the initial screening, within 30 days of arrival, the facility will reassess inmates' risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening was completed. DAI Policy#: 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization requires, in Section I, B, that, within 30 days of admission, inmates shall be rescreened to determine if additional, relevant risk factors are present. The risk screening instrument includes the 30-day reassessment on the same form for ease of conducting the reassessment, with the previous information at the ready, to enable staff to easily note any changes.

115.41 (f) - 2

The facility indicated, in their response to the PAQ, that the number of inmates entering the facility within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake is 437. Auditor reviewed the 41 sample screens submitted by the facility and determined that all but eight of them were reassessed within 30 days.

A final analysis of the evidence indicates that the facility is in compliance with this provision.

115.41 (g)

The facility indicated, in their response to the PAQ, that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. ED 72 says, in Section XII, D, (p. 8) that after the initial and follow-up screens are completed, an offender's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. DAI Policy #: 410.30.01 says, in Section I, C, (p. 3), "an inmate may be referred for a follow-up rescreening by any staff member if and when:

1. The inmate is the alleged victim or suspect of sexual abuse;
2. The inmate discloses identification as lesbian, gay, bisexual, transgender or intersex and their identification was not revealed during the last screening;
3. The inmate discloses a past unwanted or abusive sexual experience(s) while confined and the experience(s) was not revealed during the last screening;
4. The inmate requests a rescreening;
5. The inmate is referred for a rescreening by facility staff; or
6. Additional information is received that bears on an inmate's risk of sexual victimization or abusiveness."

The facility provided examples of investigations where it was identified that two inmate victims were referred for rescreening. This information is electronically stored in the agency's computerized data base system, Sensitive Information Communication Network, (SINC). The facility also submitted copies of the rescreening that was done in compliance with this provision of the standard.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (h)

The facility indicated, in their response to the PAQ, that agency policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability. ED 72, in Section XII, A, (p. 8), states that offenders will not be disciplined for refusing to answer or for failing to disclose information regarding the assessment questions. In addition, the screening instrument itself includes a paragraph that staff conducting the screening are required to read to the inmate being interviewed. Included in those statements is one that informs inmates that they are not required to answer any of the questions, and that, if they wish, they may answer some, but not all the questions. Staff who were interviewed verified that inmates are not disciplined, in any way, for refusing to respond to, or for not disclosing complete information related to any of the questions.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (i)

The facility indicated, in their response to the PAQ, that the agency has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. ED 72, in Section XII, F, (p. 9), requires appropriate controls to be placed on the dissemination of information gleaned in initial and follow-up screenings of inmates to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders. It limits any information related to sexual victimization or abusiveness occurring in an institutional setting to medical and mental health practitioners and to other employees, as necessary, to make housing, program and work assignments, or as otherwise required by law. The PREA Director said, in an interview, "we have a risk screening policy and in that it indicates that only those who have a need to know have access. Our technology group controls information in our inmate record keeping data base. There is a screen people have to pass through to get to actual raw data. People are reminded that if they are going to proceed, they have to have a need to know, and we can query reports to see if people are actually those who need to

know. We don't limit the sharing of who is at risk of vulnerability of abusiveness. We include that in their special handling within WICS, so they know if someone falls into one of those particular categories but their answers to those specific questions are protected." The facility PCM, when asked if the agency has outlined who should have access to an inmate's risk assessment said, "WICCs keeps it WIICs keeps it organized and secured by job classification."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

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| 115.42 | Use of screening information |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1430 887" style="list-style-type: none"> Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> Pre-Audit Questionnaire Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 Division of Adult Institutions Policy #” 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization Interviews <ol style="list-style-type: none"> Staff Responsible for Risk Screening Facility PREA Compliance Manager Transgender and Intersex Inmates Site Review Observations <ol style="list-style-type: none"> Accommodations Made for Transgender and Intersex Inmates to Shower Separately <p data-bbox="240 1034 483 1061">Findings (By Provision):</p> <p data-bbox="240 1146 379 1173">115.42 (a) - 1</p> <p data-bbox="240 1182 1493 1541">The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the agency/facility uses information from the risk screening required by Standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII, A, (p. 10), requires that information obtained from the initial, or follow up screening, be used to inform housing, bed, work, education and programming assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff who conduct risk screening verified, in an onsite interview, that the information is used to determine housing, work or programming assignments. The facility PREA Compliance Manager (PCM) said, in an interview conducted onsite, “we ask them the sets of questions to determine their risk of victimization (ROV), or their risk of abusiveness (ROA), and that information is logged into WICCS, which will not let us house them wrong.”</p> <p data-bbox="240 1572 1270 1599">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1688 347 1715">115.42 (b)</p> <p data-bbox="240 1724 1493 1912">The facility indicated, in their response to the PAQ, that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. Agency policy, ED 72, requires, in Section XIII, A, (p.10), that individualized determinations be made regarding the safety of each inmate, using information obtained from the initial or follow-up screening. The staff uses information from risk screening to make housing assignments, as demonstrated by the facility PCM and Control Center staff. The Facility PCM acknowledged that by saying that the staff make sure inmates are placed where they need to be to, “prevent victimization.”</p> <p data-bbox="240 1944 1270 1971">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 2060 347 2087">115.42 (c)</p> <p data-bbox="240 2096 1452 2150">The facility indicated, in their response to the PAQ, that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. ED 72, in section XIII, paragraph E, No. 2, (p. 11)</p> |

requires staff to consider on a case-by-case basis, housing and programming assignments for transgender or intersex offenders. The placement should be one that ensures the offender's health and safety and whether the placement would present management or security problems. Division of Adult Institutions (DAI) Policy # 500.70.27, Transgender Inmates, requires, in Section II, B, (p. 3), that facility and housing assignments, for transgender and intersex inmates, be made on a case-by-case basis considering the inmate's health and safety as well as potential programming, management and security concerns. It also requires that an inmate's own views regarding safety shall be given careful consideration. Three transgender inmates were interviewed and said that they were asked for input, regarding where they should be placed at both intake into the Department Of Corrections system, and at the facility. They said that they felt their own views regarding safety were carefully considered by staff in making their housing and bed assignment, and that they were asked if they felt safe at the facility. Auditor also asked if they feel safe, where they are, and they confirmed that they do. The facility PCM said, in an interview conducted onsite, that when the facility knows that they have a new transgender inmate coming in, staff will meet as a group and decide where to house them. She also said that staff in the Psychological Services Unit (PSU) also meets with transgender inmates.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (d)

The facility indicated, in their response to the PAQ, that placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate. The PCM said, in an interview conducted onsite, that PSU does the reassessments twice yearly. The facility provided documentation of the reclassifications that took place, where placement and programming assignments for the three transgender inmates at the facility were reassessed at least twice each year. Documentation showed the reassessments that were done dating back to 2018, 2012, and 2011.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (e)

The facility indicated, in their response to the PAQ, that a transgender or intersex inmate's own views with respect to his or her own safety are given serious consideration when making facility and housing placement decisions and programming assignments. ED 72, in Section XIII, E, 2, (p.11) requires staff to give serious consideration of the transgender or intersex offender's view of their own safety with respect to housing, programming and job assignments. The transgender inmates who were interviewed said that they have access to meetings with psychological staff, and that they were interviewed by psychological staff and asked about their views of their own safety. They said they feel confident their views were given serious consideration when housing assignments were made. They also said they feel safe in their current housing situations. The documentation the facility presented also demonstrated that inmates have the opportunity to discuss their view of their safety at the programming assignment reassessments.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (f)

The facility indicated, in their response to the PAQ, that transgender and intersex inmates are given the opportunity to shower separately from other inmates. The PCM said that transgender inmates are given a separate time to shower and transgender inmates who were interviewed also identified that they have the opportunity to shower by themselves. Intake staff who was interviewed said that transgender inmates are allowed to shower at count time.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (g)

The facility indicated, in their response to the PAQ, that the agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates. Agency policy requires, in section XIII, paragraph E, no. 1, (p. 11), that lesbian, gay, bisexual, transgender or intersex offenders shall not be placed in dedicated facilities, wings or unit solely on the basis of such identification or status. The Fox Lake Correctional Institution (FLCI) does not have dedicated housing units, or wings, for housing gay, bisexual, transgender or intersex inmates. Both the PREA Director, and the PCM, confirmed in interviews, that the facility is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The agency PREA Director said, in an interview conducted by telephone, "We make case by case

determinations as to where the most appropriate location is but we're lacking because we haven't made the decision to house in accordance with gender identity. We are in the throes of that right now and my goal is to have a policy and procedure in place." Transgender inmates who were interviewed said they were not housed in units solely because they are transgender.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

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| 115.43 | Protective Custody |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization, effective date 11/01/17 d. Form DOC-30 Review of Inmate in Restrictive Housing Form (blank), revised 02/2019, 2. Interviews <ol style="list-style-type: none"> a. Warden b. Inmates Who Reported a Sexual Abuse c. Staff Who Supervise Inmate in Segregated Housing <p>Findings (By Provision):</p> <p>115.43 (a) – 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy prohibiting the placement of 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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII, B, 1 (p. 10), says that offenders at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. It also says that if an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment. Division of Adult Institutions (DAI) policy #306.00.72 Screening for Risk of Abusiveness and Risk of Victimization says, in Section II, I, (p. 4), that inmates at high risk of victimization will not be involuntarily separated from the general population unless an assessment of all viable alternatives has been made and none have been identified. The Warden verified, that inmates would only be segregated until arrangements to transfer to another institution are finalized.</p> <p>115.43 (a) – 2</p> <p>The facility indicated, in their response to the PAQ, that the number of inmates who were separated from the general population involuntarily, in the past 12 months, was zero.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.43 (b) - 1</p> <p>The facility indicated, in their response to the PAQ, that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. ED 72, in Section XIII, B, (p.10) identifies that if an inmate is involuntarily segregated from the general population they will have access to programs, privileges, education or work opportunities to the extent possible and that if the facility does find it necessary to limit access to these things, for safety reasons, they will document the opportunities limited and the reason. The facility indicated, on the PAQ, that no inmates were placed in segregated housing, for this purpose, in the past 12 months and the Warden verified that.</p> | |

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

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

The facility indicated, in their response to the PAQ, that in the past 12 months, that placement in involuntary segregation while awaiting alternative placement was zero. The facility indicated, and the Warden verified, that they do not place inmates in involuntary segregation for this purpose.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 858 943" style="list-style-type: none"> <li data-bbox="240 331 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 703 524" style="list-style-type: none"> <li data-bbox="240 365 517 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 584 425">b. Agency Zero Tolerance Poster <li data-bbox="240 432 703 459">c. Agency Outside Advocacy Poster, Spanish <li data-bbox="240 465 667 492">d. Agency Poster – Reporting Information <li data-bbox="240 499 491 526">e. Agency Ice Locations <li data-bbox="240 669 379 696">2. Interviews <ol data-bbox="240 703 635 797" style="list-style-type: none"> <li data-bbox="240 703 403 730">a. Radom Staff <li data-bbox="240 736 448 763">b. Random Inmates <li data-bbox="240 770 635 797">c. Facility PREA Compliance Manager <li data-bbox="240 887 536 913">3. Site Review Observations <ol data-bbox="240 920 608 947" style="list-style-type: none"> <li data-bbox="240 920 608 947">a. Informational Posters and Notices <p data-bbox="240 1088 483 1115">Findings (By Provision):</p> <p data-bbox="240 1205 347 1232">115.51 (a)</p> <p data-bbox="240 1238 1489 1498">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIV, A, (p.11), says that the agency will provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 1532 1489 2159">The agency provided copies of handbooks, which are given to inmates, printed in both English and Spanish, which contain the reporting information on page 10. Reporting methods outlined there include to 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 so they can report on the inmate's behalf, file a complaint, or contact local law enforcement. On page 11, the handbook tells inmates that they can dial #777 to make a report, without using their PIN, to someone inside the Department of Corrections (DOC). The handbook identifies this as a hotline number that is only monitored during business hours so, if they prefer not to tell a staff, there will be a delay in responding. They also provided copies of postings, in English and Spanish, that are made available to inmates in the facility and identify the multiple ways they can report an incident of sexual abuse or sexual harassment. Information on the posters tells inmates that they can tell any staff person, report in writing to any staff person, that they can call #777, an internal reporting line that does not require an inmate PIN, they can file a grievance, report to a family member, friend or support person who can report for them, or they can report by writing to local law enforcement. Auditors saw these postings, in numerous places throughout the facility and in all the housing units. All but one of the 41 inmates who were interviewed, during the onsite portion of the audit, were easily able to articulate how they could make a report of sexual abuse or sexual harassment. All of them were familiar with the reporting line, #777, as well as the other methods of reporting, that inmates can report, to any staff, verbally or in writing, that they can report to a friend, or family member, who can report for them, that they can file a grievance or write to local law enforcement. Several of the inmates identified that they could talk to a Psychological staff member. Auditors tested telephones inmates use and were able to access the reporting services identified on the posters by dialing #777 and reporting to agency officials. Feedback was provided showing that the calls had been received and reported appropriately. All 13 random staff who were interviewed were familiar with the #777 number</p> |

and identified that it was readily available to inmates to make reports of sexual abuse and sexual harassment. They said that the number was available in the inmate handbook and on posters throughout the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.51 (b) - 1

The facility indicated, in their response to the PAQ, that the agency provides 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. ED #72, in Section XIV, A, requires the agency to provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. The agency provided copies of handbooks that are given to inmates, printed in both English and Spanish, which contain the reporting information. The handbook, on page 11, outlines how to use the #888 number. It tells inmates that they can dial #888 if they choose to remain anonymous and that they do not need to use their PIN. It also tells them that this is a hotline that is monitored by an agency outside of the Department Of Corrections (DOC) but that the report will be sent back to the agency. They also provided copies of postings, in English and Spanish, which are made available to inmates in the facility, which identify how they can report an incident of sexual abuse or sexual harassment, to an outside agency. Information on the posters tells inmates that they can call #888, an external reporting line that does not require an inmate PIN. Auditors saw these postings, in numerous places throughout the facility, printed in both English and Spanish. In the housing units they were appropriately posted near the telephones so that the numbers are readily available to anyone needing to make a telephone call to report an incident. All the inmates who were interviewed, during the onsite portion of the audit, were easily able to articulate how they could make a report of sexual abuse or sexual harassment to an entity, or office that is not part of the agency. All of them were familiar with the reporting line, #888. Auditors tested telephones, in the housing units and in other locations in the facility and were able to access the reporting services identified on the posters. Feedback was provided showing that the calls had been received and reported appropriately. All of the random staff who were interviewed were familiar with the #888 number and identified that it was available to inmates to make reports of sexual abuse and sexual harassment to an entity that is not part of the agency. The Facility PREA Compliance Manager (PCM) was well able to articulate how inmates can report to a public or private office outside the agency and was aware that auditors had tested the telephones and had received feedback.

115.51 (b) - 2

The agency indicated, in their response to the PAQ, that the Wisconsin DOC does not detain inmates solely for civil immigration purposes. They also provided a printout, from the official website of the Department of Homeland Security, which shows how Detention Facilities can be located.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.51 © 1 and 2

The facility indicated, in their response to the PAQ, that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. ED 72, in Section XIV, C, 1, (p.11) says that employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports; and immediately report. The facility submitted documentation of how reports are documented and how the information is entered into the agency computerized database, at the time the allegation is made, and how the allegation is tracked until the case is ultimately closed. All of the random staff who were interviewed were well aware that inmates can report an incident of sexual abuse or sexual harassment verbally, in writing, anonymously and from third parties. All of them said they would treat all allegations the same, regardless of how they were reported, that they would immediately report all allegations to their supervisor and document them in an Incident Report. All but of the 41 inmates, who were interviewed, acknowledged that they were aware they could make reports to staff, either in person or in writing, and that they could have a friend or relative make the report for them.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.51 (d) 1 and 2

The facility indicated, in their response to the PAQ, that the agency provides a method for staff to privately report sexual abuse and asexual harassment of inmates. Section XIV C, 3, (p.12) of ED 72, identifies that the agency shall provide a method for employees to privately report s sexual abuse and sexual harassment of offenders. The facility identified on the PAQ, that staff are informed of this in agency policy ED 72, which is covered in the PREA training that all staff are required to complete. All 13 staff who were randomly chosen for interview were aware of ways to privately report sexual abuse and sexual harassment of inmates. They said that they would report directly to the Warden, to the Security Director, or to the PREA Director in Madison.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 1485 761" style="list-style-type: none"> <li data-bbox="242 329 858 356">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="242 362 1485 555" style="list-style-type: none"> <li data-bbox="242 362 517 389">a. Pre-Audit Questionnaire <li data-bbox="242 396 986 423">b. Wisconsin Department of Corrections Administrative Code Chapter 310 <li data-bbox="242 430 1485 488">c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 310.00.01 Inmate Complaints Regarding Staff Misconduct <li data-bbox="242 495 1430 555">d. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 <li data-bbox="242 701 379 728">2. Interviews <ol data-bbox="242 734 671 761" style="list-style-type: none"> <li data-bbox="242 734 671 761">a. Inmates Who Reported a Sexual Abuse <p data-bbox="242 907 483 934">Findings (By Provision):</p> <p data-bbox="242 1021 349 1048">115.52 (a)</p> <p data-bbox="242 1055 1485 1785">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse by saying that, "all inmates may report sexual abuse or sexual harassment through the grievance process. However, all complaints alleging sexual abuse or sexual harassment are routed to facility leadership for review and action; the administrative complaint process stops." Wisconsin State Statute, Chapter DOC 310, requires that inmates in institutions be afforded a process by which grievances may be, "expeditiously raised, investigated, and decided." In DOC 310.08, PREA Complaint Procedure, the statute says that complaints filed under this section will be referred for a PREA investigation and that Department Of Corrections (DOC) policy must address the requirements that investigations regarding allegations of sexual abuse or sexual harassment be completed within established time frames. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) Section XV, (p.12), says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Division of Adult Institutions (DAI) Policy #310.00.01 Inmate Complaints Regarding Staff Misconduct outlines the agency procedure for processing administrative complaints regarding staff misconduct by saying, in Section 1, A, (p.1), that such complaints will be handled according to the provisions of ED 72 to ensure an investigation by facility or law enforcement is not impeded. Paragraph B identifies that if an inmate alleges staff sexual misconduct, the Inmate Complaint Examiner shall not interview the complaining inmate, or anyone else, but instead shall immediately refer the complaint to the Warden/designee to ensure processing in compliance with ED72. Interviews with the Institutional Complaint Examiner (ICE) and Agency PREA Director, confirmed that an inmate complaint of sexual abuse or sexual harassment, submitted to the ICE or submitted in one of the inmate complaint boxes, is immediately processed as a report of an incident and removed from the complaint system. The complaint is referred directly to the Warden/designee to ensure processing with ED 72 and ensure that the facility or law enforcement agency investigations are not impeded. It is simply considered one of multiple available reporting methods for PREA-related allegations.</p> <p data-bbox="242 1816 1265 1843">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="242 1930 432 1957">115.52 (b) 1 and 2</p> <p data-bbox="242 1964 1485 2159">The facility indicated, in their response to the PAQ, that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. ED 72, in Section XI, A, (p. 12) says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System will be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. The policy requires that time limits not be imposed on when an offender may submit a complaint regarding an allegation of sexual abuse or sexual harassment. The facility indicated, in their response to the PAQ, that agency policy does not require an</p> |

inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. ED 72 says, in paragraph B, that the complaint process shall not include a mandatory informal resolution requirement.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 © 1 and 2

The facility indicated, in their response to the PAQ, that the agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. ED 72 says, in Section XI, C, (p. 12), that offenders who allege sexual abuse or sexual harassment may submit a complaint without submitting it to an employee who is the subject of the complaint and that such a complaint is not referred to an employee who is the subject of the complaint. Agency Administrative Code Chapter 310, in Section 310.08 PREA complaint procedure, (p.2), identifies that, "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."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (d) -1

The facility indicated, in their response to the PAQ, that the agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. ED 72 requires, in Section XV, (p. 12), that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint System be immediately redirected and referred for sexual abuse and/or sexual harassment investigation and that inmates 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.

115.52 (d) – 2, 3, 4, 5, 6, and 7

The facility indicated, in their response to the PAQ, that there were 48 grievances filed, in the past 12 months, that alleged sexual abuse but, although they were coded as, "PREA," not all of those grievances met the definition of sexual abuse or proceeded to a sexual abuse investigation. The facility indicated, on the PAQ, that the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero because, in Wisconsin DOC all complaints alleging sexual abuse are routed to facility leadership for review and action, and the complaint process stops. The facility explained that this is because all complaints alleging sexual abuse are routed, immediately upon receipt, to facility leadership for review and action and the administrative complaint process stops. The facility reported that, in the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero, and that the number of grievances that took longer than a 70-day extension period to resolve was zero. The facility indicated that the agency does not notify an inmate in writing when the agency files for an extension and said that this is because the inmate complaint alleging sexual abuse or sexual harassment does not stay in the Inmate Complaint system long enough for that to happen. Instead, immediately upon receipt, it is removed from the Inmate Complaint process and put into the administrative investigation process. The staff person who acts as Inmate Complaint Examiner said that when she receives inmate complaints involving sexual abuse or sexual harassment, she immediately removes them from the inmate complaint process, and refers them to the administration for investigation, and notifies the inmate who filed the complaint of this action.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (e) 1

The facility indicated, in their response to the PAQ, that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. ED 72, in Section XV, D, (p. 13), says that third parties, including fellow offenders, employees, family members, attorneys and outside advocates, shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment and that any such complaint filed is treated the same way that any other report of sexual abuse is treated and is immediately referred for investigation.

115.52 € - 2 and 3

The facility indicated, in their response to the PAQ, that agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Although agency policy does not actually make that requirement, the PREA Director explained that if the third-party complaint is to continue through the complaint system, the agency may request that the alleged victim agree for the complaint to continue being processed, and, if the inmate doesn't want the grievance to be processed, then the decision to decline processing would be documented. She went on to say, "regardless of the source, all allegations of sexual misconduct are removed from our grievance system and routed for immediate action. We don't give a victim the opportunity to say, "no thanks, I don't want Inmate Smith's grievance on my behalf to continue any farther." It will continue in our system until it is remedied/investigated." The facility reported, on the PAQ, that the number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline was zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (f) – 1 - 6

The facility indicated, in their response to the PAQ, that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse and that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. ED 72, in Section XV, E (p.13), says that if an offender believes that he or she is subject to a substantial risk of imminent sexual abuse, they can report that to any employee who is not the subject of the allegation. Staff are then required to forward that report immediately to facility leadership for immediate corrective action. Paragraph E goes on to say that facility leadership will provide an initial response within 48 hours and issue a final decision within five days. The facility indicated, in their response to the PAQ, that the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months is zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

15.52 (g) – 1 and 2

The facility indicated, in their response to the PAQ, that the agency does have a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. Agency policy, ED 72, in Section XV, F, (p. 13) says that the DOC may discipline an offender for a complaint filed alleging sexual abuse or sexual harassment only where the agency can demonstrate that the complaint was filed in bad faith. Likewise, Agency Administrative Code Chapter 310, in Section 310.08, 6, says, "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." The facility indicated, in their response to the PAQ, that the number of inmate grievances received alleging sexual abuse that resulted in the agency bringing disciplinary action against an inmate, for having filed a complaint in bad faith, in the past 12 months, was zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicated that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 c. Agency Zero Tolerance Poster d. POC – 0041B Handbook Addendum Sexual Abuse in Confinement A resource for Offenders, dated 01/2022 e. Agency Zero Tolerance Poster – Spanish f. Memorandum of Understanding between Wisconsin Department of Corrections and PAVE 2. Interviews <ol style="list-style-type: none"> a. Random Inmates b. Inmates Who Reported a Sexual Abuse 3. On-site Observations <ol style="list-style-type: none"> a. PREA Posters throughout the Facility <p>Findings (By Provision):</p> <p>115.53 (a) – 1 and 2</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) ED 72, in Section XVI, B, 5, (p. 14), identifies that the facility will provide offenders with access to outside victim advocates and that the agency will maintain, or attempt to enter into, a memorandum of understanding, with such an agency that will provide emotional support services related to sexual abuse, for inmates at the facility. The facility provided a copy of an MOU between the facility and Protect, Advocate, Validate, and Educate (PAVE), an agency in the city of Beaver Dam, WI that serves victims and survivors of domestic violence and sexual assault in Dodge County. The MOU identifies that PAVE will, among other things, provide services to victims of sexual abuse including emotional support and crisis intervention. The facility provided a copy of the inmate handbook addendum, POC-41B, that provides information about PAVE. It also gives a mailing address for the agency and tells inmates that they can reach a victim advocate by dialing #999 on the inmate telephones in the facility. The facility provided copies of these forms in both English and Spanish.</p> <p>The facility provided a copy of a poster that tells inmates that PAVE is available to provide emotional support services related to sexual abuse. The posting provides the name of the agency, and contact information, the #999 phone number, and informs inmates that their PIN is not needed to make the call, and that the calls are not monitored or recorded. Auditors noted this signage, throughout the facility, and in every housing unit. Of the 41 inmates who were interviewed, 10 were not aware of the available services of the PAVE agency. One said he thought there were enough people at the facility that he could talk to if he needed to.. Auditors did see the posters, with that information, throughout the facility, and did review Orientation materials with the information in them. Auditors dialed #999, from telephones in the various housing units, and were successful in reaching the agency that provides the outside support services.</p> <p>Auditor interviewed staff at PAVE, who confirmed that the agency does have an MOU with the Fox Lake Correctional Institution to provide advocacy services and emotional counseling. She also said that PAVE staff have toured the facility but that they do not get a lot of calls from the facility and that, since the pandemic, they have experienced staff shortages that</p> |

have rendered the agency not able to send staff to the facility. Currently, all their interviews and counseling sessions are conducted via telephone.

115.53 (a) – 3

The facility indicated, in their response to the PAQ, that they do not provide inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration because they do not detain inmates solely for immigration purposes.

115.53 (a) - 4

The facility indicated, in their response to the PAQ, that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. Auditors' review of posters, throughout the facility, demonstrated that the posters identify PAVE as a sexual assault service provider with staff who are trained to provide confidential support, they identify that the services are free, they provide a mailing address and a hotline number, and they inform the inmate that their PIN is not needed to make the call and that the calls are not recorded or monitored. Two inmates who reported a sexual abuse, who were interviewed. One said they were given information about the availability of outside support services and were given a telephone number, that they called. They said that the person on the phone offered counseling and identified hotlines he could call, if he needed to, after he got out of prison. The other one said no such information was provided to him.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.53 (b) - 1

The facility indicated, in their response to the PAQ, that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. Form , POC-41B Sexual Abuse in Confinement, A Resource for Offenders, includes information telling the inmate that every effort will be made to keep their communications with the advocacy agency confidential, that their PIN is not required to make this call, and that the calls are not monitored or recorded. It does identify that written correspondence may be opened or inspected and may be read with the written approval of the agency security director. It also identifies that in person communication will be arranged in as private and confidential a manner as possible. PREA posters, placed throughout the facility, inform the prisoner that a PIN is not needed to call the #999 Crisis Hotline number, that the calls are not recorded or monitored, and that written correspondence may be opened or inspected and may be read with the written approval of the Security Director. Auditors reviewed the handbook addendum and the posters placed throughout the facility during the onsite review of the facility.

115.53 (b) – 2

The facility indicated, in their response to the PAQ, that the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Agency policy, ED 72 says, in Section XVI, B, 5, (p. 14), that 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 offenders of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. However, the PREA Director said, when asked for documentation of the facility informing inmates of the limits of confidentiality before giving access to outside support services that, in the State of Wisconsin, sexual abuse advocates are not mandatory reporters, so the facility does not identify them as such to inmates and leaves it to the provider to have that discussion with inmates seeking their services.

The MOU between the DOC and PAVE outlines, in Section II, C, 2, (p.2), that, "at the outset of services, and as needed thereafter, DOC and the Advocate shall consistently communicate to the victim that their communications with the Advocate are confidential as directed by law. The agency may elect to have the victim sign a services agreement form, which outlines confidentiality and its limits." The PSU Supervisor at the facility also verified that PSU staff do disclose the limitations of confidentiality and staff duty to report at the initiation of services to inmates.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.53 © - 1 and 2

The facility indicated, in their response to the PAQ, that the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The facility reports that they have entered into an MOU with a local advocacy agency, PAVE, and provided a copy of the MOU. The MOU outlines the scope of the agreement and the terms of service. The advocacy agency agreed to provide an advocate to accompany and support victims of sexual abuse through a forensic medical examination and investigative interviews if requested by the victim, provide emotional support services to victims of

sexual abuse, obtain consent and a release of information from the victim before reporting an incident of sexual abuse, work with designated DOC officials to obtain security clearance (if needed) for the advocates to provide services, to participate in an inmate orientation and to tour the facility. Auditor interviewed the advocacy staff at PAVE. Staff there said that the agency provides a 24/7hotline for inmates to call for emotional support and advocacy, and that staff are trained as advocates to respond in person or over the phone. She reported that few calls are received from this facility, and that, since the pandemic, they have experienced staff shortages that have rendered the agency not able to send staff to the facility. Currently, all their interviews and counseling sessions are conducted via telephone.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

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| 115.54 | Third-party reporting |
| | <p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 858 456" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="242 362 660 456" style="list-style-type: none"> a. Pre-Audit Questionnaire b. Agency Third Party Poster c. Agency Website Reporting Information <p data-bbox="242 775 483 801">Findings (By Provision):</p> <p data-bbox="242 891 432 918">115.54 (a) 1 and 2</p> <p data-bbox="242 922 1477 1285">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) identifies, in Section XIV, B, (p.11), that the Department of Corrections (DOC) shall provide a method for third parties to report sexual abuse and sexual harassment on behalf of an offender. It also requires that information on how to report sexual abuse and sexual harassment on behalf of an offender be posted publicly. The facility submitted, as evidence, an Agency Third Party poster that lists ways to report on behalf of an inmate. Identified as ways to make a third-party report are, tell any staff person, make a report on the agency's website, www.doc.wi.gov and click on Prison Rape Elimination Act, or to contact local law enforcement. To notify DOC on behalf of an inmate or youth, a third-party may report by email and are asked to include as much information as possible, such as, full name of victim, date of birth of victim, DOC inmate number of victim, facility in which the incident occurred, a description of the incident, any suspect information available and the reporter's contact information if they wish to be contacted regarding the allegation.</p> <p data-bbox="242 1290 1485 1518">Auditors noted the Third-Party posters, during the onsite review of the facility, posted in areas where visitors could easily view them, such as the main entrance to the facility and the visiting room. All staff who were randomly selected for interview said, in interviews conducted onsite, that they were aware that inmates could call a family member, or a friend, and have them report an incident of sexual abuse for them. They also said they believed an allegation made that way would be taken seriously and would be investigated in the same manner any other report would be. A preponderance of the inmates who were interviewed were also aware that they could have a third-party make a report of sexual abuse for them if they chose not to report it themselves.</p> <p data-bbox="242 1550 1270 1576">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1666 416 1693">Corrective Action</p> <p data-bbox="242 1697 1474 1760">A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no correction action to take.</p> |

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| 115.61 | Staff and agency reporting duties |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1398 761" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 2. Interviews <ol style="list-style-type: none"> a. Random Staff b. Medical Health Staff c. Mental Health Staff d. Warden e. PREA Director <p data-bbox="240 967 483 994">Findings (By Provision):</p> <p data-bbox="240 1079 475 1106">115.61 (a) – 1, 2 and 3</p> <p data-bbox="240 1115 1485 1344">The facility indicated, in their response to the Pre-Audit-Questionnaire (PAQ), that the agency requires all staff to report immediately, and according to agency policy, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, to report immediately any retaliation against inmates or staff who reported such an incident, and to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIV C, 1, (p.11), requires all employees to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties, and to immediately report:</p> <ol style="list-style-type: none"> 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 Department of Corrections (DOC), b. any incidents of retaliation against offenders or employees who have reported such an incident, and/or, c. any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p data-bbox="240 1505 1485 1800">Item 2, of the same section, requires that reports be made immediately, to the immediate supervisor, unless reporting to that person compromises the safety of the alleged victim, witnesses, or the reporter. In those instances, staff are required to report to the Office of Special Operations, the PREA Office, local law enforcement, or to make an electronic report on the agency's web site. Item 4, of this same section of ED 72, requires that, "all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, shall be reported." All 13 random staff who were interviewed, during the onsite portion of the audit, were aware of this policy requirement. When asked if all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, their answer was, "yes, we are required to report immediately."</p> <p data-bbox="240 1832 1270 1859">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1944 379 1971">115.61 (b) - 1</p> <p data-bbox="240 1980 1485 2141">The facility indicated, in their response to the PAQ, that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. ED 72, in Section XIV, C, 5, (p. 12), says that employees shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators and designated officials. Such</p> |

information is, by agency policy, to be limited to information necessary to make treatment, investigation and other security and management decisions only. All random staff who were interviewed, during the onsite portion of the audit, were aware of their reporting duties.

A final analysis of the evidence indicates that that facility is in substantial compliance with this provision.

115.61 ©

ED 72, Section XIV, C, 6, (p. 12) requires medical and mental health practitioners to report sexual abuse and to inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services. The Health Services Unit (HSU) Supervisor was interviewed and she confirmed that she is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it and again said that she does disclose the limitations of confidentiality and her duty to report.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.61 (d)

The facility indicated, in response to the PAQ, that ED 72, Section X, C, 7, (p. 12) does say that if the alleged victim is under 18, the facility shall promptly, in no later than 14 days, report the allegation to the alleged victim's parents or legal guardians, unless the facility has documentation showing that the parents or guardians should not be notified, to the child welfare caseworker, if the alleged victim is under the guardianship of the child welfare system, or to the attorney, or other legal representative, if a juvenile court has jurisdiction over the alleged victim. The PREA Director said, and the Warden verified in interviews conducted onsite, that there are no inmates under 18 housed at the Fox Lake Correctional Institution (FLGI) (See Standard 115.14 Youthful Inmates, in this report.)

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.61 €

The facility indicated, in their response to the PAQ, that ED 72, in Section XIV, C.5, requires employees to report knowledge regarding an incident of sexual abuse to supervisors, investigators, and designated officials. The Warden confirmed, in an interview, that all employees are required, by policy, to report knowledge regarding an incident of sexual abuse to supervisors.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard.

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| 115.62 | Agency protection duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 2. Interviews <ol style="list-style-type: none"> a. Random Staff b. Medical Health Staff c. Mental Health Staff d. Warden e. PREA Director <p>Findings (By Provision):</p> <p>Findings (By Provision):</p> <p>115.62 (a) – 1, 2, 3, and 4</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XVI, that when the department or facility learns that an offender is subject to an imminent risk of sexual abuse, it shall take immediate action to protect the offender. The agency head, who was interviewed during the pre-onsite phase of the audit, via telephone, said, “we could consider housing or facility change, removal of identified threat or voluntary protective confinement.” When asked what types of immediate action would be taken to protect an inmate at substantial risk of imminent sexual abuse, the warden said, “The deputy warden, the security director and I will talk and review concerns. We will at least separate by housing unit, if there is more of a history of two individuals, we may put one in temporary lockup, while we evaluate, and maybe separate by institution, and the same would hold true for concerns of staff.”</p> <p>All random staff, who were interviewed onsite said that they would immediately alert the captain, or security director, and move the inmate to a safe place until security came to take charge of the situation. When asked how quickly they would take that type of action, all of them said, “immediately.” The facility reported, on the PAQ, that the number of times an inmate was in immediate danger of being sexually assaulted, in the last 12 months, four. In all four instances, the facility says that the action was taken immediately.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p> |

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| 115.63 | Reporting to other confinement facilities |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1430 672" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/16/2011 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Warden <p data-bbox="240 819 483 846">Findings (By Provision):</p> <p data-bbox="240 931 379 958">115.63 (a) - 1</p> <p data-bbox="240 967 1489 1093">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XIV, C, 8, (p.11), that within 72 hours of receiving an allegation that an offender was the victim of sexual abuse at another facility, the information shall be forwarded to the head of the facility where the alleged abuse occurred.</p> <p data-bbox="240 1155 384 1182">115.63 (a) – 2</p> <p data-bbox="240 1191 1437 1249">The facility reports that, in the last 12 months , the number of allegations the facility received that an inmate was abused while confined at another facility was two.</p> <p data-bbox="240 1312 384 1339">115.63 (a) – 3</p> <p data-bbox="240 1348 1489 1742">The facility indicated, on the PAQ, that the facility's response includes gathering information, notifying a supervisor and the facility PREA Compliance Manager (PCM), submitting an incident report, referring the allegations to the head of the facility where the abuse was alleged to have happened within 72 hours of the report, and assisting with any investigation. The facility also enters the report of Sexual Abuse into the Sensitive Investigative Information Communication Network (SINC), a computerized database the agency uses to store information regarding allegations of sexual abuse and sexual harassment and the accompanying investigative information. When the information regarding allegations of sexual abuse is entered into SINC, the system automatically routes a notification to the facility leadership where the alleged sexual abuse incident took place if that facility is part of the Wisconsin Department of Corrections (DOC) system. If the facility where the alleged sexual abuse occurred is not within the Wisconsin DOC system, the Warden will prepare, and send, a notification of the alleged incident, using a DOC-2933 form, which is an Agency External Facility Notification Template. The facility submitted a copy of an allegation made of sexual abuse that occurred at a facility that is not part of the Wisconsin Department of Corrections, namely, the Winnebago County Jail.</p> <p data-bbox="240 1774 1254 1800">A final review of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1886 347 1912">115.63 (b)</p> <p data-bbox="240 1921 1469 2114">The facility indicated, in their response to the PAQ, that Executive Directive 72, says, in Section XIV, C, 8, (p.11), "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 to the head of the facility where the alleged abuse occurred." The facility submitted a sample report, made by the Warden, of allegations of sexual abuse that occurred at another facility, to the administration at the facility where the incident occurred. The facility provided a copy of a notice sent to agencies that were not within the Wisconsin DOC system, specifically, the Winnebago County Jail.</p> |

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

115.63 © - 1

The facility indicated, in their response to the PAQ, that when an inmate reports having been sexually abused at another facility that is within the Wisconsin DOC system, the employee taking the report immediately completes an Incident Report and the information is entered into SINC, the agency's computerized database system. SINC then generates a notification to the administration of the facility identified as the place where the alleged sexual abuse occurred. Thus, the facility can ensure that all notifications made to other institutions within the Wisconsin DOC system are made within the required 72-hour time limit.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.63 (d) 1 and 2

The facility indicated, in their response to the PAQ, the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. ED 72 says, in Section XIV, C, 9, (p. 11), that 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 to the head of the facility where the alleged abuse occurred. The facility indicates that, in the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.

The agency head said, in an interview, "The report recipient needs to get it to the PREA Office to be entered into the data base that stores all steps in the investigative process."

The Warden said, also in an interview, "I have not gotten one of those notifications yet but I would contact the Facility PREA Compliance Manager who would be able to go into SINC and see if the allegation was previously investigated and what the outcome was and we would go from there."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. No corrective action is necessary.

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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 329 1430 815" style="list-style-type: none"> <li data-bbox="240 329 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 360 1430 557" style="list-style-type: none"> <li data-bbox="240 360 517 389">a. Pre-Audit Questionnaire <li data-bbox="240 392 1430 456">b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 <li data-bbox="240 459 1091 488">c. Sexual Abuse Incident Response, Healthcare Staff, First Responder Action Steps <li data-bbox="240 490 1059 519">d. Sexual Abuse Incident Response, Security Staff, First Responder Action Steps <li data-bbox="240 521 1107 551">e. Sexual Abuse Incident Response, Non-Security Staff, First Responder Action Steps <li data-bbox="240 651 379 680">2. Interviews <ol data-bbox="240 683 671 815" style="list-style-type: none"> <li data-bbox="240 683 588 712">a. Security Staff First Responders <li data-bbox="240 714 636 743">b. Non-Security Staff First Responders <li data-bbox="240 745 416 775">c. Random Staff <li data-bbox="240 777 671 806">d. Inmates Who Reported a Sexual Abuse <p data-bbox="240 958 483 987">Findings (By Provision):</p> <p data-bbox="240 1072 416 1102">15.64 (a) – 1 - 11</p> <p data-bbox="240 1106 1489 1267">The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the agency has a first responder policy for allegations of sexual abuse. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) Section XVI, A, 1, (p.13), outlines the required response of staff upon learning of an allegation of sexual abuse. The policy says that 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:</p> <ol data-bbox="240 1272 1489 1536" style="list-style-type: none"> <li data-bbox="240 1272 667 1301">a. Separate the alleged victim and abuser: <li data-bbox="240 1303 1251 1332">b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; <li data-bbox="240 1335 1489 1435">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 <li data-bbox="240 1438 1453 1536">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. <p data-bbox="240 1568 1489 1995">The facility indicated, in response to the PAQ, that in the past 12 months, the number of allegations that an inmate was sexually abused was six and that, in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was also . The facility also indicated, in response to the PAQ, that in in the past 12 months, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence was zero, and that the number of times the first security staff member to respond to the report requested 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 was zero. Lastly, the facility indicated, in response to the PAQ, that in the allegations made in the last 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating was zero because it they did not have any allegations that allowed for the collection of evidence.</p> <p data-bbox="240 2027 1489 2157">All Security staff and Non-security Staff First Responders who were interviewed were aware that they should separate the alleged victim and suspected abuser, preserve and protect any crime scene, and, if the incident occurred within a time frame that allowed for evidence to be collected, they should preserve the ability to collect any useable evidence. All of the staff who were randomly chosen for interview articulated the difference between asking the victim not to take any actions that</p> |

would potentially destroy useable evidence and ensuring that the perpetrator, if known, not take any actions that would destroy useable evidence. The staff do have pocket cards that list the steps that should be taken when acting as a first responder to an incident of sexual abuse and some of them did use them during the interviews.

Two inmates who had reported a sexual abuse said that staff responded right away to their reports of sexual abuse. One said that he did not report it for about a week after it happened.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.64 (b)

The facility indicated, in their response to the PAQ, that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy, ED 72 says, in Section XVI, A, 2, "if the first employee responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff." The facility indicated, in their response to the PAQ, that of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was four. Staff who were randomly chosen for interview said that they had been trained on what steps to take if they were in that position. The staff have pocket cards with the appropriate steps printed on them and some of them used those in the interview. They all said they would separate the alleged victim and suspected perpetrator, notify security staff immediately, and keep the alleged victim safe, and attempt to preserve any potentially useable evidence, until security staff arrived.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.65 | Coordinated response |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 858 568" style="list-style-type: none"> <li data-bbox="240 331 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 362 734 421" style="list-style-type: none"> <li data-bbox="240 362 517 389">a. Pre-Audit Questionnaire <li data-bbox="240 394 734 421">b. Fox Lake Correctional Institution Staffing Plan <li data-bbox="240 510 379 537">2. Interviews <ol data-bbox="240 542 357 568" style="list-style-type: none"> <li data-bbox="240 542 357 568">a. Warden <p data-bbox="240 716 483 743">Findings (By Provision):</p> <p data-bbox="240 891 347 918">115.65 (a)</p> <p data-bbox="240 922 1485 1384">1 - The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility submitted, as documentation, a written institutional plan to coordinate actions taken, by first responders, medical and mental health practitioners, investigators, and facility leadership, in response to an incident of sexual abuse. The plan clearly identifies the responsibilities of security staff first responders, the security director, and non-security staff first responders, including actions to take, other staff to notify, and written documentation to prepare. It also identifies who is responsible for notifying both medical and mental health care services, local law enforcement. The plan lists facility staff by name, position and provides contact information for them as well as for SANE/SAFE staff at the designated hospital and for a community advocate agency. Also included in the written plan is a Sexual Abuse Incident Flowchart that presents all required steps, in the coordinated response, and shows the order they should happen in. The Warden said, in an interview, "Yes. We have ongoing training and walk through scenarios. We have the victim service coordinator involved, the PREA compliance manager and the security director, so it's making sure that people are aware of what their responsibilities are. We have our little cards that we carry, what to do if an incident happens."</p> <p data-bbox="240 1415 1265 1442">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1532 416 1559">Corrective Action</p> <p data-bbox="240 1563 1469 1621">A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p> |

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| 115.66 | <p>Preservation of ability to protect inmates from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire 2. Interviews <ol style="list-style-type: none"> a. Agency Head <p>Findings (By Provision):</p> <p>15.66 (a) The facility indicated, in their response to the PAQ, that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. In an interview conducted via telephone, during the pre-onsite phase of the audit, the agency head said, "We have not. In 2011, the incoming Governor stripped away collective bargaining rights for staff."</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliance with the standard. There is no corrective action to take.</p> |
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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1437 792" style="list-style-type: none"> <li data-bbox="240 331 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 1437 555" style="list-style-type: none"> <li data-bbox="240 365 517 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 1422 456">b. Wisconsin Department of Corrections Executive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 <li data-bbox="240 463 1209 490">c. DOC-2805 Sexual Abuse Allegation Staff Retaliation Monitoring Form, revised 6/2020, (blank) <li data-bbox="240 497 1437 555">d. DOC-2767 Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Response Checklist, revised 09/2015, (blank) <li data-bbox="240 701 379 728">2. Interviews <ol data-bbox="240 734 411 792" style="list-style-type: none"> <li data-bbox="240 734 411 761">a. Agency Head <li data-bbox="240 768 357 795">b. Warden <p data-bbox="240 943 483 969">Findings (By Provision):</p> <p data-bbox="240 1055 387 1081">115.67 (a) – 1</p> <p data-bbox="240 1088 1469 1417">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has 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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), outlines, in Section XVIII, (p.16), that (a), 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 and (b), for at least 90 days following a report of sexual abuse, the designated facility-based employee shall monitor the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who were reported to have experienced sexual abuse to determine if retaliation occurred. It also requires that, for offenders, such monitoring shall include periodic status checks, employees shall act promptly to remedy any such retaliation, and monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need.</p> <p data-bbox="240 1503 387 1529">115.67 (a) – 2</p> <p data-bbox="240 1536 1485 1899">The facility indicated, in response to the PAQ, that the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Identified as staff designated, at Fox Lake Correctional Institution (FLCI), staff responsible for retaliation monitoring is the Victim Services Coordinator (VCS), who is assigned to monitor inmate reporters for retaliation. The Facility PREA Compliance Monitor is also responsible for monitoring retaliation. The facility submitted, on the PAQ, copies of blank forms DOD-2805, used to document staff retaliation monitoring, and DOC-2767 Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Response Checklist. They also submitted six sample printouts from the Sensitive Information Network Communication (SINC), an agency computerized database that tracks all aspects of investigations, including retaliation monitoring. The printouts show the retaliation monitoring of six inmates who made allegations of sexual abuse. The forms identify the tasks involved in the retaliation monitoring, such as, "schedule a meeting with the alleged victim," the date the meeting took place, and the actions that were taken as a result of the meeting, any comments made by the retaliation monitor, and the anticipated follow-up.</p> <p data-bbox="240 1928 1110 1955">A final analysis indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 2040 347 2067">115.67 (b)</p> <p data-bbox="240 2074 1437 2132">ED 72, in Section XVIII, C, (p.16), says that for offender or staff who express fear of retaliation, the facility shall take appropriate protective measures. The agency head, said in an interview conducted via telephone, during the pre-onsite</p> |

phase of the audit, " We have Victim Services Coordinators (VSC) at each facility, and they are tasked with monitoring for 90 days or more, using status checks, review of misconduct reports, review of housing changes, and removal of abuser and emotional support services can be provided. PREA compliance managers are tasked similarly, and all retaliation efforts are documented within the facility. We also have a process that staff can use if they are feeling like they are being retaliated against. They can report to Office of Diversity and Employee Services. They will be interviewed and can provide information and evidence and the Office of Diversity and Employee Services will decide whether it will be referred for investigation. I feel like we do have a good system and Wisconsin, compared to other states, I think, has a pretty strong and robust process. We have had very passionate PREA Directors in this agency. The goal is prevention and not coming down like a hammer but making sure the processes are in place to do all we can toward prevention." The VSC said, in an interview, contact is made, with the victim, shortly after the incident and again within 30 days to check in to see how they are doing, and again within another 30 days and then at 90 days. After that, according to the VSC, the contact continues if the inmates think it is necessary.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.67 (c and d)

The facility indicated, in their response to the PAQ, that the facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by staff for at least 90 days. ED 72, in Section XVIII, (p.16), requires that, for at least 90 days following a report of sexual abuse, the facility staff who are responsible for retaliation monitoring will monitor the conduct and treatment of inmates and staff who reported the sexual abuse and the offender who was reported to have experienced sexual abuse to determine if retaliation occurred. It goes on to say that for offenders, the monitoring is to include periodic status checks and that employees shall act promptly to remedy any such retaliation. It also says that retaliation monitoring may continue beyond 90 days if the initial monitoring indicates a need. The VSC said that the monitoring includes, in addition to meeting with the inmate, looking at any conduct reports or warnings that have been generated, looks to see if the inmate is being held to a higher standard than before the incident. If an inmate is moved, they will talk to staff to see who authorized the move and why. The facility reported that there were no instances of retaliation that occurred in the past 12 months.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.67 (e)

In response to the question, on the PAQ, that asks if the agency takes appropriate measures to protect any other individual who cooperates with an investigation and expresses a fear of retaliation, the Agency head said, "we have protection measures that include housing changes within facility, or transfer to another facility, could remove alleged abuser and provide emotional support services." When asked the same question, the Warden said that, "depending on the situation, staff may have to be put on administrative leave or the inmate relocated to another facility because allegations can have a ripple effect among co-workers."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Executive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. DOC-30 Review of Inmate in Restrictive Housing, (blank), revised 10/2015,

2. Interviews
 - a. Warden

Findings (By Provision):

115.68 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XVI, A, 5, (p. 14), says that any use of restricted status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of Standard 115.43.

115.68 (a) – 2

The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were held in involuntary segregated housing, within the past 12 months, for one to 24 hours, while awaiting completion of assessment.

115.68 (a)- 3

The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were assigned to involuntary segregated housing, in the past 12 months, for more than 30 days, while awaiting alternative placement.

115.68 (a) – 4

The facility reports that they have not held any inmates who alleged sexual abuse, in, or assigned any inmates who alleged sexual abuse to, segregated housing, in the last 12 months.

115.68 (a) – 5

The facility indicated, in their response to the PAQ, that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. ED 72, in Section XIII, B, 3, (p.10), says that if involuntary separation is used, "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." The facility submitted a Department of Corrections Form #DOC-30, Review of Inmate in Restricted Housing, that would be used to conduct a 30-day review if the facility did hold any inmates in, or assign any inmates to, restrictive housing.

The Warden said, in an interview, that inmates at high risk of sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until they are able to arrange to locate them somewhere else.

A final analysis of the evidence indicates that the facility is in substantial compliance with the standard.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1430 739" style="list-style-type: none"> <li data-bbox="240 331 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 1430 488" style="list-style-type: none"> <li data-bbox="240 365 515 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 1430 456">b. Wisconsin Department of Corrections Executive Directive 73 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 <li data-bbox="240 463 1067 490">c. Sample PRB-001 Records Retention/Disposition Authorization, revised 09/2016 <li data-bbox="240 577 379 604">2. Interviews <ol data-bbox="240 611 671 739" style="list-style-type: none"> <li data-bbox="240 611 456 638">a. Investigative Staff <li data-bbox="240 645 671 672">b. Inmates Who Reported a Sexual Abuse <li data-bbox="240 678 461 705">c. PREA Coordinator <li data-bbox="240 712 557 739">d. PREA Compliance Manager <p data-bbox="240 887 480 913">Findings (by Provision):</p> <p data-bbox="240 999 480 1025">Findings (By Provision):</p> <p data-bbox="240 1059 347 1086">115.71 (a)</p> <p data-bbox="240 1093 1481 1285">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency/facility does have a policy related to criminal and administrative agency investigations. Three policies are currently in use to address investigation of behavior by staff, contractors, or inmates in relation to sexual abuse and sexual harassment of inmates. They are Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72); Division of Adult Institutions (DAI) Policy #306.00.15 and Department of Corrections (DOC) Human Resources Policy 200.30.304. ED 72, in Section XVII, A through M, (p. 15) requires:</p> <ol data-bbox="240 1292 1493 2157" style="list-style-type: none"> <li data-bbox="240 1292 1166 1319">a - an investigation be completed for all allegations of sexual abuse and sexual harassment, <li data-bbox="240 1326 1355 1352">b - allegations that involve potentially criminal behavior to be referred to local law enforcement for investigation, <li data-bbox="240 1359 1493 1485">c - agency investigators to follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions and is adapted from a comprehensive and authoritative protocol developed after 2011, and to request that any investigating law enforcement agency follow the same protocol when investigating allegations for the agency, <li data-bbox="240 1491 1422 1550">d - investigators to collect and preserve any direct and circumstantial evidence, to interview alleged victims, suspected perpetrators and witnesses and to review prior complaints and reports involving the suspected perpetrator, <li data-bbox="240 1556 1481 1659">e – the credibility of an alleged victim, suspect or witness be assessed on an individual basis and not on the person's status as an offender and that a complainant not be required to submit to a lie detector, or other truth-telling device as a condition for proceeding with the investigation, <li data-bbox="240 1666 1458 1724">f – administrative investigations to include an effort to determine whether employee actions or failures to act contributed to the abuse, <li data-bbox="240 1731 1453 1789">g – the DOC to impose no higher standard than preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated, <li data-bbox="240 1796 1466 1854">h - all investigations to be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the agency plus ten years, <li data-bbox="240 1861 1477 1919">I - the departure of an alleged abuser or victim from employment or control of the facility, or the recantation of the allegation, to not provide a basis for terminating an investigation, <li data-bbox="240 1926 1477 1984">j - the facility to cooperate with outside agencies that investigated allegations for them and to work to remain informed about the progress of the investigation, <li data-bbox="240 1991 1355 2049">k - the agency to inform all victims, following an investigation, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and to document the notification, <li data-bbox="240 2056 1477 2157">l - the agency to inform an alleged victim when an employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse and to document such notification, and |

m - the agency to inform an alleged victim whenever the agency learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse and to document the notification.

The inmate Investigations policy and the Employee Disciplinary Investigations policy both specifically state that investigations are to be objective, thorough, and conducted promptly, and all require investigation of each report of sexual abuse or sexual harassment, including third party and anonymous reports. Additionally, included with the investigator training document, on the PAQ, was the agency PREA Office document, "Sexual Abuse and Sexual Harassment Investigations Resource Guide," published in August 2020. The requirements that the investigation is prompt, object, and thorough are also included as primary elements on the Investigation Best Practice Checklist in the Resource Guide.

Auditors interviewed a staff who conduct investigations. When asked how long it takes to initiate an investigation following an allegation of sexual abuse or sexual harassment, he said, "we initiate an investigation as soon as possible." A second investigator who was interviewed said that an investigation should be initiated within 72 hours of the allegation being made.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (b)

ED 72 , in Section XI, A, 4, (p. 8) requires all staff who investigate incidents of sexual abuse and sexual harassment to receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and 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. It also requires the agency to maintain documentation of the training completions. The facility presented a copy of their investigator training lesson plan. Auditors reviewed the lesson plan and found that it does include all items listed above. Unit 1, of the training, is entitled, "Sexual Abuse and Sexual Harassment in Confinement, " and it provides definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations, reporting to inmates, sexual abuse incident reviews, and staff duties and responsibilities. The facility provided, as documentation of investigator training, a computerized database printout that the agency uses to record, and track, investigator training, showing that the agency investigators were properly trained. Auditors noted that the names of the investigators interviewed at the facility were on the list of investigators who were properly trained. The investigators confirmed that they had received training specific to conducting sexual abuse investigations in confinement settings and that the training covered techniques for interviewing, proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 ©

The investigators who were interviewed said, when asked what the first steps in initiating an investigation would be, and how long those steps would take, that they would separate the victim and perpetrator and interview the victim and witnesses to gather as much information as possible, then write an incident report and report to supervisor as soon as possible. The second investigator, who was interviewed, agreed with that and said he would try to identify the aggressor and any additional witnesses.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (d)

ED 72 , in Section XVII, B, (p.15), identifies that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior will be referred for investigation to local law enforcement. The investigator, when asked when asked when he might conduct compelled interviews, said, "we continue to conduct our investigation but Dodge County will get involved and they can obtain warrants if necessary." The second investigator said, "we would let Dodge County do that or have them guide us through it."

A final analysis of the provision indicates that the facility is in substantial compliance with this provision

115.71 (e)

ED 72 identifies, in Section XVII, E, (p. 15) that the credibility of an alleged victim, suspect or witness is assessed on an individual basis, not by the person's status as an offender or employee. It goes on to say that the Department Of Corrections (DOC) will not require an offender who alleges sexual abuse to submit to a polygraph examination or any other truth telling device as a condition for proceeding with the investigation. All three agency policies relating to investigations listed above

require that credibility be assessed on an individual basis and not be determined by the person's status as an offender or staff member. The facility investigators confirmed that the standard of evidence required to substantiate allegations of sexual abuse is a preponderance of evidence, that is, if it is more likely than not that the abuse occurred. They also said that they would not ask an inmate to take a lie detector test. Auditors interviewed two inmates who had reported a sexual abuse and they confirmed that they had not been asked to take a lie detector test.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (f)

ED 72, in Section XVII, paragraph F, (p. 15) says, "administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse." The investigators who were interviewed said, "we gather as much information as possible, ask as many questions as possible and review camera footage, etc."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (g)

ED 72, in Section XVII, H, (p.15) requires that administrative and criminal investigations be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings. The facility conducted investigations of allegations of sexual abuse, during the past 12 months, and presented those investigate materials for auditor review. Auditors noted that the investigative reports showed that investigative interviews were well conducted and documented, and the reasoning behind credibility assessments and the investigative facts and findings were well laid out in the reports.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (h)

The facility indicated, in their response to the PAQ, that substantiated allegations of conduct that appear to be criminal are referred for prosecution. ED 72, in Section XVII, B, (p. 15) requires that all allegations that involve potentially criminal behavior be referred for investigation to local law enforcement. Department Of Corrections Human Resources Policy #200.30.304 identifies, in Section 5, D, (p. 8), that all allegations of sexual abuse shall be reported to law enforcement by the Security Director, PREA Compliance Manager, or other designee and that allegations of sexual harassment that involve potentially criminal behavior shall also be referred to law enforcement. The facility investigator, and the Warden, verified that the facility refers all allegations of sexual abuse to the Dodge County Sheriff's Department for their review and decision as to whether they want to investigate or not and law enforcement is responsible for referring potentially criminal conduct for prosecution. The facility reports the number of allegations that were referred to local law enforcement for investigation, in the past 12 months, as one.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (i)

The facility indicated, in their response to the PAQ, that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. ED 72, in Section XVII, H, (p. 16) requires that documentation of administrative and criminal investigations be retained as long as the alleged abuser is incarcerated or employed by the agency plus ten years. The facility submitted, as documentation, Public Records Board Form PRB-001, used to document the disposition of retained records. The creation date of the record is 2013 and the disposal date is September of 2018, with the appropriate box checked identifying the reason for disposal of the record as, "termination/end of employment." The auditor confirmed, through conversations with the agency PREA Director, that the agency maintains investigative records for the period of time required by this provision.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (j)

ED 72, says, in Section XVII, I, (p.15), that the departure of an alleged abuser or victim from the employment or control of the facility, shall not provide a basis for terminating an investigation. The investigator, when asked if he would terminate an investigation if an alleged abuser or victim left the agency's employment or control, confirmed that he would not. He said, "we

keep the investigation continuing because it could possibly involve outside charges. The investigation would go with them and we can ask other facilities to assist us in interviewing or we can go there to conduct the interviews.”

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (I)

ED 72, identifies, in Section XVII, J, (p. 15), that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigations. DAI Policy #: 306.00.15 Inmate Investigations, says, in Section III, F, (p.4), that investigators shall work collaboratively with law enforcement investigators and attempt to remain informed about the progress of the investigation. The warden said, in an interview conducted onsite, “Our Office of Internal Affairs is now the investigative branch for investigations and, here at Fox Lake, we have a Dodge County PREA Compliance Manager for the various institutions in Dodge County. ” The PREA Director, said in an interview conducted via telephone, during the pre-onsite phase of the audit, “our agency has longstanding professional partnerships with local law enforcement related to PREA, and other things, so we maintain regular communication and we contact law enforcement in advance to see if they are content with us conducting parallel investigations or if they want us to wait to review evidence until after they do. We have sat in on interviews of theirs of subjects, witnesses, etc., and we have a good collaborative relationship with them.”

A final analysis of the evidence indicates the facility is in substantial compliance with this

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.72 | Evidentiary standard for administrative investigations |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 1398 629" style="list-style-type: none"> <li data-bbox="242 329 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="242 360 1398 425" style="list-style-type: none"> <li data-bbox="242 360 515 389">a. Pre-Audit Questionnaire <li data-bbox="242 392 1398 421">b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 <li data-bbox="242 568 379 598">2. Interviews <ol data-bbox="242 600 456 629" style="list-style-type: none"> <li data-bbox="242 600 456 629">a. Investigative Staff <p data-bbox="242 772 477 801">Findings (By Provision)</p> <p data-bbox="242 889 349 918">115.72 (a)</p> <p data-bbox="242 920 1490 1151">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (ED 72), says, in Section VII, G, (p. 16) that the agency will impose no higher standard than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. An interview with a facility investigator bore out that they rely on a preponderance of evidence in determining the outcome of an allegation. That is, they rely on evidence to assist them in determining if the incident was more likely than not to have occurred as the complainant alleged.</p> <p data-bbox="242 1180 1265 1209">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="242 1352 424 1382">Corrective Action:</p> <p data-bbox="242 1384 1469 1444">A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p> |

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| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Exceeds Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1430 801" style="list-style-type: none"> <li data-bbox="240 331 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 1430 589" style="list-style-type: none"> <li data-bbox="240 365 515 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 1430 456">b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 <li data-bbox="240 463 788 490">c. Agency PREA Report Close Out Non-PREA (blank) <li data-bbox="240 497 842 524">d. Agency PREA Report Close Out Unsubstantiated (blank) <li data-bbox="240 530 818 557">e. Agency PREA Report Close Out Substantiated (blank) <li data-bbox="240 564 783 591">f. Agency PREA Report Close Out Unfounded (blank) <li data-bbox="240 678 376 705">2. Interviews <ol data-bbox="240 712 671 801" style="list-style-type: none"> <li data-bbox="240 712 355 739">a. Warden <li data-bbox="240 745 456 772">b. Investigative Staff <li data-bbox="240 779 671 806">c. Inmates Who Reported a Sexual Abuse <p data-bbox="240 952 483 978">Findings (By Provision):</p> <p data-bbox="240 1066 475 1093">115.73 (a) – 1, 2 and 3</p> <p data-bbox="240 1099 1489 1525">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), requires, in section XVII, K, (p. 16), that following an investigation of an allegation that an offender suffered sexual abuse in the facility, the facility shall inform the alleged victim, and document that notification, whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Further policy review by the auditor determined that the two investigation policies, Division of Adult Institutions (DAI) 306.00.15, Inmate Investigations (Section III, L), and Human Resources Policy 200.30.304, Employee Disciplinary Investigations (Section VI, D) both require that victims of sexual abuse or sexual harassment complaints be notified in writing of the outcome of the investigation. A review of the Investigator training module verified that, included in the training is the information that PREA Disposition Letters are sent to the inmate victim by the PREA Office. The module says that a copy of the disposition letter shall be uploaded to the Sensitive Investigative Network Communication (SINC), the agency's sexual abuse and sexual harassment allegation and investigation tracking database.</p> <p data-bbox="240 1532 1489 1827">The facility reports that two allegations of sexual abuse were made, in the last 12 months, and investigations were conducted. The facility indicated, in their response to the PAQ, that both inmates were notified in writing, of the results of the investigation. Interviews with the agency PREA Director, and the Facility PREA Compliance Manager (PCM) verified that every investigation that is conducted will culminate with a report of the findings to the inmate who brought the allegation and demonstrated where the information, regarding the provision of the disposition letter to the inmate, is documented in SINC. Notifying every inmate, including those who filed allegations of sexual harassment, exceeds the requirements of the standard. Two inmates who reported a sexual abuse were interviewed but one could not recall being informed of the outcome of the investigation. Auditors reviewed both investigations and identified copies of inmate notifications included in the packets.</p> <p data-bbox="240 1861 1026 1888">A final analysis of the evidence indicates that the facility exceeds the provision.</p> <p data-bbox="240 1973 480 2000">115.73 (b) – 1, 2, and 3</p> <p data-bbox="240 2007 1489 2134">The facility indicated, in their response to the PAQ, that if an outside entity conducts such investigations the agency requests the relevant information from the investigative entity to inform the inmate of the outcome of the investigation. ED 72 requires, in Section XVII, K (p. 16), that if the facility did not conduct the investigation, it must request the relevant information, from the investigating agency, in order to inform the alleged victim. The facility indicated, in their response to</p> |

the PAQ, that two allegations were investigated by an outside agency during the audit period and that of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was also two. The facility provided copies of the inmate notifications that were sent to inmates. The warden verified that inmates are always notified of the investigation outcome. An investigator who was interviewed said, "yes, there is always a close out letter that gets sent out."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (c) 1, 2 and 3

The facility indicated, in their response to the PAQ, that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- a - the staff member is no longer posted within the inmate's unit:
- b – the staff member is no longer employed at the facility:
- c – the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- d – the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Agency Policy, ED 72, in Section XVII, L, (p. 16) outlines that, following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the agency is required to inform the alleged victim, and document the notification, whenever the employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The Directive goes on to say, that the agency will notify an alleged victim whenever it learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The facility presented form letters used to notify inmates when the employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The facility indicated, in their response to the PAQ, that there has been a referral of an allegation of staff on inmate sexual abuse, in the past 12 months, to the Dodge County Sheriff's Department and that the investigation is still ongoing. The facility provided documentation of the outcome letter that was sent to the inmate identifying that the staff was no longer employed at the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (d)

The facility indicated, in their response to the PAQ, that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

- a – the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility: or
- b – the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Agency policy, ED 72, in Section XVII, M, (p.16) says that following an offender's allegation that he or she has been sexually abused by another offender, the DOC will inform that alleged victim, and document such notification, whenever the agency learns that the alleged abuse has been indicted or convicted on a charge related to the initial allegation of sexual abuse. Because none of the allegations of inmate-on-inmate sexual abuse, made in the past 12 months, resulted in criminal charges, there were no notifications of this type to be made.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (e) – 1, 2 and 3

The facility indicated, in their response to the PAQ, that the agency has a policy that all notifications to inmates described under this standard are documented. ED 72, Section XII, L and M, (p. 16), requires that all notifications made to inmates, regarding outcomes of investigations of all allegations of sexual abuse and sexual harassment be documented. The facility indicated, in their response to the PAQ that, in the past 12 months, the number of notifications to inmates that were provided pursuant to this standard was two and that all of them were documented in the agency's Sensitive Information Network Communication database (SINC). The facility submitted copies of the notifications made and indicated that three investigations are ongoing. The facility also presented copies of outcome letters sent to inmates who filed allegations of sexual harassment during the audit period.

A final analysis of the evidence indicates that the facility exceeds the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility exceeds the requirements of the standard by notifying every inmate whose allegation of either sexual abuse or sexual harassment culminates in an investigation. There is no corrective action to take.

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 329 1425 454" style="list-style-type: none"> <li data-bbox="240 329 858 356">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 360 1425 454" style="list-style-type: none"> <li data-bbox="240 360 515 387">a. Pre-Audit Questionnaire <li data-bbox="240 392 1425 454">b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 <p data-bbox="240 600 477 627">Findings (By Provision)</p> <p data-bbox="240 714 413 741">15.76 (a) and (b)</p> <p data-bbox="240 745 1485 1279">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIX, A, 1 through 5, (p. 17) outlines administrative sanctions for staff who are found to have violated the agency's sexual abuse, sexual harassment, and retaliation policies as up to, and including, termination. Executive Directive #2, Employee Discipline (ED 2), in Section V, (p. 4), sets forth a progression schedule for discipline of permanent and project employees to provide the opportunity to modify their behavior. In Section VIII, G, (p.7). the policy says that the Department may impose a more severe level of discipline, up to and including discharge, for serious acts of misconduct and identifies one of those serious acts of misconduct, as, while on duty, harassing a person. Also in Section VIII, G, (p. 8), the policy identifies that agencies may also identify other policy violations which may be egregious enough to accelerate discipline up to and including termination. Listed as one of those policy violations egregious enough to accelerate discipline up to and including termination is staff sexual misconduct with offenders, inmates, or juvenile offenders. The facility indicated, in their response to the PAQ, that, in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is one and that, in the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is also one. Staff identified, on the PAQ, that the staff member resigned but would have been terminated had they not resigned.. Auditors were able to review the investigation packet.</p> <p data-bbox="240 1308 1276 1335">A final analysis of the evidence indicates that the facility is in substantial compliance with the provisions.</p> <p data-bbox="240 1422 339 1449">115.76 ©</p> <p data-bbox="240 1453 1485 1718">The facility indicated, in their response to the PAQ, that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. ED 72, in Section XIX, A, 2 (p. 17), says that disciplinary sanctions will be commensurate with the nature and circumstances of the violation, the staff member's disciplinary history and the sanctions imposed for comparable offenses by staff with similar histories. The facility reports, in response to the PAQ, that the number of staff from the facility who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies other than actually engaging in sexual abuse, in the past 12 months, was zero.</p> <p data-bbox="240 1747 1152 1774">A final analysis of the evidence indicates that the facility is in compliance with the provision.</p> <p data-bbox="240 1861 349 1888">115.76 (d)</p> <p data-bbox="240 1892 1485 2157">The facility indicated, in their response to the PAQ, that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. ED 72 says, in Section XVII, B, (p.15), that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement and that all referrals to law enforcement must be documented. The same policy, in Section XIX, A, 3, (p. 17) identifies that all terminations for violations of the agency's sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies. The facility reports that, in the past 12 months, the number of staff from the facility that have</p> |

been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was one and presented the investigation for auditors' review.

A final analysis indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.77 | Corrective action for contractors and volunteers |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1430 658" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 2. Interviews <ol style="list-style-type: none"> a. Warden <p data-bbox="240 806 483 833">Findings (By Provision):</p> <p data-bbox="240 922 387 949">15.77 (a) 1 - 4</p> <p data-bbox="240 958 1489 1352">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Executive Directive Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XVII, B, (p.15), that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement and that all referrals to law enforcement must be documented. The same policy, in Section XIX, A, 4, (p. 17), identifies that any volunteer or contractor who engages in sexual abuse will be prohibited from contact with offenders and will be reported to relevant licensing bodies. The facility reported, on the PAQ, that, in the past 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. Auditors reviewed and retained documentation from investigations conducted, by the facility, in the past 12 months and verified that none of them involved a contractor or volunteer. Administrative staff also verified that, in the past 12 months, no contractors or volunteers have been reported to law enforcement for engaging in sexual abuse of inmates.</p> <p data-bbox="240 1384 1265 1411">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1496 347 1523">115.77 (b)</p> <p data-bbox="240 1532 1473 1724">The facility indicated, in their response to the PAQ, that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. ED 72, in Section, XIX, A, 4, (p.17), says that appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors. In an interview, the facility Warden said, "We have not had anything like that, that I am aware of, but we would restrict them from the institution and, depending on the allegation, do our fact finding which would result in a contact to law enforcement."</p> <p data-bbox="240 1756 1265 1783">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1872 419 1899">Corrective action:</p> <p data-bbox="240 1908 1473 1962">A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p> |

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| | Findings (By Provision) |
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| 115.78 | Disciplinary sanctions for inmates |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1430 703" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Agency Administrative Code Chapter 303, dated March 2018 2. Interviews <ol style="list-style-type: none"> a. Warden b. Medical Health Staff c. Mental Health Staff <p data-bbox="240 851 467 878">Findings (By Division):</p> <p data-bbox="240 967 371 994">15.78 (a) – 1</p> <p data-bbox="240 1003 1489 1263">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIX, paragraph B, 1, (p. 17), identifies that offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. The facility reports, in their response to the PAQ, that, in the past 12 months the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility is one. They also reported that, in the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility was zero.</p> <p data-bbox="240 1290 1270 1317">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1406 347 1433">115.78 (b)</p> <p data-bbox="240 1442 1489 1666">Agency policy, ED 72, also says, in Section XIX, B, 1, (p. 17), that sanctions imposed on inmates will be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories. In an interview, the Warden said, when asked what disciplinary sanctions inmates are subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse, "conduct reports, possibly being classified to the Restrictive Housing Unit." He also said, "we classify our individuals by the various mental health codes. If they are determined to be MH2, that automatically triggers a review by PSU to determine if they are competent, related to mental health or if the problem is their choices or behaviors."</p> <p data-bbox="240 1693 1270 1720">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1809 339 1836">115.78 ©</p> <p data-bbox="240 1845 1461 1935">Agency Policy, ED 72 says, in Section XIX, B, 3, that the disciplinary process shall consider whether a perpetrating offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Warden confirmed this is an interview.</p> <p data-bbox="240 1962 1270 1989">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 2078 347 2105">115.78 (d)</p> <p data-bbox="240 2114 1489 2141">The facility indicated, in their response to the PAQ, that the facility offers therapy, counseling, or other interventions designed</p> |

to address and correct the underlying reasons or motivations for abuse and that the same services that are offered to victims are also offered to abusers. ED 72, Section XIX, B, 4, (p. 17), says that 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, . . . but not as a condition to general programming or education.” The Psychological Services Unit Supervisor was interviewed and asked if the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, and does the facility consider whether offer these services to the offending inmate. In answer to the question, she said, “e wwould offer services and likely the offender would be placed in Restricted Housing, and we have services offered there as well. I cannot say I've ever had somebody, an offender, say I have this problem and I need some help with it.”

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (e)

The facility indicated, in their response to the PAQ, that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. ED 72, says, in Section XIX, B,5, (p. 18), that an offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact. Auditor's review of investigations conducted, in the last 12 months, did not find any instances where an inmate was disciplined for sexual conduct with staff.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (f)

The agency indicated, in their response to the PAQ, that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. ED 72, in XIX, B, 6, (p. 17), says that inmates will not be disciplined for filing an allegation in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the claim. Auditor's review of investigations conducted, in the last 12 months, did not find any instances where an inmate was disciplined for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the investigation did not establish evidence sufficient to substantiate the allegation.

A final review of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (g)

The facility indicated, in their response to the PAQ, that the agency prohibits all sexual activity between inmates. Agency Administrative Code Chapter 303, Inmate Discipline, in Section DOC 303.14 Sexual Conduct, (p.17), identifies that consensual sexual acts are prohibited. The facility also indicated, in their response to the PAQ, that the agency deems sexual activity between inmates to constitute sexual abuse only if it determines that the activity is coerced. Agency policy, ED 72, in Section XIX, B, 7, (p.17) says that consensual sexual activity between offenders is prohibited by the Department of Corrections but that sexual activity between inmates that is not coerced will not be considered sexual abuse.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Sample Agency Electronic Medical Record. d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.01 Mental Health Screening, Assessment and Referral, effective date, 08/31/2020 d. Sample Agency Risk Screening Referral e. Form DOC-1923 Limits of Confidentiality of Health Information (blank), Rev. 05/2012 f. Form DOC-1163 Authorization for Disclosure of Non-Health Confidential Records, (blank(revised 03/2015 g. Form DOC – 1163A Authorization for Use and Disclosure of Protected Health Information (PHI), (blank), Rev. 02/2012 2. Interviews <ol style="list-style-type: none"> a. Inmates Who Disclose Prior Sexual Abuse During Risk Screening b. Staff Responsible for Risk Screening c. Medical Health Staff d. Mental Health Staff <p>Findings (By Provision):</p> <p>115.81 (a) – 1</p> <p>The facility indicated in their response to the Pre-Audit Questionnaire (PAQ), that all inmates at the facility who have disclosed prior sexual victimization, during a screening pursuant to Standard 115.41, are offered a follow-up meeting with a medical or mental health practitioner and that the follow-up meeting is offered within 14 days of the intake screening. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XII, E, (p. 9), requires that if either the initial or a follow-up screening indicates that an offender has previously experienced sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional or community setting, staff shall ensure the offender is offered a follow-up meeting with a mental health provider, to take place within 14 days of the initial, or follow-up, screening. Division of Adult Institutions (DAI) Policy #500.70.01 holds staff who conduct PREA risk screening responsible for offering inmates a follow-up meeting with Psychological Services Unit (PSU) staff when the screening reveals that the inmate has experienced prior sexual victimization or has been previously sexually abusive. If an inmate accepts the follow-up meeting with PSU, that meeting is to take place within 14 days of the PREA screening. The facility reports, in response to the PAQ, that, in the past 12 months, 100 percent of inmates who disclosed prior sexual victimization during risk screening were offered a follow-up meeting, with medical or mental health staff. Staff indicated that the Wisconsin Integrated Computer System, (WICS) the agency's computerized database system, is used to record screenings of inmates. A sample risk screening form was provided, on the PAQ, that shows the questions that are asked during the screening. Questions 6, and 7, in Part A of the Screen, ask the inmate about prior sexual victimization in the community or in confinement. A staff person who conducts risk screening said, in an interview, that inmates who disclose prior sexual victimization are offered a follow-up meeting with mental health immediately and that the inmate is seen by Psychological Services Unit (PSU) staff within 14 days. Auditor noted that there is an automatic referral system built into the program so that if the inmate answers yes to either of the questions, the system will prompt screening staff to ask the inmate to either accept or refuse a medical or mental health referral. If the inmate accepts the referral, the date of acceptance is documented, and the referral is submitted. When the inmate is seen, mental health staff providing the service will make a notation, in the electronic medical record, noting the date, time, reason and staff who met with the inmate. Auditors reviewed sample screens for inmates who were interviewed during the audit and noted that inmates who identified having been the victim of unwanted or abusive sexual contact in the community, or in confinement, were offered a referral to meet with PSU. Of the 13 inmates who reported victimization and were offered an opportunity to meet with PSU staff, four of them accepted the meeting. Documentation was provided demonstrating that all four of the inmates who accepted a referral to PSU met with them within 14 days of the</p> |

referral date.

Medical and mental health staff use an electronic medical record (EMR) database to maintain inmate health records. Submitted as documentation was a printout from an EMR database used to track referrals and the subsequent meetings with PSU. Of 40 sample risk screens reviewed, four inmates accepted a referral to meet with PSU, although two of them did not recall having been offered a meeting. Auditors reviewed their screens and saw that a meeting was offered and the facility provided the EMRs from those meetings.

A final analysis indicates that the facility is in substantial compliance with the provision.

115.81 (b)

The facility indicated, in their response to the PAQ, that all inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. ED 72, in Section XII, E, (p. 9), requires that if either the initial or a follow-up screening indicates that an offender has perpetrated sexual abuse, whether it occurred in an institutional or community setting, staff shall ensure the offender is offered a follow-up meeting with a mental health provider, to take place within 14 days of the initial, or follow-up, screening. DAI policy #500.70.01 holds staff who conduct PREA risk screening responsible for offering inmates a follow-up meeting with PSU staff when the screening reveals that the inmate has been previously sexually abusive. A review of the tool used in risk assessment screening shows that question number 8, in part A of the Screen, asks this question. If the inmate answers in the affirmative, a radio button is generated that prompts staff to then offer the referral to a follow-up meeting with mental health services. If the inmate accepts the referral, the system automatically documents the date of acceptance, and the referral is electronically generated. When the follow-up meeting takes place, health care staff make a notation recording the date, time, and reason for the meeting, and the name of the staff who met with the inmate, in the EMR. The system can be queried, and a printout generated, documenting the referrals made.

Auditors requested, and were provided, risk screens that had been done for inmates who had been interviewed during the onsite portion of the audit. Upon review, Auditor found that on none of the reviewed screens did inmates report that they had ever had sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them. Thus, no referrals were generated. Documentation is electronically generated and maintained using WICS. A psychological associate who was interviewed during the onsite portion of the audit confirmed that the process is the same for referring victims of prior sexual abuse to mental health services.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, effective date 04/17/2017 c. DOC-3001 Off-Site Service Request and Report, revised 03/2011, (blank) d. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 316.00.01 Inmate Co-Payment for Health Services Attachment Co-payment Table, effective date 11/01/2017 2. Interviews <ol style="list-style-type: none"> a. Medical Health Staff b. Mental Health Staff c. Inmates Who Reported a Sexual Abuse d. Security and Non-Security First Responders <p>Findings (By Provision):</p> <p>Findings (By Provision):</p> <p>115.82 (a) – 1 The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Department of Adult Institutions (DAI) Policy#: 500.39.19 says, in its policy statement, "Division of Adult Institution facilities shall ensure health care staff provides prompt and appropriate health care interventions in response to reported incidents of sexual abuse." The same policy, in Section II, A, (p.3,) says, "the first staff member to receive information regarding an incident of sexual abuse shall notify the on-site Security Supervisor and the Health Services Unit (HSU) Manager/designee." The next paragraph, paragraph B, says, "if there is no RN on site, Security shall immediately contact the on-call nurse." The HSU Manager confirmed, in an interview, that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. When asked how quickly they receive those services, she said, "their care would be coordinated through Health Care and security and would happen as soon as they report."</p> <p>An inmate who reported a sexual abuse said, in an interview that they were offered the opportunity to see a medical or mental health professional in a timely fashion after the abuse was reported but they declined.</p> <p>115.82 (a) – 2 The facility indicated, in their response to the PAQ, that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), identifies, in Section XVI, B, 1, (p.14), that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, that nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The HSU Supervisor and PSU Supervisor both confirmed this.</p> <p>115.82 (a) – 3 The facility indicated, in their response to the PAQ, that medical and mental health staff do maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the</p> |

appropriate response by non-health staff in the event health staff are not present at the time the incident is reported, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The facility submitted an Agency Off-Site Review Form, that is completed whenever an inmate is transported off-site for medical treatment. The form asks for the date and time to be recorded which can then be cross-referenced with an Incident Report to determine if the emergency medical treatment provided was done timely. There were no completed forms available from the audit period. Two inmates who reported a sexual abuse were interviewed and one said he was offered medical assistance but declined it and the other inmate said he also was offered medical assistance and that, about a week after the incident, he accepted it but that he did not require a forensic exam.

A final analysis of the evidence indicates that the facility is in substantial compliance with the standard.

115.82 (b)

Security staff who were interviewed identified that, as a first responder, they would immediately call a supervisor and health services. Non-security staff randomly chosen for interview, when asked this question, said that they had not been in a position to be a first responder but if they were, they would call Security right away.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.82 ©

The facility indicated, in their response to the PAQ, that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where appropriate. ED 72 requires, in Section XVI, B, 3, (p. 14), that the DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis." The HSU Supervisor confirmed this in an interview. Two inmates who reported a sexual abuse said that they declined emergency medical treatment.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115. 82 (d)

The facility indicated, in their response to the PAQ, that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. ED 72, says, in Section, XVI, B, 2, (p.14) that 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 an investigation arising out of the incident, and in a manner consistent with the community level of care. DAI Policy: #316.00.01 has an attachment identified as a Copayment Table. The table identifies as treatment that does not require a copay, a written referral from a PREA Risk Assessment Screener and crisis intervention evaluation and treatment related to sexual abuse in confinement. Medical and Mental Health staff who were interviewed said, confirmed that treatment services are provided with financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Division of Adult Institutions Policy #: 500.70.01 Mental Health Screening, Assessment and Referral 2. Interviews <ol style="list-style-type: none"> a. Inmates Who Reported a Sexual Abuse b. Medical Health Staff c. Mental Health Staff <p>Findings (By Provision):</p> <p>15.83 - a and b</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility offers 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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), says, in Section XVI, B, 6, (p. 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." Medical and mental health staff confirmed, in interviews, that follow-up treatment for inmates entails treatment plans and, when necessary, referrals for continued care after leaving the facility. Two inmates who reported a sexual abuse verified that mental and medical health staff did discuss follow-up services, treatment plans, or referrals for continued care with them.</p> <p>A final analysis indicates that the facility is in substantial compliance with the provision.</p> <p>115.83 - ©</p> <p>When asked if medical and mental health services offered are consistent with community level of care, both the HSU Supervisor and the PSU Supervisor confirmed that they are.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.83 - d and e</p> <p>N/A – The facility is an all-male facility.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.83 - f</p> <p>The facility indicated, in their response to the PAQ, that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. ED 72, says, in Section XVI, B, 7, (p. 15), that victims of sexual abuse shall be offered tests for sexually transmitted infections. Two inmates who reported a sexual abuse who were interviewed said that they declined any medical treatment</p> |

offered and/or that this type of treatment was not appropriate in the circumstances.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.82 – (g)

The facility indicated, in their response to the PAQ, that treatment services are 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. ED 72, says, in Section, XVI, B, 2, (p.14) that 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 an investigation arising out of the incident, and in a manner consistent with the community level of care. Division of Adult Institutions (DAI) Policy: #316.00.01 has an attachment identified as a Copayment Table. The table identifies as treatment that does not require a copay, a written referral from a PREA Risk Assessment Screener and crisis intervention evaluation and treatment related to sexual abuse in confinement. Medical and Mental Health staff who were interviewed confirmed that treatment services are offered to victims without financial cost regardless of the circumstances. Two inmates who reported a sexual abuse who were interviewed said that they declined any medical treatment offered and/or that this type of treatment was not appropriate in the circumstances.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.83 (h)

The facility indicated, in their response to the PAQ, that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. ED 72, says, in Section XVI, B, 8 (p. 15,) that facilities shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Mental health staff said, in an interview, "We don't typically do a lot of comprehensive evaluations except for sex offenders who are on a list for sex offender treatment. The screener is offering those treatments, but I can't think of a time when that actually happened. I have not yet seen an inmate who identifies as an abuser and asks for that type of referral."

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A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. DOC-2863 Sexual Abuse Incident Review (SAIR) Form - PREA, (blank), revised 10/2020,

2. Interviews
 - a. Warden
 - b. Facility PREA Compliance Manager
 - c. Incident Review Team

Findings (By Provision)

115.86 (a) – 1 and 2

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility conducts a Sexual Abuse Incident Review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XX, A, (p. 18), says that the facility must conduct a review, within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. Division of Adult Institutions (DAI) Policy: #410.50.01 also requires that, “. . . facilities conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated.” The facility submitted DOC-2863 Sexual Abuse Incident Review (SAIR) Form where information from SAIRs conducted is documented. They also submitted printouts from the Sensitive Investigative Network Communication (SINC), an agency computerized database where investigation information is electronically stored. The printout is entitled PREA Sexual Abuse Incident Review. It shows the SINC File Number, the date of the incident, date the investigation was approved by the PREA office and the date of the SAIR, date the allegation was referred to law enforcement, date the victim was rescreened, the disposition of the investigation, and a host of other information about the allegation that was made and the investigation that was conducted.

The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility in the past 12 months, excluding only “unfounded” incidents is five.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 (b)

The facility indicated, in the response to the PAQ, that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. ED 72, in Section XX, (p. 18), requires all facilities to conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days is five. The facility presented printouts from SINC, the departmental computerized database that documents the SAIR that was completed following an investigation of alleged sexual abuse, in the facility. Auditor reviewed documentation of the five SAIRs conducted during the audit period and determined that they were conducted timely.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

The facility indicated, in their response to the PAQ, that the SAIR team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. ED 72, in Section XX, A, (p. 18), says that the review must be conducted by a team that consists of upper-level management officials with input from supervisors, investigators, and medical and mental health staff. The documentation provided shows that the teams included the Security Director, an Administrative Captain, the Psychological Services Unit (PSU) Director, the Facility PREA Compliance Manager (PCM), health care staff, the warden, the deputy warden, etc. The Warden verified, in an interview, that all areas of the facility are represented in SAIRs that are conducted.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 (d)

The facility indicated, in their response to the PAQ, that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement and submits such report to the facility head and PCM. ED 72, in Section XX, A, (p. 18), requires the review team to:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse,
- b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identify, LGBTI identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility,
- c. Examine the area in the facility where the incident alleged occurred to assess whether physical barrier in the area may enable abuse,
- d. Assess the adequacy of staffing levels in that area during different shifts,
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees, and
- f. Prepare a report of its findings, including but not limited to, determinations made in the above items, and any recommendations for improvement and submit the report to the facility head and facility PCM.

Auditor's review of the SAIRs presented indicated that factors listed above were considered and were included in their final reports. In interviews, SAIR team members, and the warden, indicated that all these factors are considered in their reviews.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 €

The facility indicated, in their response to the PAQ, that the facility implements the recommendations for improvement or documents its reasons for not doing so. Agency policy, ED 72, requires, in Section XX, B, (p.19), the agency shall implement the recommendations for improvement, or shall document its reasons for not doing so. Regarding changes made based on SAIRs, the warden said that the facility is involved in an ongoing camera upgrade project. On the reports of the SAIRs that were conducted during the audit period it is documented that although there were no changes to staffing or the staffing plan, most of them recommended that the ongoing camera upgrade project be continued and one SAIR resulted in the recommendation that non-security staff engage in classroom training, as well as their regular computer-based training, and that the training cover topics such as grooming practices, boundaries, ethical decision making, and maintaining pro-social relationships with inmates. It also said that the facility is considering outreach efforts to multiple institutions to train non-security staff and potentially make the training mandatory to ensure education is consistently taking place within facilities.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.87 | Data collection |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1430 524" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Agency Adult SSV 2- Survey of Sexual Victimization, 2018 d. Agency Adult SSV 2 - Survey of Sexual Victimization, 2017 <p data-bbox="240 667 483 694">Findings (By Provision):</p> <p data-bbox="240 784 347 810">115.87 (a)</p> <p data-bbox="240 819 1485 878">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="240 887 1485 1276">Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XXI, A, (p. 18), requires the collection of accurate, uniform data from incident-based documents such as reports, investigation files, and sexual abuse incident reviews, for every allegation of sexual abuse within facilities, including facilities with which the agency contracts for the confinement of offenders, using a standardized instrument and set of definitions. The Agency PREA Director said, in an interview conducted onsite, "all of our investigations are documented electronically, housed in a data base called SINC. We extract information from those investigations to complete SSV and we transmit that to the Department Of Justice DOJ) through their website or their portal. We complete an annual report every year that does not include identifying information, and the annual report is published on our website." Auditor reviewed the annual report for 2020 on the agency website and noted that the data provided shows changes in total allegations, changes in sexual abuse allegations, and changes in sexual harassment allegations between the years 2019 and 2020. The information is provided in tables, in bar graphs, and by facility, and is also reported in offender-on-offender allegations as well as staff-on-offender allegations with dispositions included.</p> <p data-bbox="240 1308 1265 1335">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1424 347 1451">115.87 (b)</p> <p data-bbox="240 1460 1449 1550">The facility indicated, in response to the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually. ED 72, requires, in Section XXI, A, (p.18), the data to be aggregated annually. Auditor's review of the agency website verified that the data is aggregated annually.</p> <p data-bbox="240 1581 1265 1608">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1697 336 1724">115.87 ©</p> <p data-bbox="240 1733 1449 1859">The facility indicated, in their response to the PAQ, that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the DOJ. Agency Policy, Executive Directive, also requires that the extracted data, at minimum, include the information to answer all questions from the most recent version of the DOJ Survey of Sexual Victimization.</p> <p data-bbox="240 1890 1265 1917">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 2007 347 2033">115.87 (d)</p> <p data-bbox="240 2042 1485 2168">The facility indicated, in their response to the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency collects data via the agency wide Sensitive Investigation Network Communication (SINC) database. The Agency PREA Director identified that the SINC database serves as the agency's standardized instrument for collecting accurate and uniform</p> |

allegation data. Auditor's review of the agency's most recent SSV 2020 submission noted that the data collected via SINC provided the information necessary to complete the SSV.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 €

The facility indicated, in their response to the PAQ, that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates and that the data from private facilities complies with SSV reporting regarding content. Auditor reviewed the agency website and noted that a document entitled, Sexual Abuse and Sexual Harassment (PREA) Reporting Process identifies, in item No. 7, that contracted agencies are required to report all administrative investigation results using the PREA Investigation Closeout Form (DOC-2785) and the completed DOC-2785 form is to be submitted via email to the PREA Office. In addition, a YouTube video is available, on the agency website, which gives an overview of contractor reporting responsibilities. In the video, the contracted agencies are informed that they must complete the Bureau of Justice Statistics Annual Survey of Sexual Victimization (SSV) and forward copies of incident-based and aggregate forms via email to the Agency PREA Office timely. Auditor also reviewed the agency's 2020 annual PREA Report, on the website, and noted that the report contains sexual abuse and sexual harassment data from agencies the Wisconsin Department of Corrections contracts with for the confinement of offenders.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 (f)

The facility indicated, in their response to the PAQ, that the agency provided the DOJ, with data from the previous calendar year upon request. In an interview, the Agency PREA Director said that the information is presented to the DOJ on their website or portal.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.88 | Data review for corrective action |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1158 784" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Prison Rape Elimination Act Annual Reports, 2018 c. Agency Website Posting 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. PREA Director c. Facility PREA Compliance Manager <p data-bbox="240 931 483 958">Findings (By Provision):</p> <p data-bbox="240 1106 347 1133">115.87 (a)</p> <p data-bbox="240 1137 1485 1196">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="240 1200 1485 1599">Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XXI, A, (p. 18), requires the collection of accurate, uniform data from incident-based documents such as reports, investigation files, and sexual abuse incident reviews, for every allegation of sexual abuse within facilities, including facilities with which the agency contracts for the confinement of offenders, using a standardized instrument and set of definitions. The Agency PREA Director said, in an interview conducted onsite, "all of our investigations are documented electronically, housed in a data base called SINCE. We extract information from those investigations to complete SSV and we transmit that to the Department Of Justice DOJ) through their website or their portal. We complete an annual report every year that does not include identifying information, and the annual report is published on our website." Auditor reviewed the annual report for 2020 on the agency website and noted that the data provided shows changes in total allegations, changes in sexual abuse allegations, and changes in sexual harassment allegations between the years 2019 and 2020. The information is provided in tables, in bar graphs, and by facility, and is also reported in offender-on-offender allegations as well as staff-on-offender allegations with dispositions included.</p> <p data-bbox="240 1630 1265 1657">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1742 347 1769">115.87 (b)</p> <p data-bbox="240 1774 1449 1872">The facility indicated, in response to the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually. ED 72, requires, in Section XXI, A, (p.18), the data to be aggregated annually. Auditor's review of the agency website verified that the data is aggregated annually.</p> <p data-bbox="240 1904 1265 1930">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 2016 336 2042">115.87 ©</p> <p data-bbox="240 2047 1449 2145">The facility indicated, in their response to the PAQ, that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the DOJ. Agency Policy, Executive Directive, also requires that the extracted data, at minimum, include the information to</p> |

answer all questions from the most recent version of the DOJ Survey of Sexual Victimization.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 (d)

The facility indicated, in their response to the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency collects data via the agency wide Sensitive Investigation Network Communication (SINC) database. The Agency PREA Director identified that the SINC database serves as the agency's standardized instrument for collecting accurate and uniform allegation data. Auditor's review of the agency's most recent SSV 2020 submission noted that the data collected via SINC provided the information necessary to complete the SSV.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 €

The facility indicated, in their response to the PAQ, that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates and that the data from private facilities complies with SSV reporting regarding content. Auditor reviewed the agency website and noted that a document entitled, Sexual Abuse and Sexual Harassment (PREA) Reporting Process identifies, in item No. 7, that contracted agencies are required to report all administrative investigation results using the PREA Investigation Closeout Form (DOC-2785) and the completed DOC-2785 form is to be submitted via email to the PREA Office. In addition, a YouTube video is available, on the agency website, which gives an overview of contractor reporting responsibilities. In the video, the contracted agencies are informed that they must complete the Bureau of Justice Statistics Annual Survey of Sexual Victimization (SSV) and forward copies of incident-based and aggregate forms via email to the Agency PREA Office timely. Auditor also reviewed the agency's 2020 annual PREA Report, on the website, and noted that the report contains sexual abuse and sexual harassment data from agencies the Wisconsin Department of Corrections contracts with for the confinement of offenders.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 (f)

The facility indicated, in their response to the PAQ, that the agency provided the DOJ, with data from the previous calendar year upon request. In an interview, the Agency PREA Director said that the information is presented to the DOJ on their website or portal.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

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| 115.89 | Data storage, publication, and destruction |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1430 719" style="list-style-type: none"> <li data-bbox="240 331 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 362 1430 456" style="list-style-type: none"> <li data-bbox="240 362 515 389">a. Pre-Audit Questionnaire <li data-bbox="240 394 1430 456">b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 <li data-bbox="240 658 379 685">2. Interviews <ol data-bbox="240 689 424 719" style="list-style-type: none"> <li data-bbox="240 689 424 719">a. PREA Director <p data-bbox="240 864 483 891">Findings (By Provision):</p> <p data-bbox="240 981 347 1008">115.89 (a)</p> <p data-bbox="240 1012 1489 1339">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency ensures that incident-based and aggregate data are securely retained. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XXI, A, 3, (p. 19), states, "All data shall be securely retained and maintained for at least 10 years after the date of the initial collection." The agency PREA Director said, in an interview conducted via telephone during the pre-on-site phase of the audit, "all of our investigations are documented electronically, housed in a data base called SINC, which has protections and controls, and is role based so our office oversees who has access to that data base and depending on your role or need to know, your access is expanded or restricted. We extract information from those investigations to complete SSV and we transmit that to the Department of Justice (DOJ) through their website or their portal. We complete an annual report every year that does not include identifying information. The annual report is also published on our website." Auditor reviewed the 2020 annual report on the agency's website.</p> <p data-bbox="240 1370 1265 1397">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1487 347 1514">115.89 (b)</p> <p data-bbox="240 1518 1489 1783">The facility indicated, in their response to the PAQ, that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. ED 72, in Section XXI, A, 2, (p. 19) requires that corrective action reports be posted publicly to the agency's website. It also says that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Annual reports are published and available for review through the agency website. Auditor reviewed the Wisconsin Department of Corrections, Prison Rape Elimination Act Annual Report for 2020 and verified that it does reflect aggregated sexual abuse data from facilities under its direct control and facilities with which it contracts.</p> <p data-bbox="240 1814 1265 1841">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1930 368 1957">115.89 © - 1</p> <p data-bbox="240 1962 1489 2119">The facility indicated, in their response to the PAQ, that before making aggregated sexual abuse data publicly, the agency removes all personal identifiers. ED 72, in Section XXI, A, 1, (p. 19), says that data must be aggregated annually, reported to the US DOJ with personal identifiers removed, and posted publicly to the agency's website. The agency PREA Director reported, and a review of annual reports, on the agency web site, verified, that there is no personally identifiable information, or sensitive information, contained within the annual report.</p> |

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.89 © - 2

The facility indicated, in their response to the PAQ, that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. ED 72 says, in Section XXI, A, 3, (p. 19), that all data must be securely retained and maintained for at least 10 years after the date of the initial collection. A review of the agency website shows that annual reports are available, for the years 2010 through 2020 are available for viewing on the website.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

| 115.401 | Frequency and scope of audits |
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| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 858 389" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 362 515 389" style="list-style-type: none"> a. Pre-Audit Questionnaire <p data-bbox="240 533 483 560">Findings (By Provision):</p> <p data-bbox="240 654 360 680">115.410 (a)</p> <p data-bbox="240 685 1489 878">A review of the agency website revealed that, during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Auditor determined, from review of the website, that one third of facilities were audited each year. Auditor also reviewed monitoring documentation for county jails that the state agency contracts with for housing some of its offenders. That documentation, from the 13 contracted agencies, revealed that all of the agencies have undergone a PREA audit, in the past 3 years, or are scheduled for an audit in the third year of the third cycle, 2022.</p> <p data-bbox="240 909 1270 936">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1021 360 1048">115.410 (b)</p> <p data-bbox="240 1052 1489 1285">The is the third year of the current cycle. The current cycle runs from August 19, 2019, until August 19, 2022. A review of the web site revealed that the 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. Auditor reviewed reports published on the agency web site and determined that at least two thirds of the agency's facilities were audited in the first two years of the current cycle. Auditor also reviewed monitoring documentation from the 13 county jails that the agency contracts with for the confinement of inmates. Of the 13, eight had PREA audits conducted within the past three years and four have audits scheduled for 2022, prior to August 19, 2022.</p> <p data-bbox="240 1317 1270 1344">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1429 360 1456">115.401 (h)</p> <p data-bbox="240 1460 1086 1487">Auditor was granted access to, and had the ability to observe, all areas of the facility.</p> <p data-bbox="240 1518 1270 1545">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1630 360 1657">115.401 (l)</p> <p data-bbox="240 1662 1473 1796">The auditor was permitted to request and receive copies of any relevant documents including electronically stored information. Auditor requested training documentation for both staff and inmates, inmate orientation documentation, volunteer training documentation, copies of risk screens, copies of contracts with county jails, monitoring documentation for county jails, copies of investigations conducted at the facility, and other documentation needed to carry out the audit.</p> <p data-bbox="240 1827 1270 1854">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1939 360 1966">115.401(m)</p> <p data-bbox="240 1971 1473 2038">The auditor was permitted to conduct private interviews with inmates, residents and detainees. The facility does not house residents or detainees, but staff provided private a setting for interviews of both staff and inmates.</p> <p data-bbox="240 2069 1270 2096">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> |

115.401 (n)

Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. At least six weeks prior to the date of the onsite portion of the audit, Auditor provided audit notice postings and asked that they be posted in the facility, in various places, where inmates could easily see and read them. Auditor requested that the notices be posted on pink paper so that they were readily noticeable. On those postings was the address of the lead auditor and information telling inmates that they could write a letter to the auditor if they so desired. Audit notices included a confidentiality statement indicating that outgoing mail to the auditor would be treated as legal mail. One letter from this facility was received by the auditor and the one letter writer was interviewed. One letter was received after the onsite portion of the audit was completed. Neither of the letters provided any new information that the facility staff were not already aware of. The facility provided photos of locations, in the facility where the audit notices were posted and auditors were able to view those postings during the onsite review of the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 858 389" style="list-style-type: none"> <li data-bbox="242 331 858 356">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="242 360 517 389" style="list-style-type: none"> <li data-bbox="242 360 517 389">a. Pre-Audit Questionnaire <p data-bbox="242 535 483 560">Findings (By Provision):</p> <p data-bbox="242 568 1484 694">115.403 (f). The agency's website has a page dedicated to PREA-related information, including policies and procedures; how to report allegations; audit schedules; annual reports, and final audit reports. The preceding final PREA audit report for the Fox Lake Correctional Institution is dated April 26, 2018, and is posted on the agency's public website. An interview with the PREA Coordinator confirmed that within 90 days of receiving a final audit report it is posted to the website.</p> <p data-bbox="242 759 424 784">Corrective Action:</p> <p data-bbox="242 792 1489 851">A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p> |

| Appendix: Provision Findings | | |
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| 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 |

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

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| 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 |

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

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

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| 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 |

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| 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.) | na |
| 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 |

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| 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.) | na |
| | 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 |

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| 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).) | na |
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.43 (a) | Protective Custody | |
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |

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| 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 |

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| 115.51 (b) | Inmate reporting | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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). | na |
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |