

PREA Facility Audit Report: Final

Name of Facility: New Lisbon Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/10/2023

Date Final Report Submitted: 10/25/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Deborah Striplin	Date of Signature: 10/25/ 2023

AUDITOR INFORMATION	
Auditor name:	Striplin, Deborah
Email:	dstriplin@doc.nv.gov
Start Date of On-Site Audit:	04/18/2023
End Date of On-Site Audit:	04/20/2023

FACILITY INFORMATION	
Facility name:	New Lisbon Correctional Institution
Facility physical address:	2000 Progress Road, New Lisbon, Wisconsin - 53950
Facility mailing address:	

Primary Contact	
Name:	Brian Cahak
Email Address:	Brian.Cahak@Wisconsin.gov
Telephone Number:	608-562-6400

Warden/Jail Administrator/Sheriff/Director	
Name:	Daniel Cromwell
Email Address:	daniel.cromwell@wisconsin.gov
Telephone Number:	608-562-7305

Facility PREA Compliance Manager

Facility Health Service Administrator On-site	
Name:	Holly Gunderson
Email Address:	holly.gunderson@wisconsin.gov
Telephone Number:	608-562-7381

Facility Characteristics	
Designed facility capacity:	950
Current population of facility:	1046
Average daily population for the past 12 months:	1030
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:	19-80
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:	231
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	42
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	108

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
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.73 - Reporting to inmates

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-18
2. End date of the onsite portion of the audit:	2023-04-20

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Hope House Community Victim Advocate. Additional information can be found under standards 115.21 and 115.53.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	950
15. Average daily population for the past 12 months:	1030
16. Number of inmate/resident/detainee housing units:	5
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1039
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:	10
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:	5
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:	5
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:	40
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:	28

<p>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:</p>	<p>9</p>
<p>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:</p>	<p>13</p>
<p>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:</p>	<p>14</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>While the facility indicated they had 13 offenders reporting an incident of sexual abuse on the first day of the onsite audit, they did not have any offenders onsite who reported an incident of sexual abuse during the 12 month audit time frame.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>137</p>
<p>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:</p>	<p>2</p>

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>The audit team interviewed random staff across all shifts, classifications, and work assignments. Selections were made from shift rosters provided by the facility for the dates of the onsite audit. Random interviews were conducted using the Interview Guide for a Random Sample of Staff developed by the Department of Justice and conducted in a combination of the administrative building or their respective work location.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>23</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" 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 checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility provided offender housing unit rosters and rosters for target offender interviews on day one of the onsite audit. The audit team collectively reviewed the housing rosters selecting a geographically diverse group of offenders for random and target interviews.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>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):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>23</p>
<p>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".</p>	
<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>3</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:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	4
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3

<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>4</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>3</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>Offenders are not placed in restrictive housing for risk of victimization at this facility; this was confirmed and discussed as part of 115.43.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Targeted offenders were identified from a listing of offenders provided by the facility on day one of the onsite audit. The audit team selected offenders from each identified target category and made selections that were geographically diverse from each housing unit. The facility indicated they do not house do not segregate offenders for high risk of victimization, as such, there were none to be interviewed from these category. This assertion was verified by policy and probing random staff and offenders during their respective interviews and the audit team randomly selected alternates. Offender interviews were conducted within private spaces which allowed for confidentiality and efficient movement.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>28</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>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):</p>	<p>The facility provided shift rosters on day one of the onsite audit. The audit team selected and interviewed random security staff from all shifts, each housing unit, and select work areas, additionally three non-security staff were selected for interview.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>26</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Pre onsite the auditor interviewed the facility victim services coordinator (VSC) and inmate complaint examiner (ICE). The summary of these interviews are documented within the audit report under the applicable standards.
81. Did you interview VOLUNTEERS 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 VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input 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:	2

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Target agency and facility interviews were conducted and identified from a listing provided by the facility during the pre-onsite and on-site phase of the audit.</p>

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.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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).</p>	<p>The onsite phase of the audit, the auditor held an entrance briefing with the audit team and facility leadership. The briefing included a review of the audit process, goals and expectations, and logistics; much of which was discussed during the pre-onsite kick off virtual meeting. After the meeting the audit team began the site review escorted by facility staff and observations included, but were not limited to, audit notice, PREA reporting posters, and emotional support services postings; cross-gender announcing practices; cross-gender viewing opportunities; unit and program/work area logbook documentation; security methods (i.e. video monitoring technology; staffing levels; mirrors, locked doors, line of sight, etc.); risk screening; and education processes. The audit team tested critical functions (i.e. internal/ external reporting methods; outside emotional support service access; interpretation services) and conducted brief, informal interviews with random staff and offenders during the physical plant review.</p>

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The auditor reviewed documentation during the pre-onsite phase, onsite and post-onsite including and not limited to:

- Facility offender admission report.
- Facility offender education report
- Investigation files
- Human Resources employee documentation
- Volunteer and Contractor documentation
- PSU documentation
- Offender PREA risk screening
- Unannounced Supervisor documentation

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	3	0	0	3
Staff-on-inmate sexual abuse	0	0	0	0
Total	3	0	0	3

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	15	0	15	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	17	0	17	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	2	1	9	3
Staff-on-inmate sexual harassment	2	0	0	0
Total	4	1	9	3

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

3

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative 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 abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<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	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	All sexual abuse and substantiated sexual harassment investigations were prioritized. Additional offender on offender investigations were randomly selected based upon findings with the exception of one that was targeted after receiving an offender letter during the pre-onsite phase. The facility only received two reported incidents of sexual harassment involving staff, the auditor requested the open investigations.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

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-on-site through the post-on-site 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>2</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" 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>
<p>Identify your state/territory or county government employer by name:</p>	<p>Nevada Department of Corrections</p>
<p>Was this audit conducted as part of a consortium or circular auditing arrangement?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency PREA Director position description

- Agency Organizational Chart
- WIDOC PREA Compliance Manager Roster

Interviews

- PREA Director
- Facility PREA Compliance Manager (PCM)

(a) The agency's Zero Tolerance Policy is referenced within ED 72 indicating that the Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-related retaliation in its facilities, including those with which it contracts for the confinement of PIOC's. The policy includes the following:

- The DOC provides a coordinated victim-centered response to reports of sexual abuse and sexual harassment. This includes providing medical and mental health services to victims, as appropriate, while investigating all allegations.
- The DOC provides multiple avenues to report allegations of sexual abuse and sexual harassment and, further, recognizes the right of staff members and PIOC's to be free from retaliation for reporting or participating in the investigation of sexual abuse and sexual harassment.
- The DOC trains all employees, contractors, and volunteers to recognize, respond to and report sexual abuse and sexual harassment.
- The DOC provides PIOC's with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment, and report-related retaliation.
- The DOC employs a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identify core causal factors and take corrective action so as to align with a zero-tolerance environment.

(b) ED #72 indicates that the DOC shall employ or designate a PREA Director to oversee department efforts to comply with PREA standards. 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 auditor reviewed the agency PREA Director position description summary included within the WI Department of Administration DOA-15302. Reviewing agency policies and the PREA Resource Center, Frequently Asked Questions (FAQ) dated December 18, 2015, and interview with the the PREA Director the agency meets compliance with this provision.

The PREA Standards reference and define "PREA Coordinator", WI DOC policy defines this position as the "PREA Director." The PREA Director is assigned to the PREA Office in Madison (Headquarters) and reports to the Assistant Deputy Secretary with direct access to the Secretary. The PREA Director supervises four staff assigned to the PREA office who provide additional support in monitoring the agency and facilities' PREA Compliance. The PREA Director stated they have the time and authority to oversee the agency's efforts to comply with the PREA standards and have direct access to the agency's Executive Leadership. The PREA Director with support from her team

	<p>coordinates the agencies and facility's efforts to comply with the PREA standards which include and not limited to quarterly status checks with the facility PREA Compliance Managers (PCM) through email, telephone, virtual meetings, and on-site visits. Should they identify areas that are not meeting compliance with standards, the PREA Director, PREA office liaison, and the facility PCM brainstorm possible solutions. This could include updating policy and/or procedures, staff training, looking at other facilities on improvements they have made to meet compliance, or implementing best practices.</p> <p>(c) ED #72 indicates that 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 PREA standards as set forth by DOC.</p> <p>The Warden designated the facility Security Director as the PCM who has held this position for three years. The PCM stated they have time and authority to manage the PREA responsibilities with the support of the Administrative Captain. The upper-level facility staff meets at least once a month to discuss incidents, and investigations which could include the sexual abuse incident reviews, and will work collaboratively to make improvements.</p> <p>The audit team completed a physical plant review and observed PREA information posted in all housing units, the visiting room, programming, and work areas.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provision.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines "Person In Our Care (PIOC)" means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p>

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) policy 410-00-01
- WI DOC contact monitoring PREA audit log
- DAI DOC-2845 Contract Compliance Review Report – Prison Rape Elimination Act
- Twelve agency contract agreements
- Sample Final Audit reports

Interviews

- Agency Contracts Administrator

The agency has twelve contracts with other agencies for the confinement of offenders. The auditor reviewed agency policies, contract agreements, most recent final audit report findings and reviewed the contracted agency public websites.

Contract Facilities

- Fond Du Lac County
- Milwaukee County House
- Jefferson County
- Juneau County
- Marquette County
- Oneida County
- Ozaukee County
- Racine County
- Sauk County
- Vernon County
- Vilas County
- Rock County

(a) (b) ED #72 indicates that all new or renewed contracts for the confinement of the DOC PIOC's not within a DOC-operated facility shall include a provision regarding the contractor's obligation to adopt and comply with PREA standards. In addition, any new contract or contract renewal shall provide for contract monitoring to ensure that the contractor is complying with PREA standards.

Excerpt from the contract agreement Q. Prison Rape Elimination Act - 1 thru 5 reads:

1. The Sheriff agrees to comply with the Federal Prison Rape Elimination Act of 2003 and any subsequent standards imposed by the United States Attorney General. If the Sheriff is not in full compliance with the Federal Prison Rape Elimination Act of 2003, the Sheriff shall take all feasible and necessary steps to work toward full compliance, shall continue to do so until full compliance is

achieved, and shall continue to maintain full compliance. The Sheriff shall have policies and procedures in place for responding to sexual abuse and sexual harassment allegations as defined by PREA, in addition to report-related retaliation allegations, and shall further have procedures or policies for maintaining reports and records necessary for reporting data consistent with PREA. The Sheriff shall provide training for its staff, contractors, interns, volunteers, and any others who may have contact with inmates pursuant to its policy, procedures, and PREA standards. See 28 C.F.R. § 115.12. 2.

2. The Sheriff shall schedule and subject itself to a Department of Justice (DOJ) PREA Audit pursuant to 28 C.F.R. § 115.401-405 at least once every three years beginning August 20, 2013. The Sheriff shall bear the costs of conducting the audit. The Sheriff shall forward all interim and final facility PREA audit reports within 30 days of receipt to DOCPREData@wisconsin.gov.
3. The Sheriff agrees to timely completion of the Bureau of Justice Statistics Annual Survey of Sexual Victimization (SSV) and/or its current equivalent survey. The Sheriff will forward a copy of the SSVIAAdult Incident Form and/or SSVIJ-Juvenile Incident Form for each incident involving DOC inmates in the prior calendar year to the DOC within 30 calendar days of the date the Bureau of Justice Statistics publishes the Annual Survey on Sexual Victimization. These forms shall be forwarded to the DOC PREA Office at OCPREData@wisconsin.gov. See 28 C.F.R. § 115.87.
4. During the years in which the Sheriff is not audited by a US DOJ PREA auditor in accordance with 28 C.F.R. § 115.401-405, DOC shall conduct an annual compliance review to ensure that the Sheriff is compliant with PREA standards. This review may include, but is not limited to, facility tour, staff and inmate interviews, and examination of Sheriff policies, procedures, staff records, inmate records, training records, and incident records related to sexual abuse or sexual harassment allegations as defined by PREA, or report-related retaliation allegations. See 28 C.F.R. § 115.12.
5. The Sheriff shall notify the DOC within 24 hours of any sexual abuse or sexual harassment allegation as defined by 28 C.F.R. § 115.5-6, or any report-related retaliation allegation. The notification shall be made via email to DOCPREData@wisconsin.gov and shall include a copy of the facility's incident report. If the DOC has reason to believe that any of these incidents have occurred, it shall have immediate access to relevant Sheriff's records as defined by DOC. Section R. of the contract requires they report serious incidents committed by inmates which include any PREA allegations and/or investigations.

The agency PREA contract monitor reports to the Agency PREA Director and oversees the contracts with sheriff departments in several counties who may temporarily house Wisconsin Offenders within the jail or detention center. The contract monitor conducts on-site reviews and internal audits for compliance including consistent communication with these agencies. If a WIDOC offender reports an incident of sexual abuse and sexual harassment, the contract monitor is notified to include status updates and case closure resolution. The agency stated they will ensure contracted

	<p>facilities are compliant with the PREA Standards.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the agency and facility meets full compliance with this standard and standard provision.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions Policy and Procedures (DAI) #410.05.05 Chapter 410 Prison Rape Elimination Act • Facility Staffing Plan • PREA Director Annual Staffing Plan Review Log • Division of Adult Institutions Policy and Procedures (DAI) #410.40.01 Unannounced Supervisory Rounds • Facility Unannounced Supervisory Round Policy 900.07.03 • Sample documentation of the supervisor's unannounced rounds logbook entries • Facility blueprint <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • PREA Compliance Manager • PREA Director • Targeted Supervisors who conducted announced tours • Random Staff • Offenders

(a) ED 72 requires, "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 PIOC's against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall consider:

1. Generally accepted correctional practices;
2. Any judicial, federal investigative, and internal/external oversight agency findings of inadequacy;
3. The facility's physical plant including blind spots or areas where staff or PIOC's may be isolated;
4. The composition of the PIOC population;
5. The number and placement of security staff;
6. Institution programs occurring on a particular shift;
7. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
8. Applicable State or local laws, regulations, standards, and other relevant factors.

DAI 410.50.05 supports ED 72 outlining the general guidelines each facility is required to follow. Additionally, the auditor reviewed the facility's most recent staffing plan report which was signed electronically by the Facility leadership which included the PCM and Agency PREA Director. Annually the Warden, PCM (Security Director), Deputy Warden, and security supervisors discuss staffing, video surveillance, blind spots, and reported incidents. The areas discussed and reviewed are outlined in the facility staffing report submitted to the PREA Director. This facility has not been approved for any new positions through the legislative process since the last audit.

During the physical plant review the and the , the audit team identified some blind spots in the property/mail room, housing unit server storage and the auto shop, creating an area where staff and offenders could be isolated.

(b) ED 72 states "In circumstances where the staffing plan is not complied with, the facility shall document in written form and justify all deviations from the plan."

(c) ED 72 requires, "Whenever necessary, but not less frequently than once each year each facility, in consultation with the PREA Director, shall assess, determine and document whether adjustments are needed to:

1. The facility's staffing plan;
2. The facility's deployment of video monitoring systems and other monitoring technologies; and
3. The resources the facility has available to ensure adherence to the staffing plan

Each facility consults with the Agency PREA Director each year around April or May to review staffing plan information. This information is assessed to determine if any

adjustments are needed under provision (a) of this standard. The PREA Office maintains a tracking log to ensure all facilities are complying with this standard provision.

(d) ED 72 indicates supervisory staff shall conduct and document unannounced rounds, covering all shifts to identify and deter employee sexual abuse and sexual harassment. The DOC employees are prohibited from alerting other employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The policy allows facilities to choose one or more of the following options to document supervisor rounds.

1. Maintain a designated PREA/Unannounced round logbook
2. Record the unannounced round in an existing logbook using a red pen
3. Documented in the shift commander's shift report

In accordance with ED 72, DAI 410.40.01 and facility policy 900.07.03 requires supervisors to conduct rounds at random times across all shifts and days. Supervisors conduct and document unannounced rounds in the PREA Supervisor log book and the Sergeant/Officer of the area or housing unit will make an entry in the unit daily logbook.

Reviewing the PAQ, the facility included pictures of supervisor unannounced rounds documented within logbooks from housing units, program areas, and Health Services. On-site the auditor selected random security supervisors who stated that they conduct unscheduled round and document these rounds within the housing unit or work/program area logbooks. They stated staff are not advised when they will be conducting their unannounced round, however, staff are able to observe movement on camera/video monitors. If they hear or become aware that staff from a unit is alerting others, they will address the staff member. At the time of this audit, the facility had one female supervisor and interviews with the target and random staff affirmed they complete the opposite gender announcement (115.15). The audit team informally spoke to staff during the physical plant review and selected random staff from each shift for formal interview. These interviews affirmed supervisor's are conducting and documented unannounced rounds in housing units. The audit team informally spoke with offenders during the physical plant review with most stating they observe supervisors periodically in housing units and program/work areas.

Onsite review of housing unit and program/work area logbooks identified supervisors were not consistently documenting unannounced rounds. and the , the audit team identified some blind spots that created an area where staff and an offender could be isolated.

Corrective action: Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially in compliance with this standard. There is no additional corrective action to take.

115.13 (a) blind spots: Property/Mail Room, Units A-D server storage room, Auto shop mezzanine: Follow-up: The PCM provided photographs supporting the facility

	<p>had installed mirrors in areas identified as having blind spots and organized the mezzanine indicating direct view of this area. After reviewing documentation, the facility satisfied the corrective action to meet compliance.</p> <p>115.13 (d) Supervisor unannounced round documentation in program and work areas. The auditor and facility mutually agreed the facility would provide photographers of documented supervisor signatures in program and work area logbooks. Follow-up: The PCM send photographs from program and work area logbooks supporting supervisors were documenting their unannounced rounds. Additionally, the PCM developed facility staff guidance that included supervisors' responsibility to document unannounced rounds housing, work and program areas. After reviewing documentation, the facility satisfied the corrective action to meet compliance.</p> <p>Recommendation (a) (c): In conjunction with corrective action 115.13 (a) blind spots. It is understood video surveillance cannot be a requirement to satisfy corrective action for meeting compliance, these areas have less supervision an installing video monitoring would enhance the facilities efforts supporting sexual safety and the overall safety of offenders and staff.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the agency and facility meets full compliance with this standard and standard provisions.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines "Person In Our Care (PIOC)" means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency movement memo date 12/19/2016

- Division of Adult Institutions (DAI) Policy and Procedure #302.00.20

The agency has policies related to this standard Effective December 19, 2016, the Wisconsin Department of Corrections, Division of Adult Institutions moved all youthful inmates out of the adult institutions. Youthful inmates are now housed within Division of Juvenile Corrections (DJC) facilities.

(a) (b) (c) ED 72 states, “Youthful inmates shall not be placed in a housing unit in which they have sight, sound or physical contact with any adult PIOC through use of a shared dayroom or other common space, shower area or sleeping quarters. In areas outside of housing units, DOC shall either: maintain sight and sound separation between youthful inmates and adult PIOC’s or provide direct staff supervision when youthful inmates and adult PIOC’s have sight, sound, or physical contact. Adult facilities shall make best efforts to avoid isolating youthful inmates to comply with this provision. Absent exigent circumstances, adult facilities shall not deny youthful inmates daily large muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. Such exigent circumstances leading to the denial of large-muscle exercise, legally required education services, and/or other programming shall be documented.

DAI #302.00.20 states, “The Division of Adult Institutions shall not house juveniles in adult correctional facilities. the placement of adjudicated juveniles or juveniles sentenced as adults.” The policy includes definitions and procedures which clearly state that Adjudicated Juveniles who are less than 18 years of age shall not be admitted to a Division of Adult Institutions (DAI) facility or Wisconsin Resource Center (WRC).

Conclusion: Based on the analysis of all information, the facility meets compliance with this standard and standard provision.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

1. Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
2. Division of Adult Institutions (DAI) Policy and Procedures 500.70.24 Clinical Observation
3. Division of Adult Institutions (DAI) Policy and Procedures 306.17.02 Searches of Inmates
4. Division of Adult Institutions (DAI) Policy and Procedures 306.16.01 Use of Body Cameras
5. Division of Adult Institutions (DAI) Policy and Procedures 410.40.02 Opposite Gender Viewing and Announcing
6. Division of Adult Institution (DAI) Policy and Procedures 500.70.27 Transgender Management Care
7. Facility Procedure 900.07.01 Cross Gender Announcements
8. DOC-544 Lesson Plan – Personal Searches: pat Searches and Strip Searches
9. Training Brief related to searches

Interviews

- Random Staff
- Random Offenders
- Targeted Offenders

(a) ED 72 states “Adult facilities shall not permit cross-gender strip or body cavity searches of PIOC’s except in exigent circumstances or when performed by medical practitioners. Exigent circumstances shall be documented.”

DAI 306.17.02 states “Staff directly observing the inmate during a strip search shall be required to be the same sex as the inmate. A second staff shall only observe the staff performing the strip search” and “All body cavity searches and certain body content searches must be conducted by off-site health professionals.” In accordance with this policy, DAI 306.16.01 addresses the use of body-worn cameras (BWC) during a strip search or staff-assisted strip search. Additionally, DAI 306.17.02 prohibits cross-gender strip searches, except in exigent circumstances or when performed by medical practitioners. If a strip search is required for a non-compliant inmate, the staff member shall be the same gender as the inmate, except in exigent circumstances.

Staff selected for interview affirmed compliance with the agency policy refraining from conducting cross-gender searches or cavity body searches.

(b) ED 72 states “Except in exigent circumstances, adult facilities shall not permit cross-gender pat-down searches of female PIOC’s. Exigent circumstances shall be documented.”

- This provision does not apply to this facility audit as the facility does not

house female offenders.

(c) ED states "All cross-gender strip and body cavity searches, in addition to cross-gender pat-down searches of females, shall be documented." DAI 306.17.05 requires Inmate searches be documented utilizing DOC-1523, including documenting exigent circumstances of exigent circumstance where cross-gender strip, body cavity or body contents searches are performed.

(d) ED 72 states "In order to enable PIOC's to shower, perform bodily functions and change clothing without nonmedical staff members of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, staff members of the opposite gender shall announce their presence when entering a PIOC 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."

Cross-gender viewing

DAI policy 500.70.24 defines cross-gender constant observation as a constant observation that is conducted by a staff member with gender identity (male or female) that varies from inmate sex assigned at birth (or gender recognized by DOC, if different than the sex assigned at birth).

The policy outlines the procedures when an inmate has been placed on constant observation status. "Cross-gender constant observation may be conducted when privacy accommodations are provided for toileting, showering, and changing clothing. Exceptions are allowed in exigent circumstances.

Cross-gender announcements

DAI 410.40.02 requires each facility to develop and be responsible for implementing local procedures to ensure that a consistent announcement is made each time a staff member, contractor, or volunteer of the opposite gender enters a housing unit. At a minimum, the announcement must be made when an opposite-gender staff member enters the housing unit and there are no other opposite-gender staff members present in the housing unit. When an opposite-gender staff member is entering a housing unit and it is unknown to him/her whether the opposite-gender announcement has been made on his or her behalf, the entering staff member shall be responsible for making an announcement.

The policy lists three available options of generally accepted practices for executing such announcements.

1. A designated tone, sign, and/or light that is used only for the purpose of announcing a member of the opposite gender entering housing units.
2. An announcement made by the staff working the control desk via the intercom or alternate system.

3. The opposite-gender staff person makes an audible announcement of their presence

The facility policy 900.07.01 outlines procedures for completing cross-gender (opposite gender) staff announcements including announcement frequency if the status quo of the gender assigned to the unit changes.

In accordance with DAI 300.00.35 and 300.0061 policy, facilities shall develop an alternative or supplementary notification method for deaf or blind inmates.

Upon entering offender housing units the audit team identified female staff who were assigned to the the unit. Unit staff stated that they had initiated the opposite gender tone at the beginning of the shift. Most of the offenders selected for interview stated that the "tone" is not initiated consistently when female staff enter the housing unit. The Physical plant review identified some areas where offenders could be seen in undress while showering, using the toilet, or changing clothes.

(e) ED 72 states "Facilities may not search or physically examine a transgender or intersex PIOC for the sole purpose of determining the PIOC's genital status. If the PIOC's genital status is unknown, it may be determined during conversations with the PIOC, 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." In accordance with ED 72, DAI 306.17.02 states "Staff shall not physically examine or search a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If unknown, an inmate's genital status may be determined through the following methods:

1. Conversation with the inmate.
2. Review of medical records.
3. As part of a broader medical examination conducted in private by an ACP

Security staff selected for random interviews stated Transgender or Intersex Offender are not searched for the sole purpose of determining the offender's genital status. Targeted interviews with Transgender Offenders affirmed information learned during staff interviews.

(f) ED 72 states "All security staff shall be trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex PIOC's to ensure professionalism and to utilize the least intrusive manner possible consistent with security needs." In addition to ED 72 outlined training requirements, DAI Policy 500.70.27 page 5 provision H Pat searches states. "Staff shall use the back of the hand or bladed hand for the chest and groin area in a professional and respectful manner, and in the least intrusive manner as possible, consistent with security needs." The auditor reviewed the agency lesson plan to ascertain the training provided to staff on how to professionally search Transgender inmates. The agency has adopted a "universal" pat search that they use for all offenders regardless of gender using the back/blade of the hand around the breast area and never coming

down over the areola.

Security staff selected for the interviews stated they had received training on how to conduct proper pat searches of Transgender and Intersex Offenders. When asked to describe they conduct a pat search, a number of the staff were not able to describe the hand placement that aligned with the training curricula.

Corrective actions: After reviewing documentation, the facility satisfied the corrective action for the provisions below to meet compliance.

115.15 (d) Cross-gender announcement: While staff stated they initiate the cross-gender tone announcement, these announcements are not documented, and the audit team was not able to observe the practice as female staff were posted in the housing. Offender interviews did not substantially support staff interviews and based on these factors there was not enough evidence to determine substantial compliance: The auditor and facility mutually agreed that the facility would at a minimum provide documented reminder to all staff on their responsibility for completing the opposite gender announcement. The PCM sent an email to the auditor including guidance that was sent to all staff outlining the opposite gender announcement requirement. After reviewing documentation, the facility satisfied the corrective action to meet compliance.

115.15 (d) Cross-gender viewing: Areas requiring a level of privacy/modesty when an offender is using the toilet or showering while still allowing the ability for staff to view for safety and security. The auditor and facility mutually agreed that they would provide photos and/or memo of the actions taken affording offenders a level of privacy/modesty and still consistent with safety and security. Areas in program areas that will be addressed are offender restrooms in the chapel, Visiting, Education (MOS). Additionally, they will address Restrictive Housing Unit (RHU) decontamination shower, observation cells and Med Room. The PCM provided photographs of offender restroom doors and areas identified in RHU. After reviewing photographs supporting offender privacy and modesty within these areas, the facility satisfied the corrective action to meet compliance.

115.15 (f): Transgender Pat Searches. After the audit team discussed responses from staff when asked to describe a pat search of a Transgender Offender, the auditor determined they facility was not meeting substantial compliance with this provision. The auditor and facility mutually agreed that an in-person pat search refresher would be conducted for all security staff. The PCM required all supervisors to provide an in-person training on the proper technique for conducting a pat search of Transgender Offenders and all security staff would acknowledge training received. The PCM provided a copy of the training curricula and copies of staff training acknowledgments.

Conclusion: Based on the review and analysis of all the available evidence, the auditor has determined the facility meets substantial compliance with this standard and standard provisions.

115.16

Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Executive Directive 71 (excerpt reference): WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, Resources for Inmates (Large Print)
- Division of Adult Institutions Policy and Procedures (DAI) 300.00.35 Americans with Disabilities Act
- Agency ASL/LEP Video Contract
- Agency ASL In-Person Contract
- Agency LEP Written Contracts
- Agency LEP In-Person Contracts
- Agency LEP Telephone Interpretation Services
- WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, Resources for Inmates (Large Print)
- WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, Resources for Inmates (Spanish)
- Agency Posted Language Policy Notice (English and Spanish)

Interviews

- Assistant Deputy Secretary
- Targeted Offender
- Random Staff

(a) (b) ED 72 states “PIOCs 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 PIOC education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with PIOC's with disabilities." In accordance with ED 72, (DAI) 300.00.35 outlines procedures facilities will take to identify and provide accommodations for inmates with disabilities including during intake and when they transfer to another facility.

(c) ED 72 states "The facility shall not rely on PIOC interpreters, PIOC readers or other types of PIOC assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the PIOC's safety, the performance of first responder duties or the investigation of the PIOC's allegations. The exigent circumstances in which PIOC assistants are used shall be documented."

The auditor interviewed the Assistant Deputy Secretary who described the agency policy and available services for offenders who require ADA accommodations and translation services for offenders who are limited English proficient, deaf/limited hearing, or blind/low vision. The auditor sent an email request to the PCM and PREA Office liaison for a list of offenders requiring translation and/or interpretation services during this audit time frame and an updated roster on day one of the onsite audit. During the Warden interview, they stated the facility recently received training from the State Ageing Disability Resource Center for offenders diagnosed with dementia and working with the aging offender population.

On-site the audit team observed PREA posters in the housing units and around the facility in Spanish. Interviews with random staff identified more than half were not aware of a translation service, some stated they would use an offender's peer support and others stated they would contact bilingual staff, however, they were not sure who to contact if the offender spoke a language other than Spanish. The audit team selected offenders to the best of their ability from rosters provided by the facility for target interviews. One of the housing unit Sargents provided the audit support staff directions for accessing the translation line for interviewing an offender who spoke Thai. Post onsite the auditor requested and received translation information for two offenders selected for target interviews during onsite review.

Corrective action: The audit team met after completing staff interviews and collectively identified that many line staff were not aware of the language-translation service. While the supervisors and CPS staff were aware and had knowledge, line staff should know there is a service and their responsibility to contact a supervisor should they need an interpreter. The auditor and PCM mutually agreed they would provide written guidance to all staff. The PCM provided email documentation to the auditor, including guidance and directions for utilizing translation services, use of the bilingual staff and/or contacting the facility ADA - LEP Coordinator. After reviewing documentation and actions taken satisfied the corrective action, meeting compliance with this standard provisions.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Agency Executive Directive #42: Police Contact, Arrest, and Conviction Policy for Current Employees
- Division of Adult Institutions (DAI) Policy and Procedures 309.06.03: Volunteers, Pastoral Visitors, Program Guests, and Interns
- Division of Adult Institutions (DAI) 309.06.03 Volunteer Application
- Agency Human Resources Policy 200.30.507 Reference Checks
- Agency Human Resources Background check procedure
- Agency Human Resources Fingerprint Procedures
- DOC-2430 Facility Security Clearance Background Check
- DOC-1098D Background Check Authorization Form
- DOC-1098R Candidate Reference Check Form
- DOC-2674 DAI Volunteer Application (blank)
- DOC-2786 PREA Sexual Abuse and Sexual Harassment in Confinement Training Contractor acknowledgment form
- Sexual abuse and sexual harassment in confinement: A guide for volunteers and contractors (brochure)
- Sample background checks for employees, volunteers, and contractors

Interviews

- Human Resources Director
- Corrections Programs Supervisor

(a) (b) ED 72 Hiring and Promotion Decisions states, “The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in non-consensual sexual activity in the community or has been civilly or administratively adjudicated to have engaged in

activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee." In accordance with ED 72, the Agency Human Resources Policy 200.30.507 Reference Checks outlines procedures for HR staff to follow when completing background and reference checks.

(c) (d) (h) ED 72 states, "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" and "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." In accordance with ED 72, the Agency Human Resources Policy 200.30.507 Reference Checks outlines procedures for HR staff to follow when completing background and reference checks.

(d) DAI 309.06.03 requires the agency to conduct criminal background checks for all volunteers. The policy additionally requires a new background check if the prior review was completed more than one year ago. Any volunteers who have been inactive at all facilities for more than one year shall reapply as new volunteers. August of 2022 DOC-2674 DAI Volunteer Application was revised to include an acknowledgment of their understanding of all DOC and DAI policies, Wisconsin and Federal laws, and the DOC's zero tolerance regarding sexual abuse and sexual harassment, as well as their responsibilities for adhering to PREA as a volunteer.

PREA audit team was required to complete the 1098D background check as a contractor in compliance with the standard provision. Additionally, the auditor reviewed random volunteer background check information.

(e) ED 72 states, "The DOC shall conduct a criminal background records check every five years for current employees."

(f) (g) ED 72 page five requires all applicants to disclose instances of sexual misconduct and applicants who fail to disclose such information shall be ineligible for hire for the current vacancy and, if applicable, may be grounds for termination.

The facility's HR Director oversees the HR assistant who is responsible for conducting background checks for new hires, promotional candidates, and current employees five-year background checks. Candidates complete DOC 1098D which requires them to answer questions outlined above (a-b) of this standard. HR assistants utilize Portal 100, FBI fingerprints, and review Wisconsin Circuit Court (CCAP) to complete criminal background checks. If the candidate notes prior confinement employment the HR assistant will be completed the 1098R candidate reference check. After completing background checks, the information is documented within the HR database.

The Corrections Program Supervisor (CPS) is responsible for conducting background checks for volunteers, and persons of interest background checks and PREA training (115.32). Volunteers are required to complete and sign the DOC-2674 background release form which also requires them to answer questions outlined above (a-b) of

	<p>this standard. The CPS utilizes Portal 100, livescan fingerprints, and reviews Wisconsin Circuit Court (CCAP) to complete criminal background checks.</p> <p>Using the PREA Resource Center employee, volunteer and contractor document review guide and in conjunction with standards 115.31, 115.32, 115.34, and 115.35, the auditor reviewed supporting documentation for random staff, volunteers and contractors.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the agency and facility meets full compliance with this standard and standard provisions.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • DOC-2635 Maintenance Project Request for Approval (blank) • Camera spreadsheet and supporting documentation (confidential) • Camera project memo (confidential) • Site Plan memo <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Assistant Deputy Secretary • Warden <p>(a) ED 72 states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the DOC shall consider the effect of the design, acquisition, expansion or modification upon the DOC’s ability to protect PIOC’s from sexual abuse.”</p>

(b) ED 72 states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the DOC shall consider how such technology may enhance the DOC’s ability to protect PIOC’s from sexual abuse.”

The Deputy Assistant Secretary stated this facility has not had any substantial plant modifications. Should a facility be approved for modifications they ensure to follow correctional practices including those outlined in the PREA standards. They will consider staffing, blind spots, and areas video surveillance would be installed. Interviewing the Warden, they stated they have not made any substantial expansions or modifications and they are anticipating any modifications in the near future. The facility has been updating monitoring technology since the last PREA audit and included the Warden, Deputy Warden, Security Director/PCM, and other security staff working collaboratively with the project manager.

The facility did not have any areas that have been renovated, modified, or expanded. During the physical plant review, the audit team identified cameras and viewed video monitors including a request to view specific locations.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the agency and facility meets full compliance with this standard and standard provisions.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions (DAI) Policy and Procedures 500.30.19 Health Services Unit Procedure • Division of Adult Institutions (DAI) Policy and Procedures 305.00.14 Protection, Gathering, and Preservation of Evidence

- Excerpt from the Agency Healthcare Manual Reference
- Excerpt from ED 72 XVI. Initial Response and Care
- Excerpt from the Inmate Handbook
- Sample Facility sexual abuse report and response
- MOU between WIDOC and Sexual Assault Service Provider
- Support Services Workshop - WIDOC Victim Services Coordinators Agenda
- Agency Victim Accompaniment Guide
- Agency Victim Services Coordinator Sexual Abuse and Sexual Harassment Reference Guide
- Agency Victim Services Coordinator Response Checklist (DOC-2767)
- Agency Law Enforcement Compliance Request
- Incident log
- Investigations

Interviews

- PREA Compliance Manager
- Random Staff
- Sexual Assault Nurse Examiner
- Community Victim Advocate
- Office of Internal Affairs (IA) Investigator
- Facility Investigator
- Facility Victim Services Coordinator (VSC)
- Target Offenders

(a) (b) ED #72 states “The DOC shall follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions. Such protocol shall be developmentally appropriate for youth, where applicable, and adapted from a comprehensive and authoritative protocol developed after 2011.”

(c) ED #72 states, “The DOC’s medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis. Further, all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SANEs

(d) (e) (h) ED #72 indicated the facility shall attempt to make available to the victim an advocate from a local sexual assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. As requested by the victim, such a person shall also provide emotional support, crisis intervention, information, and referrals. If a sexual assault service provider is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role

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

(f) When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e)

ED #72 requires the Institution or Facility Appointing Authority or designee to designate a facility Victim Services Coordinator (VSC). The VSC is responsible for connecting victims of sexual abuse in confinement to outside support services and monitoring incarcerated victims of sexual abuse in accordance with the PREA standards. The VSC utilizes DOC-2767 and will meet with the victim, explain their role, provide community victim advocate information, and offer mental health and/or medical. If the offer is accepted, they are responsible for sending a referral for follow-up services.

Sexual Assault Nurse Examiner (SANE): The lead auditor contacted Mile Bluff Medical Center Emergency Room and spoke with the charge nurse. The charge nurse is one of three certified SANE who could be contacted to perform a sexual assault forensic exam. The SANE is required to follow protocols including informing the victim of the process and victims are provided with different exam options. Victims have the right to choose which portion of the exam they are comfortable with or they can refuse the exam. The SANE will contact the community victim advocate from Hope House to support the victim through the exam. The SANE will conduct a forensic exam regardless of the victim's incarceration status.

Community Victim Advocate: The lead auditor interviewed the primary victim advocate from Hope House. They stated they have an agreement with the facility and will respond to the hospital and support the victim during the forensic exam.

PCM interview: When an offender reports an incident of sexual abuse, the facility victim services coordinator (VSC) is notified and they will follow up with the victim.

Facility VSC: The auditor interviewed the new facility VSC who is also a PSU employee and was assigned this responsibility within the last year. They described the process after receiving a notification that an offender reported an incident of sexual abuse including communicating with the community victim advocate as requested by the victim. The auditor interviewed the backup VSC who stated that they acted as the primary VSC during staff transitions and described their responsibilities including communicating with the community victim advocate

IA and Facility Investigator: Reported incidents of sexual abuse or sexual harassment with possible criminal violations are referred to local law enforcement. As requested by the victim-offender they will attempt to contact the community victim advocate or facility VSC to be present during the investigator interview.

In conjunction with standard 115.22 the facility received one reported incident of sexual abuse during this audit time frame where the victim was transported to the

	<p>local hospital for a sexual assault forensic exam. The victim had been transferred to another facility for programming needs before the onsite review.</p> <p>The audit team interviewed random and target staff which intertwines with standards 115.64 and 115. The facility informed the auditor that the victims who reported an incident of sexual abuse within this audit time frame were no longer at this facility. The auditor reviewed a roster of those who reported sexual abuse going back to the last audit and those selected for interview were outside the frame for the preservation of physical evidence.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the agency and facility meets full compliance with this standard and standard provisions.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions (DAI) Policy and Procedures 303.00.05 Law Enforcement referrals • Division of Adult Institutions (DAI) Policy and Procedures 306.00.15 Inmate Investigations (restricted) • WI Department of Corrections Human Resources Policy 200.30.304 • Screenshot of the agency website • Facility Law Enforcement Contacts log for the audit time frame • Investigations <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Assistant Deputy Secretary

- Office of Internal Affairs (IA) Investigator
- Facility Investigator
- PREA Director

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

(b) (c) ED 72 requires allegations of sexual abuse or sexual harassment involving potentially criminal behavior to be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC's website. In accordance with provision (b) and ED 72, DAI 306.00.15 and policy 200.030.304 requires reports of sexual abuse and sexual harassment that may involve criminal behavior to be reported to law enforcement by the PCM or designee.

This auditor reviewed and verified the agency's public website DOC Prison Rape Elimination Act (wi.gov) includes ED 72 for public view.

(d) In accordance with ED 72 the agency has policies governing the conduct of these investigations. DAI 303.00.05 under LE referrals requires the Warden or designee to refer allegations of sexual abuse or sexual harassment as defined in ED 72 that involve criminal behavior (WI Sexual Assault Statute 940.025)

Assistant Deputy Secretary: All allegations of sexual abuse and sexual harassment will be investigated and procedures have been implemented to ensure prompt investigations.

IA and Facility Investigator: Local law enforcement conducts the criminal investigation. The facility will contact them and complete a referral for all reported incidents that involve potential criminal violations. Administrative Investigations will be assigned to the OIA investigator or the facility investigator. The investigator or designee will document contact with LE on the status of the criminal investigation.

PREA Director: The agency policy requires all allegations of sexual abuse or sexual harassment to be referred to local law enforcement if the allegation involves potential criminal behavior. The agency OIA investigator is responsible for conducting staff on offender sexual abuse and sexual harassment administrative investigation. The facility investigators are responsible for administrative investigations of sexual abuse and sexual harassment involving offenders.

In conjunction with standard 115.71, the facility received and completed administrative investigations for three reported incidents of sexual abuse and seventeen incidents of sexual harassment during this audit time frame. Local law enforcement was contacted for the three incidents of sexual abuse that appeared to have potential criminal elements.

	<p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the agency and facility meets full compliance with this standard and standard provisions.</p>
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<p>115.31</p>	<p>Employee training</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency Training Pre-Service Curriculum • Agency Training Module All-Staff (screenshot) • Agency Training Module (Staff PREA refresher odd years) • Agency Newsletter for years employees do not receive staff fresher • WCCS Staff Orientation Checklist • Agency DOC form 1558 Employment Statement to Acknowledgment • PREA Facility Staff Training Report <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Random Staff <p>(a-d) ED 72 states “The DOC shall train all new staff members on the department’s zero-tolerance policy for sexual abuse and sexual harassment. All staff members shall receive training every two years; in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies. The training shall include but is not limited to the subparts listed below. Each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received.”</p>

1. The DOC's zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill employee responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. PIOC's' right to be free from sexual abuse and sexual harassment;
4. The right of PIOC's and staff members to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement;
6. The common reactions of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with PIOC's;
9. How to communicate effectively and professionally with PIOC's, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming PIOC's;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
11. Relevant laws regarding the applicable age of consent;
12. Instruction tailored to male and female PIOC's; and
13. Instruction specific to the unique needs and attributes of juveniles

In years employees do not receive refresher training the agency newsletters include PREA topics from updated policy and procedures, quick links to resources, and guides that provide updates to staff on policy and procedure revisions, statistics on reporting incidents, investigations, the progress of National PREA audits, etc. Newsletters were uploaded into the OAS and were reviewed before the onsite review.

In conjunction with standard 115.17, this auditor selected a random sampling of staff from the roster provided. The auditor reviewed the training curricula and information sent to staff during years they do not attend PREA refresher. To support the staff training requirement, the auditor reviewed the computer-based electronic verification report reflecting the date staff completed training. Due to the pandemic causing a significant impact on the facility operations during the calendar year 2021, the agency authorized a two-month extension through the end of February 2022 for staff to complete PREA refresher. Reviewing the staff training report the facility met substantial compliance. At the time of this audit, the facility had not started the 2023 calendar year PREA training, and as such information was not available for review.

The audit team selected and interviewed random security and non-security staff who all affirmed they have received and understood the PREA training provided. Staff was asked how they communicate with all offenders, especially those who identify as Transgender with staff stating they use the offender's last name.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the agency and facility meets full compliance with this standard and standard provisions.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institution (DAI) 309.06.03 Volunteers, Pastoral Visitors, Program Guests, and Interns
- Agency Volunteer Orientation
- A Guide for Volunteers and Contractors Brochure
- DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation
- Agency Contractor & Volunteer Training
- Volunteer Manual
- Agency Contractor Acknowledgment form (blank)
- Screenshot of the agency documentation process
- Agency DOC 2809 form - Volunteer Orientation Roster Attendance Record
- Revised DOC 2674 DAI Volunteer Application

Interviews

- Corrections Program Supervisor (CPS)
- Volunteers
- Contract employees

(a) ED 72 states, “All volunteers and contractors who have contact with PIOC’s shall be trained, in accordance with the type of service and level of contact they have with PIOC’s, on the DOC’s zero-tolerance policy as it relates to sexual abuse and sexual harassment. They shall, additionally, be trained on their responsibilities under the DOC’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Each volunteer or contractor shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received.” In conjunction with ED 72, DAI 309.06.03 further outlines volunteer and contractor training procedures.

(b) DAI 309.06.03 states, “Volunteers are required to complete an orientation prior to

facility entry and inmate interaction, based upon type, frequency, and level of inmate contact. The following are the minimum expectations for all DAI volunteers:

1. Full orientation shall be required for any volunteer entering any DAI facility (one or any combination of sites) five or more times per year.
2. Brief orientation shall be required for any volunteer entering any facility four or fewer times per year.
3. Persons changing status to increase facility entry to five or more times per year shall be required to complete the full orientation.
4. Warden/designee may:
 - Require full orientation on a case-by-case basis at any time;
 - Limit volunteer one-to-one contact with inmates
 - Provide direct/line-of-sight staff supervision.

(c) DAI 309.06.03 requires volunteers to sign DOC 2809 to verify attendance for all brief and full orientations and annual orientation updates. Facilities are required to maintain a copy of the acknowledgment form and sent the original paper form to the facility PREA Compliance Manager. The agency recently revised DOC-2674 DAI Volunteer Application, including Pastoral Visitor, and Program Guests. The revised form included and was not limited to acknowledgment and understanding of PREA reporting, fraternization policy and procedures, confidentiality, mandatory reporting, and first responder responsibilities.

The CPS is responsible for ensuring volunteers receive PREA training during volunteer orientation. Volunteer orientation is primarily completed in person however if needed the CPS will coordinate virtual training. The CPS provides an annual refresher orientation and documents dates of completed training in share point. Onsite the audit team interviewed volunteers and contract employees who were scheduled to be at the facility. Those selected for interview affirmed they have received training including how to report incidents of sexual abuse and sexual harassment. One of the contract medical staff was able to provide more information on the medical response to reported incidents of sexual abuse.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the agency and facility meets full compliance with this standard and standard provisions.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI)

policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) 410.20.01 Inmate PREA Education
- POC-0041C Inmate PREA Education Facilitator Guide
- Agency Offender Education Video and Braille Reference
- Offender ID Card (PREA) reporting options on the back
- Agency Offender Handbook (English & Spanish)
- Agency Handbook Addendum
- Sample Offender Acknowledgment of Receipt of PREA Education
- POC-99S Acknowledgment of Receipt of PREA education (Spanish)
- Inmate Education Directive from the agency PREA Director
- PREA RHU Education
- Facility PREA orientation information sheet
- Offender education report for the audit time frame
- Documentation for use of Interpreter Services for LEP Offender

Interviews

- Target Staff
- Random Offender
- Targeted Offenders

(a) ED 72 states “At intake, PIOC’s shall receive information detailing the DOC’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents or suspicions.” In accordance with ED 72, DAI 410.20.01 procedure outlines general intake guidelines for ensuring inmates receive PREA education during intake explaining the agency’s “zero tolerance” policy regarding sexual abuse and sexual harassment, including retaliation reporting, methods to make a report, and the agency response. DAI 410.20.01 states, “At the intake facility, inmates shall acknowledge they received POC-0041, POC-0041B, and comprehensive education by signing the Acknowledgement of PREA Education offender standard form in WICS using an electronic signature pad.”

- POC-0041 – Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates
- POC-0041B – Sexual Abuse in Confinement

This auditor reviewed the Agency Inmate Handbook which included and was not limited to:

1. The agency's "zero tolerance" policy,
2. methods and how to report,
3. definitions of sexual abuse, sexual harassment, retaliation, confidentiality, consent,
4. tools to help keep safe (prevention)
5. protection, support, and recovery for victims of sexual abuse
6. investigatory process after a reporting sexual abuse

In addition to the offender handbook, the PREA reporting options are printed on the back of the offender ID card.

(b) ED 72 states "Within 30 days of intake at adult facilities and within 10 days at juvenile facilities, the facility shall provide comprehensive education to PIOC's either in person or through video regarding:

1. The DOC's zero-tolerance policy, including PIOC's' right to be free of sexual abuse, sexual harassment and disclosure-related retaliation; and
2. The DOC's policies and procedures for responding to such incidents.

In accordance with ED 72, DAI 410.20.01 general intake guidelines require "upon transfer to a facility, each inmate shall receive POC-0041 and POC-0041B complete with local sexual assault service provider contact information. And within 30 days of intake, each inmate shall be provided comprehensive PREA education, which includes:

1. Viewing the video "Sexual Abuse and Sexual Harassment Prevention and Intervention.
2. Following the video a staff-facilitated discussion shall occur and include:
 - The facility's cross-gender announcement procedure.
 - Local sexual assault service provider contact information.
 - Notable facility-specific PREA procedures.
3. Facilities shall use POC-0041C to guide their comprehensive education

The auditor reviewed POC-0041C Inmate PREA Education Facilitator Guide as referenced in DAI 410.20.01 Inmate PREA Education. The guide may be modified to suit each facility.

(c) WIDOC began implementing PREA in 2015 and completed PREA inmate education to all inmates who were currently incarcerated and began providing inmate PREA education to all inmates during the intake process.

ED 72 states "Upon transfer to another facility, PIOC's 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” In accordance with ED 72, DAI 410.20.01 general transfer guidelines state “upon transfer to a facility, each inmate shall receive POC-0041 and POC-0041B complete with local sexual assault service provider contact information. Within 30 days of intake, 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.

Notable facility-specific PREA procedures.

The auditor reviewed POC-0041C Inmate PREA Education Facilitator Guide as referenced in DAI 410.20.01 Inmate PREA Education. The guide may be modified to suit each facility.

(d) ED 72 states “PIOCs 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 PIOC education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with PIOCs with disabilities.”

In accordance with ED 72, DAI 410.20.01 states, “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 in accordance with DAI Policies 300.00.35 and 300.00.61. Alternate formats of education may include:

1. POC-0041 Audio recording (obtain from PREA Office)
2. POC-0041 Braille translation (obtain from PREA Office).
3. POC-0041S, POC-0041BS Spanish translation.
4. Spanish and subtitled versions of the PREA education video
5. Special education teacher or similar to facilitate education.

When a facility uses alternate formats or resources to educate inmates with disabilities or for those who are limited English proficient, the facilitator shall at minimum document such provision in a DOC-2466 and denote “PREA” and “Informational”. On October 24, 2022, the agency updated WICS to include a section staff will use for offenders who are Limited English Proficient (Spanish) to document their acknowledgment and receipt of education.

	<p>(e) ED 72 states “Each facility shall maintain documentation of PIOC participation in these education sessions.” DAI 410.20.01 states, “This acknowledgment shall be completed at the receiving site in WICS each time an inmate transfers.”</p> <p>(f) ED 72 states Each facility shall ensure that key information is continuously and readily available or visible to PIOC through posters, handbooks or other written formats.” In accordance with ED 72, DAI 410.20.01 page 3. IV. Accessibility of PREA Education and Information requires information about reporting and receiving support shall be continuously and readily available or visible to inmates through posters, handbooks, and other written formats. Facilities shall have a copy of POC-0041 in the library and if equipped, make an effort to regularly play the video, “Sexual Abuse and Sexual Harassment Prevention and Intervention” on the institution channel.</p> <p>The lead auditor reviewed the WICS offender PREA education report and found the facility has maintained substantial compliance over the 12-month audit time frame.</p> <p>Onsite the audit support team member observed the offender education provided to those who arrived during the onsite review. After observing the process, the staff member who is responsible for providing PREA offender education was interviewed.</p> <p>The facility provided the audit team with an offender roster for each housing unit. The audit team selected a diverse population of random and targeted offenders to the best of their ability by race/ethnicity from each housing unit to ensure a diverse population was interviewed. The offenders interviewed stated they understood the PREA education provided, some referenced receiving the "red book" which is the offender handbook. In conjunction with standard 15.16, the audit team interviewed offenders for target interviews, affirming they received education and understood the information provided.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the agency and facility meets full compliance with this standard and standard provisions.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an</p>

incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Agency directory of staff who completed investigator training
- Agency investigation training curricula
- Agency investigation resource guide

Interviews

- Office of Internal Affairs (IA) Investigator
- Facility Investigator

(a - d) ED 72 states “Employees who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Garrity/Oddsden warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion”

The lead auditor reviewed the agency investigator training curriculum and roster listing all staff who completed specialized training on how to investigate reports of sexual abuse and sexual harassment in confinement. The auditor verified who was authorized to conduct investigations at this facility to ensure any investigations (if applicable) were completed by staff who had attended the specialized training.

The IA and facility investigator described investigation training and the procedures they follow when they are assigned the investigation. This included their understanding and knowledge of what evidence they collect and rely upon, summarizing interviews with the victim, suspect, and witness (if any). The investigators were able to provide knowledge and understanding of the training received when describing the investigatory process. While the investigators had some knowledge of the Miranda Warning, they are not criminal investigators and do not have the legal authority to read Miranda Rights to offenders or staff. Staff conducting investigations are fact finders with the final resolution determined by the appointing authority and submitted to the PREA Office for final review. While the investigators do not determine the resolution/finding, they were able to define Substantiated, Unsubstantiated, and Unfounded. Generally, when an incident of sexual abuse or sexual harassment has been reported the investigation will be assigned the same day or the next business day depending on the time and day of the report. Should the PREA Office identify elements not meeting the investigatory process for a thorough investigation, the investigation will be referred back to the investigator for corrections.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard

	provisions.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • PREA for Healthcare Staff Curricula (Specialized PREA Training) • Completed Health Care Training Staff Roster <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Health Services Unit (HSU) Staff • Psychological Services Unit (PSU) Staff <p>(a) ED 72 states, “All medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on the subparts below.”</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>(b) This provision is not applicable. All sexual abuse victims are transported to a community hospital</p> <p>(c-d) Ed 72 states “The DOC shall maintain documentation that such training has been received”</p>

	<p>PSU and Medical affirmed they received staff PREA training (115.31) and specialized training for reported incidents of sexual abuse. The Health Care for Staff curricula and the objectives outlined course instruction included duties of a First Responder, Initial Assessment, Reporting, Preservation of Evidence, Provider Care, and Response and staff must take a quiz with a passing score of 80%. The PAQ and facility training roster provided indicated HSU and PSU staff completed specialized training for responding to sexual abuse in confinement.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions (DAI) Policy and Procedures 410.30.01 (PREA) Screening for Risk of Sexual Abusiveness and Sexual Victimization. • Agency Risk Screening Directive • Facility Procedure 900.07.04: Inmate PREA Education, Orientation, and Screening • Agency Wisconsin Integrated Corrections System (WICS) User Guides A, B, C, and D (confidential) • DOC-2781B PREA Screening Tool – Adult Male Facility • Onsite review of offender information • Sample Offender Risk Screening Assessment <p><u>Interviews</u></p>

- Target Staff
- Random Offender
- Target Offender
- PREA Director

(a-e) ED 72 indicates PIOC's shall be assessed during an intake screening within 72 hours of arrival at the facility, and again within 72 hours of transfer to another facility, for risk of being sexually abused by other PIOC's or sexually abusive towards other PIOC's. The objective screening instrument shall include, at minimum, the following criteria:

1. The presence of a mental, physical, or developmental disability;
2. Age;
3. Physical build;
4. Previous incarcerations;
5. Exclusively nonviolent criminal history;
6. Prior convictions for sex offenses against an adult or child;
7. Is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
8. Previously experienced sexual victimization;
9. Prior acts of sexual abuse, prior convictions for violent offenses, and/or history of prior institutional violence or sexual abuse; and
10. PIOC's perception of vulnerability

In accordance with ED 72, DAI 410.30.01 outlines definitions, forms, and procedures for conducting the risk screening process. The auditor reviewed DOC-2781-B, and the WICS user guide (confidential), which provides step-by-step instructions for staff who conduct inmate PREA risk screening assessments.

(f)(g) ED 72 requires In addition to the intake screenings within 30 days of arrival the facility shall reassess the PIOC's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the last screening. A PIOC's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the PIOC's risk of sexual victimization or abusiveness." In accordance with ED 72, DAI 410.30.01 page 4. Screening (c) outlines requirements for when an inmate will be reassessed and referred for a follow-up rescreening based on new information.

(h) ED 72 states "PIOCs may not be disciplined for refusing to answer or for failing to disclose information in regards to the screening questions."

(i) ED 72 states "Appropriate controls shall be placed on the dissemination of information gathered from the screenings to ensure that sensitive information is not exploited to the PIOC's detriment by staff or other PIOC's." In accordance with ED 72, DAI 410.30.01 the WICS user guide (confidential), and use of the risk screening database requires staff to use their unique ID number and includes a warning section outlining confidentiality requirements.

Each facility designates the staff who can view risk screening information and is based on their scope of work and the need and right to have access. At the initiation of the risk screening process, there is a warning on the sensitive information, confidentiality, and actions that will be taken if there is a breach/release of information. The Agency PREA Director has the authority to review all staff authorized to use WICS and remove access if necessary. The lead auditor reviewed the WICS offender PREA risk screening assessment admission report for offenders received during this audit time frame and the random sample of the risk screening assessments. The facility was not meeting substantial compliance for completing the intake and 30-day follow-up risk screening assessments however, the report indicated that they had started making improvements for meeting compliance during the audit time frames.

Onsite interviews, observations, and document review

The audit support staff interviewed a PSU employee who is responsible for meeting with offenders to conduct their 72-hour intake and the 30-day follow-up risk screening assessments. In addition to the interview, the audit support staff observed the PSU employee conduct intake risk screening.

The audit team selected a diverse population of offenders from each housing unit, including those identified for target interviews. Most of the offenders chosen for an interview stated they had been asked the "PREA" questions when they arrived and again within a few weeks after arrival. Some of the offenders stated they were asked the risk screening questions upon arrival but could not remember being asked questions a second time. During some of the offender interviews, they stated that they have ongoing meetings with PSU and may have been asked these questions thinking it was part of their treatment plan.

Post-onsite the facility provided copies of the intake and 30-day follow-up risk screening assessments for all offenders interviewed onsite supporting the facility was meeting substantial compliance.

Corrective action 115.41 (f): Reviewing relevant and available documentation, and onsite offender interviews the facility was not meeting substantial compliance during this audit time frame. It was noted the facility had made improvements during this audit time frame and a request was made to continue monitoring for maintained compliance. The auditor, PREA Office liaison and PCM mutually agreed facility admission screening reports and the auditors randomly selected risk screening assessments would be provided monthly for a period of time. After reviewing documentation and actions taken satisfied the corrective action, meeting compliance with this provision.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) Policy and Procedures (PREA) 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization
- Division of Adult Institutions (DAI) 306.00.72 (Security) Screening for Risk of Sexual Abusiveness and Sexual Victimization
- Division of Adult Institutions (DAI) 306.00.23 (Security) (Restricted) Special Placement Needs of Inmates
- Division of Adult Institution (DAI) 500.70.27 Transgender Management and Care (4/4/22)
- Division of Adult Institutions (DAI) policy and procedures 325.00.04 Temporary Release Under Supervision
- Agency Risk Screening Directive (3/2016)
- Agency Wisconsin Integrated Corrections System (WICS) User Guide
- DOC-2781B PREA Screening Tool - Adult Male Facility
- DOC-2570 Inmate Offsite Review
- DOC-3793 Transgender Housing Evaluation form
- Revised Agency Inmate Classification Report and Process
- Agency Pre-Hearing Classification process (email)
- Sample Transgender 6-month review screenings

Interviews

- PREA Director
- Facility PREA Compliance Manager
- Targeted Staff
- Transgender Offenders
- Gay and Bi-sexual Offenders

(a) ED 72 states “Appropriate controls shall be placed on the dissemination of information gathered from the screenings to ensure that sensitive information is not exploited to the PIOC’s detriment by staff or other PIOC’s” Auditor reviewed DOC-2781-B, and the WICS user guide (confidential), which provides step-by-step instructions for staff who conduct inmate PREA risk screening assessments.

In accordance with ED 72, DAI 410.30.01 and DAI 306.00.72 outline the use of screening information. In making housing and bed assignments, there is the expectation to keep inmates who score as a high risk of being sexually victimized separate from those scoring as a high risk of being sexually abusive. Depending on the type of housing unit those placed in a dormitory setting who are at risk of victimization or risk of abusiveness, and who cannot otherwise be separated by the housing unit, shall be bunked at opposite sides of the dormitory. Those at risk of victimization shall be bunked in areas more likely to receive additional staff supervision. For work, education, and program assignments, the expectation is to supervise or separate inmates who score as a high risk of being sexually victimized from those scoring as a high risk of being sexually abused.

(b) ED 72 states “Individualized placement determinations shall be made for each offender.” In accordance with ED 72, DAI 410.30.01 requires facilities to ensure individualized determinations are made for each inmate.

(c) ED 72 states “When making facility, cell/unit housing and programmatic assignments for transgender or intersex PIOC’s the DOC shall consider on a case-by-case basis whether a placement would ensure the PIOC’s health and safety and whether the placement would present management or security problems.” In accordance with ED 72, DAI 500.70.27 revised effective April 4, 2022, outlines procedures for completing case-by-case reviews to include but are not limited to:

- Accommodations for Transgender and Intersex Offenders,
- approved sites (facilities)
- Placement Review
- Operations at a Receiving Facility Consistent with Gender Identity
- Removal from Receiving Facility Consistent with Gender Identity
- Medical and Psychological Treatment for Gender Dysphoria (GD)
- Transfer to Work Release Facilities
- Release Planning
- Transgender Committee
- Transgender Housing Committee, and
- Committee Roles

The auditor interviewed the Warden, PCM, backup PCM, and psychological services unit (PSU) supervisor. Transgender have not been housed units specifically designated for Transgender offenders and they accommodate private shower times and authorize gender-affirming items.

(d) ED 72 indicated placement and programming assignments for each transgender or intersex PIOC shall be reassessed at least twice each year to review any threats to

the safety experienced by the PIOC. In accordance with ED 72, DAI 500.70.27 includes the same requirements included in ED 72.

Reviewing documentation and information learned from interviews it was identified the facility twice a years reassessments were not meeting substantial compliance with this provision. After reviewing documentation and actions taken satisfied the corrective action, meeting compliance with this provision.

(e) ED 72 states that in addition to requirements listed under provision (c) of the standard they will take into serious consideration of the PIOC's own views with respect to their own safety." In accordance with ED 72, DAI 500.70.27 states the assigned social worker/treatment specialist shall inquire about the PIOC's perception of safety in housing and programming assignments and document the response in the Reclassification Report (if response reflects significant safety risk, notify security supervisor).

(f) ED 72 states "Transgender and intersex PIOC's shall be given the opportunity to shower separately from other PIOC's." In accordance with ED 72, DAI 410.30.01 and DAI 500.70.27 include facilities that will give Transgender and intersex PIOC shall be given the opportunity to shower separately from other PIOC.

The audit team observed posted shower schedules accommodating private shower times for Transgender Offenders in all housing units. Information reported during target interviews identified some of the unit staff were not consistently monitoring the evening private shower times and other offenders were entering the shower area. After reviewing documentation and actions taken satisfied the corrective action, meeting compliance with this provision.

(g) ED 72 states "Lesbian, gay, bisexual, transgender or intersex offenders shall not be placed in dedicated facilities, wings or units solely on the basis of such identification or status."

The auditor interviewed the Assistant Deputy Secretary and PREA Director and discussed the updated agency policy DAI 500.70.27, Transgender Management and Care. Both are well informed and described the process the agency and facilities follow when a Transgender Offender requests to be housed in a facility they identify vs their gender assigned at birth. The Secretary will review all information that is provided and will make the final determination on whether to approve or deny the request.

In continuation with staff interviewed under standard 115.41, they stated they will not house offenders who are assessed as a high risk of victimization (ROV) with those assessed as high risk of aggressiveness (ROA). The audit team interviewed a diverse selection of targeted offenders who stated they are not housed in dedicated units or living areas.

Corrective action 115.42 (d) (f): Corrective action 115.42 (d) (f): After reviewing documentation during the pre-onsite review, information learned onsite from interviews and observations, the auditor identified the facility was not meeting

	<p>substantial compliance with provision (d) and (f). Before the issuance of the interim report the auditor received requested documentation for provision (d) requiring additional documentation to be provided after issuance of the interim report. After the audit team discussed offender interviews, it was identified one unit was not constantly monitoring the evening Transgender shower accommodation times. Follow-up: The auditor and PCM mutually agreed the facility would provide documentation for provisions (d) and (f). The PCM provided documentation related to (d) supporting three offenders due to follow up meeting and assessment had been seen within required time frame. Provision (f), the PCM provided documented guidance sent to unit staff reminding them of their responsibility for complying with the facility Transgender private shower accommodation. After reviewing documentation and actions taken satisfied the corrective action, meeting compliance with these provisions.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person..</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions (DAI) Policy and Procedures 306.05.01 Protective Confinement • Division of Adult Institutions (DAI) 306.00.72 (Security) Screening for Risk of Sexual Abusiveness and Sexual Victimization. • DOC-30 Review of Inmate in Restrictive Housing • DOC-68 Review of Inmate in Temporary Lockup <p><u>Interviews</u></p>

- Warden
- Target Staff who work in restrictive housing
- Targeted Offenders

(a) ED 72 states “Adult PIOC’s at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the facility may separate the PIOC involuntarily from the general population for less than 24 hours while completing the assessment.” In accordance with ED 72, DAI 306.0072 states “If an assessment cannot be conducted immediately, the facility may separate the inmate involuntarily from the general population for less than 24 hours while completing the assessment.”

(b) ED 72 states “Offenders separated from the general population for this purpose shall have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities the facility shall document the opportunities limited, the reason for such limitations and the duration of the limitation.”

(c) ED 72 states “Involuntary separation of adult PIOC’s from the general population shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days” In accordance with ED 72, DAI 306.00.72 states “Involuntary separation from the general population shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days.”

(d) ED 72 states “If a PIOC is involuntarily separated from the general population the facility shall document the basis for the facility’s concern for the PIOC’s safety and the reason an alternate placement cannot be arranged.”

(e) ED 72 states “Every 30 days, the facility shall review the PIOC’s circumstances to determine whether there is a continuing need for separation from the general population and document accordingly.” In accordance with ED 72, DAI 306.05.01 and DAI 306.0072 require the facility to ensure the inmate’s protective confinement placement is reviewed every 30 days to determine if placement remains necessary. The facility will document reviews of protective confinement placement on DOC-30.

The Warden had been appointed to this facility four months preceding the onsite audit and could only provide information for this time frame. They stated the facility has not placed any victims of sexual abuse or those who expressed imminent fear of sexual abuse in involuntary restrictive housing. In the event a victim was placed in restrictive housing it would be no more than thirty days or less and only until an alternative placement could be arranged.

The auditor interviewed a security employee assigned to restrictive housing. They were not able to recall a victim housed in restrictive housing after reporting an

	<p>incident of sexual abuse or having expressed imminent threat or fear of sexual abuse. Should an offender be placed in temporary restrictive housing while the facility researches alternate housing placement, they will make every effort not to restrict them from access to programs, privileges, education, and/or work opportunities. The targeted offender selected for the interview stated they were not placed in restrictive housing.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency Inmate Handbook in English and Spanish • Agency PREA Poster (English and Spanish) - Reporting options • PREA Posters in English and Spanish • Agency Third-Party Poster (English and Spanish) <p><u>Interviews</u></p> <ul style="list-style-type: none"> • PREA Compliance Manager • Random Staff • Random Offenders • Targeted Offenders <p>(a) (b) ED 72 states “The DOC shall provide multiple ways for PIOC’s to privately report sexual abuse and sexual harassment, retaliation by other PIOC’s or staff for reporting sexual abuse and harassment, and staff neglect or violation of</p>

responsibilities that may have contributed to such incidents. In addition, the DOC shall provide at least one way for PIOC's to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC." In accordance with ED 72, offenders are provided with the inmate handbook as referenced in standard 115.33 which includes reporting options. Offender posters include the option to report outside of WI DOC and do not require the offender to use their unique ID number. This phone option connects the Offender to Capital Police who will provide the report to the Agency PREA Division.

- The agency does not detain offenders solely for civil immigration purposes.

(c) ED 72 states "Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports."

(d) ED 72 states "Reports shall be immediately reported to a supervisor who is not the subject of the allegation unless reporting to such person compromises the safety of the alleged victim, witness(es) or reporter. In those instances, a private report shall be made to the PREA Office or submitted electronically via the DOC's public website." In conduction with standard 115.31, the lead auditor reviewed staff training which includes options for staff to privately report to the PREA Office, local law enforcement or to submit a report electronically via the DOC's internet site.

The facility PCM and backup PCM stated the agency and the facility provide multiple options for an offender to report sexual abuse and sexual harassment including but not limited to an outside agency that is not part of the WIDOC. The PCM and backup stated offenders can dial #777 which is their internal reporting option and #888 is the public reporting option that is not part of the agency. These numbers are referenced on the PREA posters and included in offender education information.

PREA posters listing phone reporting options in English and Spanish were posted in all housing units, program, and work areas. The offender handbook includes all reporting options and outlined on pages 10 and 11 and reporting options are addressed in the intake PREA education video. Information provided includes their right to remain anonymous and they do not have to enter their unique PIN to call any of the telephone reporting options listed on the PREA poster (#777 and #888). The lead auditor tested the PREA reporting option listed on the PREA poster from offender housing units. After picking up the receiver offenders hear directions to select English or Spanish and after language preference is selected, the calling party will hear directions on how to report an allegation of sexual abuse or sexual harassment. The calling party press #777 or #888 at which time they will hear a message that calls will be retrieved during regular business hours and if this is an immediate report to contact staff. All the options referenced can be accessed by offenders without using their unique PIN and at no cost to the offender. The auditor received notifications from the PREA office notifying the messages had been received. Offenders selected for interviews were aware of the PREA reporting hotline and stated they could verbally report to any staff member.

Conclusion: Based upon the review and analysis of all available evidence, the

	auditor determined the facility meets full compliance with this standard and standard provisions.
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency Admin Code Chapter 310 Complaint Procedures • Division of Adult Institutions (DAI) Policy and Procedures 310.00.01- Inmate Complaints Regarding Staff Misconduct • Agency ICE Action Steps • Offender Complaint forms received during the audit timeframe <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Random Offenders • Targeted Offenders • Inmate Complaint Examiner (ICE) • Random Staff <p>(a) (d) ED 72 XV Administrative Complaints states “All sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately referred to facility leadership for review and sexual abuse and/or sexual harassment investigation.” “PIOCs shall be notified within 30 days of the initial complaint that the portion of the complaint alleging sexual abuse or sexual harassment has been referred for review and possible investigation and the Inmate Complaint Review process has concluded.” In accordance with ED 72, the agency admin code chapter 310 and DOC 310.08 PREA complaint procedure, outlines the process for the handling of inmate complaints related to sexual abuse and sexual</p>

harassment.

(b) ED 72 states “A time limit shall not be imposed on when a PIOC may submit a complaint regarding an allegation of sexual abuse or sexual harassment through other applicable time limits may still apply to any portion of the complaint that does not allege an incident of sexual abuse or sexual harassment. All appeals shall be made in accordance with Wisconsin State statutory time limits and referred to the appropriate reviewing authority.” Additionally, the complaint process shall not include a mandatory informal resolution requirement.

(c) ED 72 states “Each facility shall ensure that a PIOC who alleges sexual abuse or sexual harassment may submit a complaint without submitting it to the staff member who is the subject of the complaint and that such a complaint is not referred to a staff member who is the subject of the complaint. The PIOC may use an alternate method of filing.”

(e) ED 72 states “Third parties, including fellow PIOC, staff, family members, attorneys, and outside advocates, shall be permitted to assist a PIOC in filing complaints related to allegations of sexual abuse or sexual harassment. A parent or legal guardian of a juvenile shall be permitted to file a grievance regarding allegations of sexual abuse on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on their behalf. Complaints filed shall be referred for sexual abuse and/or sexual harassment investigation.” In accordance with ED 72, Agency Admin Code DOC 310.08 (4) states “Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist an inmate in filing a request for administrative remedies relating to allegations of sexual abuse or sexual harassment and shall also be permitted to file such requests on behalf of inmates. Requests for administrative remedies filed under this section will be referred for a PREA investigation.”

(f) ED 72 states “If a PIOC alleges that he or she is subject to a substantial risk of imminent sexual abuse, the PIOC may contact any staff member who is not the subject of the allegation. Staff shall immediately forward the allegation to facility leadership for immediate corrective action. Facility leadership shall provide an initial response within 48 hours and issue a final decision within 5 calendar days. The initial response and final facility decision shall document the facility’s determination whether the PIOC is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint.” In accordance with ED 72, Agency Admin Code DOC 310.08 (5) states “Emergency grievance procedures for complaints alleging a substantial risk of imminent sexual abuse or sexual harassment will be handled in the following manner:

- The inmate may contact any staff member who is not the subject of the allegation for immediate corrective action.
- The inmate may file a complaint. Complaints collected under s. DOC 310.08 shall be immediately forwarded to the warden to determine if immediate

	<p>action is warranted.</p> <ul style="list-style-type: none"> • Reports of substantial risk of imminent sexual abuse or sexual harassment outside of the complaint process under this chapter shall be immediately forwarded to the warden to determine if immediate action is warranted. • Further response will be in accordance with department policy <p>(g) ED 72 states “The DOC may discipline a PIOC for a complaint filed alleging sexual abuse or sexual harassment only where the DOC demonstrates that the complaint was filed in bad faith.” In accordance with ED 72, Agency Admin Code DOC 310.08 (6) states “The warden may discipline an inmate for filing a complaint related to alleged sexual abuse or sexual harassment only if the warden demonstrates that the inmate filed the complaint in bad faith.”</p> <p>The lead auditor interviewed the facility Inmate Complaint Examiners (ICE). The ICE stated offenders housed in the general population (GP) units are able to submit the complaint in the PREA ICE lockbox and ICE will collect the complaints. Offenders in the Restrictive Housing Unit (RHU) can request inmate complaint forms and envelopes from unit staff. The offender's complaints are sealed in the envelope and handed to unit staff who will place the envelope in the ICE box and envelopes that appear to be tampered with, the ICE will inform the Security Director. The ICE stated that there are no time limits for complaints filed reporting sexual abuse or sexual harassment.</p> <p>The audit team interviewed staff and offenders who were aware that offenders can utilize an inmate complaint form to report an incident of sexual abuse and harassment.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p>

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Department of Adult Institutions (DAI) policy 410.50.04: Support Services and Retaliation Monitoring
- Agency Inmate Handbook in English and Spanish
- Agency PREA Poster (English and Spanish) - Community Victim Advocacy Organization
- DOC-2937 Advocacy Request Form / DOC-2937 (S) Spanish Advocacy Request Form
- POC-0041B Sexual Abuse in Confinement - A Resource For Offenders (English and Spanish)
- Memorandum of Understanding between WIDOC and Community Victim Advocate Organization
- Sample SINC screenshot of DOC-2767 Sexual Abuse Incident VSC checklist
- PREA Poster with Victim Advocate Organization number and mailing address

Interviews

- Target Offenders
- Random Offenders
- Community Victim Advocate
- Facility Victim Services Coordinator (VSC)

(a-c) ED 72 states “The facility shall provide PIOC’s with access to outside victim advocates, with whom the DOC shall maintain or attempt to enter into memoranda of understanding with, for emotional support services related to sexual abuse. Access includes giving PIOC’s mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility shall enable reasonable communication between PIOC’s and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to PIOC’s 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.” In accordance with ED 72, PIOC’s are provided with the inmate handbook as referenced in standard 115.33 which includes information on how to contact the community victim advocate. Reviewing the offender handbook the information is located on page 13 includes the quick number #999 and states the following:

1. Support from outside sexual assault agencies and advocates is free and not connected to DOC. They may provide support during a forensic medical examination; accompany victim(s) during the investigative interview(s); and/or provide emotional support, crisis intervention, information, and referral(s).
2. Every effort is made to ensure that communication with an advocate remains confidential. Dialing #999 will connect to the local agency’s crisis hotline; your PIN is not needed, nor is the call recorded or monitored. Written

correspondence may be opened or inspected and may be read with the written approval of the Security Director. In-person or virtual communication will be arranged in as private and confidential a manner as possible.

3. All communication is monitored in accordance with Administrative Code Chapter DOC 309, DOC policy, and facility procedure. Reports of self-harm, harm to others, or abuse that involves a child, elder, or dependent adult will be forwarded to the authorities in accordance with mandatory reporting laws.
4. Additionally, the facility provided a copy of the victim advocate organization information posted throughout the facility (English/Spanish), and includes the following:
 - The hotline number,
 - Mailing address,
 - Informs offenders they do not need to enter their unique PIN,
 - Calls are not recorded or monitored, and
 - The level of confidentiality when sending correspondence.

Reviewing ED #72 the appointing authority or designee at each facility shall assign the facility-based Victim Services Coordinator. The staff member who is designated with this responsibility will assist in connecting victims of sexual abuse in confinement to outside support services. In conjunction with ED 72, DAI 410.50.04 outlines the responsibilities of the facility Victim Services Coordinator.

Hope House Community Victim Advocate: The lead auditor interviewed the primary victim advocate from Hope House who described the services provided to offender victims of sexual abuse. They stated they have an agreement with the facility and will respond to the hospital and support the victim during the forensic exam.

Facility Victim Services Coordinator: The appointing authority designated a psychological services unit (PSU) employee as the facility VSC and retaliation monitor. The victim advocate stated she has communicated with the facility's Administrative Captain and victim services coordinator and they have received a tour of the facility. The VSC will coordinate private meetings between the victim advocate and the victim for ongoing emotional support. Over the last few years due to the pandemic, they have communicated with victims over the phone and mail correspondence. They are hoping to resume in-person meetings soon, however, they do not have an anticipated date at the time of the interview. The Hope House has victim advocates who speak Spanish and if a victim speaks another language they would coordinate language line translation services.

While conducting the physical plant review, the lead auditor tested the victim advocate number #999 referenced on the PREA poster from random phones in the housing unit. The call to the victim advocate organization was successful and this auditor spoke to the victim advocate who affirmed they would support the victim-offender. The call did not require a unique offender number and was at no cost. The auditor was not able to receive a documented report of this call due to confidentiality

and privileged communication with the victim advocate organization. The facility did not have any offender victims who reported sexual abuse at this facility within this audit time frame. The audit support staff selected targeted offenders who had reported sexual abuse before this audit time frame. Some stated they were informed and provided information for the community victim advocate, others stated they did not receive information. Due to the time frame, it is unknown if they received the information and the support auditors were able to inform them that the #999 posted on the PREA posters would connect them to the victim advocate.

Post onsite audit the auditor followed up with the facility to ascertain if offenders receive more information on how to contact Hope House other than what is posted in the housing unit. The auditor was provided with copies of Hope House and facility VSC contact information that is included on the dedicated offender tv channel. Information is readily available and continually running along with other facility updates.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency third-party poster (English and Spanish) • Screenshot of the agency's public website reporting information <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Random Staff • Random Offenders

	<ul style="list-style-type: none"> • Targeted Offenders <p>(a) ED 72 states “The DOC shall provide a method for third parties to report sexual abuse and sexual harassment on behalf of a PIOC. Information on how to report sexual abuse and sexual harassment on behalf of a PIOC shall be posted publicly.”</p> <p>The auditor reviewed the agency's public website DOC Prison Rape Elimination Act (wi.gov) 3rd party reporting option and sent a "Test" message on the link provided and received a confirmation response affirming they received the "test" message.</p> <p>Offenders and staff selected for interview stated offenders could report to a third party. Some of the offenders stated they would contact the family to report on their behalf if they did not feel comfortable reporting to staff or on the PREA hotline.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard provision.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • WI Criminal Code 940.285 Abuse of Individuals at risk definitions • Investigations <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • PREA Director • Random Staff

- Health Services Unit (HSU)
- Psychological Services Unit (PSU) staff

(a) ED 72 states “Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports and immediately report:

- Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC;
- Any incidents of retaliation against PIOC’s or staff who reported such an incident; and/or
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) ED 72 states “Staff members shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators, and designated officials. Such information shall be limited to information necessary to make treatment, investigation and other security and management decisions.”

(c) ED 72 states “Medical and mental health practitioners shall be required to report sexual abuse and to inform PIOC’s of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.”

Psychological Services Unit (PSU) and Health services staff interviewed stated offenders are informed during intake at Dodge facility of the limits to confidentiality and again during intake at this facility and information is also included in the offender handbook.

(d) ED 72 states “if the alleged victim is under the age of 18 or considered a vulnerable adult in accordance with State or local statute, the DOC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws”. The facility does not house adjudicated adult offenders as such this requirement only applies to those considered vulnerable adults. Local Law enforcement conducts the criminal sexual abuse investigation and would be responsible for completing mandatory reports for those who fall under the vulnerable person statute.

This auditor reviewed the Wisconsin State Legislature public website for the vulnerable adult state statute Wisconsin Legislature - Criminal Code 940.285 Abuse of individuals at risk definitions.

- “Adult at risk” 55.01 (1e): means any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation
- “Elder adult at risk” (46.90 (1) (br): means any person age 60 or older who

has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation

“Individual at risk” means an elder adult at risk or an adult at risk

(e) ED 72 states “All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be referred for investigation.”

The lead auditor interviewed the Warden and the Agency PREA Director who stated agency policy requires all staff to immediately report allegations of sexual abuse and sexual harassment. The PREA Director stated local law enforcement conducts the criminal investigations and would be responsible for any mandatory reporting requirements if the victim-offender of sexual abuse falls under the vulnerable offender statute. All HSU and PSU staff and medical contract employees are required to inform offenders of their limits to confidentiality and that as agency employees they are also mandatory reporters.

Staff selected for the interview stated they are required to immediately report all allegations of sexual abuse, sexual harassment, and retaliation by staff or offenders. They understand that any information related to allegations of sexual abuse and sexual harassment is confidential and not to be shared with anyone other than those who have a need and right to know. Staff affirmed PREA training received including offenders can verbally report to any staff member in writing, 3rd party, and PREA hotline and they would accept anonymous reports. If they receive a report, they will immediately notify and report to their supervisor.

Corrective action 115.61 (a): In conjunction with document review under standard 115.22 and 115.71 one investigation offender summary interview indicated a report of possible sexual harassment was brought to the attention of unit staff a day before the victim reported via the PREA hotline. The investigation report did not include a summary of interviews with the unit staff named as receiving information to either prove or disprove the offender’s statements. The auditor requested the facility to provide staff refresher for PREA reporting responsibilities and the auditor and facility mutually agreed they would provide written guidance to all staff. The auditor received refresher documentation that was sent to all staff to include their responsibility to take immediate action and report any suspicion, knowledge and information to a security supervisor and they are not to redirect a person to the PREA hotline or report to a difference staff member. After reviewing documentation and actions taken satisfied the corrective action, meeting compliance with this provision.

Conclusion: : Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard provision and standard provisions.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)

Interviews

- Deputy Assistant Secretary
- Warden
- Random Staff

(a) ED 72 states “When the department or facility learns that a PIOC is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the PIOC

The auditor interviewed the Assistant Deputy Secretary and Warden. Both described the process staff is to follow when they learn an offender is at imminent risk of sexual abuse and staff will ensure the victim is separated from the aggressor. The facility supervisor will interview the victim to assess and determine what actions need to be taken to protect the victim i.e. move the aggressor, initiate an investigation, or as requested the victim move them to a different unit, facility, etc.

The auditor interviewed security staff assigned to work in restrictive housing. They stated they could not recall or were aware of any offender who has been placed in restrictive housing after they expressed imminent fear of sexual abuse. If they had any offenders housed in restrictive housing they would make every effort not to restrict them from access to programs, privileges, education, and/or work opportunities. Random staff stated if they received a report from an offender stating they were in fear of an imminent threat of sexual abuse, they would immediately report to their supervisor. They would separate the reporting offender from the aggressor and document it in a report.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard provision.

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- DOC-2933 Agency external facility notification template
- Sample facility notifications
- Risk screening assessment for offender interviewed onsite

Interviews

- Assistant Deputy Secretary
- Warden

(a) (b) ED 72 states “Within 72 hours of receiving an allegation that a PIOC was the victim of sexual abuse while confined at another facility, the information shall be reported by the head, or designee, of the facility to the head, or designee, of the facility where the alleged abuse occurred.”

(c) (d) ED 72 states “All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”

The auditor interviewed the Assistant Deputy Secretary who stated if they receive information from another agency that an offender reported sexual victimization while housed within a WI facility, she would contact the agency, PREA Director. The PREA Director would research their database to determine if they had received the report and completed an investigation. If they had not received a report, the PREA Director will contact the Warden/Superintendent and an investigation would be initiated. The PREA Director notified this auditor that the agency recently updated its notification procedure to require more formal Warden to Warden notifications using DOC-2933. The documentation of the notification will be retained in SINC to include the initiation of an investigation if one had not already been completed.

At the time of this audit the Warden had recently been appointed at this facility and they had knowledge of the requirements for reporting incidents of sexual abuse to another facility or agency and the facility's responsibility if they receive a report from another facility or agency head. During this audit time frame, the Warden stated they do not recall receiving a report from another facility or agency nor had the facility received a report of sexual abuse that occurred at another facility or confinement setting.

Post onsite the auditor reviewed PREA risk screening assessments for offenders who were selected for onsite interviews, and it was identified an offender who reported sexual abuse while confined in a federal prison. The auditor requested additional information to determine if this was new information or if it had been previously reported and learned this was a new report and the notification had not been completed. The PCM identified staff did not notify the Warden and corrective action was taken. The PCM addressed with staff including developing a written procedure and steps risk screeners or facility investigators will follow when an offender informs staff of sexual abuse that occurred in another confinement setting. After reviewing documentation and actions taken satisfied the corrective action, meeting compliance with this standard and standard provisions.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard provision and standard provisions.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • DOC-2981 Sexual Abuse Response Checklist (9/22) • Agency First Responder Card (Healthcare staff)

- Agency First Responder Card (security)
- Agency First Responder Card (non-security)
- Incident Reports

Interviews

- Security and Non-Security Staff First Responders
- Random Staff

(a) ED 72 XVI Initial Response and Care page 14 outlines First Responder requirements as follows:

Upon learning of an allegation that a PIOC was sexually abused, the first security staff member to respond to the report shall, at a minimum:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. 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
4. 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.

(b) ED 72 states “If the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.”

The facility received three reported incidents of sexual abuse during this audit time frame reviewing the investigation reports. It was identified two of the incidents reported did not require first responder duties for the protection of physical evidence. In conjunction with standard 115.65, interviews with security staff led the audit team to believe they did not have a good understanding of the actions they would take as first responders. The facility did not have any offender victims onsite who reported an incident of sexual abuse during this audit time frame. The audit support staff selected offenders who reported sexual abuse at this facility before this audit time frame and some who were interviewed did not require first responder actions.

Corrective action: The auditor and PCM mutually agreed the facility would provide first responder refresher to all staff on their responsibilities if they are the first person to receive a report and/or how to respond to an incident of sexual abuse where there is potential physical evidence. The PCM submitted documentation outlining first

responder duties and preserving and protecting crime scene (115.65) that was provided to all staff. After reviewing documentation and actions taken satisfied the corrective action, meeting compliance with this standard and standard provisions.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard provision and standard provisions.

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA).
- Division of Adult Institution (DAI) Policy and Procedures 410.50.06: Coordinated Response Plan
- Division of Adult Institution (DAI) Policy and Procedures 306.00.14: Protection, Gathering, and Preservation of Evidence (Restricted)
- Division of Adult Institution (DAI) Policy and Procedures 500.30.19: Sexual Abuse - Health Services Unit Procedure in the event of Sexual Abuse
- Facility Coordinated Response Plan
- DOC-2981 Sexual Abuse Response Checklist (9/22)
- Copy of first responder cards

Interviews

- Warden
- Random staff
- Target Offender

(a) ED 72 states “Each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders,

	<p>medical and mental health practitioners, investigators and facility leadership.” In accordance with ED 72, DAI 410.50.06, and DAI 306.00.14 the facility coordinated sexual abuse response plan outlines procedures and responsibilities of security staff, security supervisors, medical and mental health staff, facility victim services coordinator, and investigator. The response plan includes the first responder's responsibilities for security and non-security staff in conjunction with standard 115.64.</p> <p>The Warden stated the facility has a response plan and the supervisor will refer to the facility-coordinated response plan.</p> <p>The audit team selected and interviewed random staff from all housing units and other work locations. Staff were asked to describe their response, knowledge, and understanding of the facility's coordinated response. Some security staff stated they would secure the crime scene and report to the supervisor while others only stated they would call the supervisor.</p> <p>Corrective action: The auditor and PCM mutually agreed the facility would provide first responder refresher to all staff on their responsibilities if they are the first person to receive a report and/or how to respond to an incident of sexual abuse where there is potential physical evidence. The PCM submitted documentation outlining first responder duties and preserving and protecting crime scenes (115.64) that was provided to all staff. After reviewing documentation and actions taken satisfied the corrective action, meeting compliance with this standard provision.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard provision.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interview</u></p> <ul style="list-style-type: none"> • Specialized Assistant Deputy Secretary <p>(a) ED 72 states “Neither the DOC nor any other governmental entity responsible for collective bargaining on the DOC’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the DOC’s ability to remove alleged staff sexual abusers from contact with any PIOC’s pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”</p> <p>This standard does not apply as the agency is not part of Collective Bargaining.</p>

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) Policy and Procedures 410.50.04 Support Services and Retaliation Monitoring
- DOC-2805 Sexual Abuse Allegation Staff Retaliation Monitoring
- DOC-2767 Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Response Checklist
- DOC-2767 screenshots

Interviews

- Assistant Deputy Secretary
- Warden
- Facility Victim Services Coordinator (VSC)

(a) ED 72 states “Each facility shall designate a staff member(s) to monitor retaliation to ensure that all PIOC’s and staff involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected.”

(b) (e) ED 72 states “For PIOC’s or staff members who express fear of retaliation, the facility shall take appropriate protective measures.”

(c - d) ED 72 states “For at least 90 days following a report of sexual abuse, the facility’s victim services coordinator, or designee, shall monitor the conduct and treatment of the PIOC(s) who reported the sexual abuse and the PIOC(s) who was reported to have experienced sexual abuse to determine if retaliation occurred. Monitoring shall include documented periodic status checks.” In accordance with ED 72, DAI 410.50.04 indicated that during periodic retaliation monitoring status checks, the VSC shall ask the alleged victim about the individual’s perceived degree of wellness and support services shall be modified, as needed. In addition to monthly

conversations with the victim, the VSC should review additional items such as any inmate disciplinary reports, housing, or program changes. Depending on the facility, the PREA Compliance Manager could be designated to monitor staff from possible retaliation.

(f) ED 72 states the DOC's obligation to monitor shall terminate if DOC determines that the allegation is unfounded. In accordance with ED 72, DAI 410.50.04 indicates that if the report is determined to be unfounded, efforts to monitor retaliation may be discontinued.

Pre-onsite interviews and document review:

The lead auditor interviewed the Assistant Deputy Secretary who stated the agency has Administrative and Executive Directives outlining the agency's Zero Tolerance against any form of sexual abuse or sexual harassment and retaliation. The facility Victim Services Coordinator or PCMs are responsible for monitoring retaliation for 90 days which could be extended. If an individual expresses fear of retaliation the PCM or facility supervisor will meet with them and refer them for investigation. The Warden stated when staff receive a report of retaliation they will take immediate action to respond and protect the victim. In the event, the staff is accused of retaliating against an offender or staff, they will be moved to another location pending an investigation.

The Warden and Security Director/PCM designated a PSU employee as the VSC and retaliation monitor. The PSU employee will meet with the offender and review housing, program/work assignments, and any conduct reports. The victim will be monitored a minimum of once every thirty days over a 90-day time frame. Some of the offenders are on the PSU caseload which allows for the offender to discuss concerns during meetings. If concerns are reported or identified, the VSC will contact the security supervisor or unit manager on shift. They also stated that monitoring could continue beyond 90 days if needed.

In conjunction with standard 115.71, the auditor reviewed retaliation monitoring documentation and identified some did not meet substantial compliance with time frames, monitoring ended prematurely and/or a review of supplemental sources was not completed and/or documented. At the time of the onsite audit, the facility did not have any offenders who reported sexual abuse during this audit time frame. Provisions (c) and (d) were placed into corrective action with the auditor and facility mutually agreeing that VSC staff would receive a refresher and provide documentation for proof of practice. The PCM provided a refresher to the VSC staff to include a copy of the agency VSC reference guide and the auditor received documentation for monitoring of proof of practice. After reviewing documentation and actions taken satisfied the corrective action, meeting compliance with this standard and standard provisions.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.

115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • DOC-30 Review of Inmate in Restrictive Housing (blank) <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • Targeted Staff <p>(a) ED 72 states “Any use of restricted status housing to protect a PIOC who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43 and §115.343 as found within Placement.”</p> <p>The auditor interviewed the Warden and they have not placed any victim offenders of sexual abuse or those who expressed imminent fear of sexual abuse in involuntary restrictive housing. If a victim is placed in restrictive housing they would be housed for no more than 30 days and document the reason for the short-term placement until an alternative placement can be arranged.</p> <p>Onsite the auditor interviewed staff who work in restrictive housing, and they have not placed any offender victims of sexual abuse or offenders who expressed imminent fear of sexual abuse in restrictive housing. If offenders were placed into the restrictive housing unit, they would make every effort not to restrict them from access to programs, privileges, education, and/or work opportunities</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard provision.</p>

115.71	Criminal and administrative agency investigations
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines "Person In Our Care (PIOC)" means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)..
- Division of Adult Institutions (DAI) Policy and Procedures 306.00.15 (Restricted) Inmate Investigations
- Division of Adult Institutions (DAI) Policy and Procedures 303.00.05 Law Enforcement Referrals
- Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations
- Notification for expansion of the Internal Affairs Office (IAO)
- Agency SINC User Guide
- State of WI Department of Administration Agency retention records
- Investigation reports

Interviews

- Warden
- PREA Director
- PREA Compliance Manager
- Internal Affairs Office (IA) Investigator
- Facility Investigator

(a) ED 72 states "The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigations." Facilities are required to request an investigation case number within 72 hours of learning of a sexual abuse or sexual harassment incident or allegations. In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 outlines the investigatory process includes conducting prompt, thorough, and objective investigations.

(b) This provision is addressed under and in accordance with standard 115.34.

(c) ED 72 states "Investigators shall preserve and/or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator." In accordance with ED 72, DAI 306.00.15 outlines the agency's investigatory process and obligations for evidence preservation.

(d) (g) (h) ED 72 states "Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented" In accordance with ED 72 DAI 303.00.05 outlines procedures for sexual abuse incident referrals to law enforcement.

(e) ED 72 states "The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as PIOC or staff member. The DOC shall not require a PIOC who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 requires investigators to assess the credibility of the alleged victim, suspect, or witness and shall not be determined by the person's status as an inmate or staff member.

(f) (i) ED 72 states "Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years. Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings." ED 72 additionally requires administrative investigation reports to include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings.

(j) ED 72 states "The departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation." In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 outlines the agency's investigatory process and the obligation to continue with the investigation regardless of the departure of the alleged victim or suspect

(l) ED 72 states "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigation." In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 investigators shall work collaboratively with law enforcement investigators, if applicable, and attempt to remain informed about the progress of the criminal investigation.

In conjunction with standard 115.22, the auditor requested and received the facility incident/investigation log from the PREA Office which included reported incidents of sexual abuse and sexual harassment during this audit time frame. The facility

completed 20 administrative investigations during this audit time frame and in accordance with the auditor handbook twelve investigations were selected. The auditor reviewed seven offender-on-offender sexual harassment, three offender-on-offender sexual abuse, and two staff-on-offender sexual harassment investigations with supporting documentation. The facility did not have any reported incidents for staff on offender sexual abuse.

The auditor interviewed the IA and facility investigator asking them to describe the investigatory process. This included a description of the evidence collected and relied upon, summarizing interviews with the victim, suspect, and witness (if any), and how credibility is assessed and documented. The investigators were able to communicate their knowledge and understanding when describing the investigatory process of a thorough investigation. Both stated they received training on Miranda Rights; however, they are not criminal investigators and would not have the legal authority to read Miranda Rights to offenders or staff. IA investigators are responsible for conducting investigations involving staff requiring Garrity. While the investigators do not determine the findings, they were able to define Substantiated, Unsubstantiated, and Unfounded.

Staff assigned to conduct investigations are fact finders and will provide the completed investigation to the Warden or the Security Director. The appointing authority or designee will review the investigation to determine the resolution and submit it to the PREA Office for final approval and closure. If the administrative investigation involves staff, the investigation is reviewed by the appointing authority and the Infraction Review Team (IRT). In conjunction with standard 115.34, the investigators interviewed and those who had completed investigations selected for review had completed the specialized investigator training. The lead auditor interviewed the Warden and the PCM with both stating all reported incidents of sexual abuse and sexual harassment are investigated. When an allegation of sexual abuse is received an incident report is initiated and law enforcement is contacted for allegations involving potential criminal violations. The Security Director/PCM or assigned investigator will communicate and document contact with LE on the progress of the investigation.

Corrective Action: Upon reviewing investigation reports and related documentation, it was identified that follow-up notes for incidents referred to LE had not been documented and one did not include a summary interview with the named witnesses. Before issuance of the interim report, the auditor received an email that was disseminated to all investigators from the PREA Director and facility PCM including refresher guidance on conducting a thorough investigation, documenting contact with LE, and agency best practice checklist. After reviewing documentation and actions taken satisfied the corrective action, meeting compliance with this standard and standard provisions.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions

115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions (DAI) Policy and Procedures 306.00.15 (Restricted) Inmate Investigations • WIDOC Human Resources Policy 200.30.304 Employee Disciplinary Investigations • Investigation reports <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Internal Affairs Office (IA) Investigator • Facility Investigator <p>(a) ED 72 indicates the DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated.” In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 includes the definition of a preponderance of evidence in determining a substantiated finding.</p> <p>The auditor interviewed the IA and the facility investigator and asked what standard is used to determine whether the allegation of sexual abuse or sexual harassment is substantiated. Both stated they are not responsible for determining the investigation finding, however stated that the policy is a preponderance of the evidence to determine a substantiated/sustained finding. The appointing authority is responsible for reviewing investigations and determining the resolution and investigations involving staff are reviewed by the appointing authority and the Infraction Review Team (IRT) to determine the resolution. The Warden stated that administrative investigations use the preponderance, and they defined findings for unsubstantiated, substantiated, and unfounded.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the</p>

	auditor determined the facility meets full compliance with this standard and standard provisions.
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions (DAI) Policy and Procedures 306.00.15 (Restricted) Inmate Investigations • Agency PREA Investigation Notification DOC-2768 - substantiated findings • Agency PREA Investigation Notification DOC-2768A - unsubstantiated findings • Agency PREA Investigation Notification DOC - 2768B - unfounded findings • Agency PREA Investigation Notification DOC-2768C - Report does not constitute sexual abuse or sexual harassment as defined by 115.6 • Requested Investigation Packets • Sample offender notifications <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • Internal Affairs Office (IA) Investigator • Facility Investigator • Offender(s) who reported sexual abuse <p>(a)(b)(e)(f) ED 72 states “Following an investigation of an allegation that a PIOC suffered sexual abuse in a DOC facility, the facility shall inform the alleged victim, and document such notification, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the DOC did not conduct the investigation, it shall request the relevant information from the investigative agency</p>

in order to inform the alleged victim. The DOC’s obligation to report shall terminate if the alleged victim is released from custody.” In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 policy outlines the notifications and documentation process.

While ED 72 states the facility shall inform the alleged victims. Reviewing sample notifications and information provided during interviews, the PREA Office mails notifications to the alleged victims.

(c) ED 72 states “Following a substantiated or unsubstantiated allegation of staff-on-PIOC sexual abuse the DOC shall inform the alleged victim, and document such notification, whenever the staff member is no longer posted within the alleged victim’s unit; the staff member is no longer employed at the facility; or the DOC learns that the staff member has been indicted or convicted on a charge related to the initial allegation of sexual abuse.” In accordance with ED 72, the agency notification forms were reviewed and met the requirement of this provision.

(d) ED 72 states, “Following an allegation of PIOC-on-PIOC sexual abuse, the DOC shall inform the alleged victim, and document such notification, whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse.” In accordance with ED 72, DAI 306.00.015, HR policy 200.30.304, and agency notification forms support the requirement to notify victims of sexual abuse and sexual harassment of the outcome of the investigation.

This auditor interviewed the Warden, IA, and facility investigator who affirmed offenders are notified of the outcome of investigations. Offender notifications are completed by the PREA Office and mailed to the victim-offender unless the offender has been released from DOC custody. In conjunction with 115.71, investigations included offender notifications from the PREA office. Additionally, the PREA office has a form letter to notify offenders if the reported incident was determined not to constitute a violation of sexual abuse or sexual harassment. Onsite the facility did not have any offenders who reported sexual abuse during the audit time frame.

Conclusion: This standard only requires that offenders reporting a violation of sexual abuse be notified of the outcome of an investigation. Documentation reviewed included victim-offender notifications for reported incidents of sexual abuse and sexual harassment. Based upon the review and analysis of all available evidence, the auditor determined the facility exceeds compliance with this standard and standard provisions.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor triangulated relevant documentation, interviews, and available evidence

related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Wisconsin Department of Corrections, Executive Directive #2 (ED 2)- Employee Discipline.
- Investigation packets

(a) ED 72 XIX Administrative Sanctions states “Employees who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions up to and including termination.” In accordance with ED 72, ED 2 outlines levels of discipline and the progression schedule for formal discipline up to termination. The disciplinary process could be accelerated for incidents of staff sexual misconduct with offenders.

(b) (d) Ed 72 states “Termination is the presumptive sanction for an employee who engaged in sexual abuse. All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies”

(c) ED 72 states “Sanctions shall be commensurate with the nature and circumstances of the violation, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”

In conjunction with standard 115.71, the auditor reviewed closed sexual abuse and sexual harassment investigations and at the time of this audit, the facility did not have any closed investigations involving staff.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions policy and procedures (DAI) 309.06.03: Volunteers, Pastoral Visitors, Program Guests, and Interns

Interviews

- Warden

(a) (b) ED 72 states “Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with PIOC’s and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of PIOC’s in contact with volunteers and contractors.” In accordance with ED 72, DAI 309.06.03 outlines the violation of any rules of the facility, DAI, DOC, and/or state/federal law may result in suspension and/or revocation.

The auditor interviewed the Warden asking them to describe their response and actions taken if an allegation of sexual abuse or sexual harassment is reported involving a contract employee or volunteer. The Warden stated they would separate the accused and temporarily prohibit them from contact with the offender or prohibit entry into the facility while this investigation was ongoing. If the investigation is closed with a substantiated finding of sexual abuse or sexual harassment, the contract employee or volunteer would be prohibited from entering the facility.

Conclusion: At the time of this audit, this facility did not have any reported incidents of sexual abuse or sexual harassment involving a contract employee or volunteer. The finding of compliance with this standard is based upon the review and analysis of agency policy and Warden’s interview. The auditor determined the facility meets full compliance with this standard and standard provisions.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines "Person In Our Care (PIOC)" means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Department of Corrections Chapter DOC 303 Discipline (DOC) 303.01
- Investigation packets

Interviews

- Warden
- Psychological Services Unit (PSU) Staff

(a) ED 72 states "PIOCs who have committed PIOC-on-PIOC sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process."

(b) ED 72 states "Sanctions shall be commensurate with the nature and circumstances of the violation, the PIOC's disciplinary history and the sanctions imposed for comparable offenses by other PIOCs with similar histories."

(c) ED 72 states "The disciplinary process shall consider whether a perpetrating PIOC's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed."

(d) ED 72 states "The facility shall consider requiring perpetrating PIOCs to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse."

The PSU employee stated that will offer services to offenders who have committed sexual abuse in confinement and if accepted assess for programming needs.

(e) ED 72 states "A PIOC may only be disciplined for sexual contact with a staff member upon a finding that the staff member did not consent to such contact."

(f) ED 72 states "Reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence to substantiate the allegation."

(g) ED 72 states “While consensual sexual activity between PIOC is prohibited in the DOC facilities, the DOC may not deem consensual sexual activities as sexual abuse if it is determined that the activity is not coerced .”

The agency and facility offender disciplinary infractions are outlined within Wisconsin Statute - Department of Corrections DOC Chapter 303.14 Sexual Conduct and Chapter 303.15 Sexual contact or intercourse. These chapters outline prohibited acts including “consensual acts”. In conjunction with the 115.71, the auditor prioritized all allegations and investigations of sexual abuse and sexual harassment resulting in a substantiated finding. Additionally, the aggressor named in the sexual abuse investigation was referred to mental health and PSU met with the offender after transferring to higher security facility.

The auditor interviewed the Warden who stated that they follow Chapter 303 to determine disciplinary sanctions. When an administrative investigation results in a substantiated finding, the aggressor would receive a disciplinary infraction (ticket). If they identified that the aggressor has some mental illness or mental disability, they would consider all factors when determining the disciplinary sanction. The auditor requested copies of offender conduct reports for incidents closed substantiated and identified the facility did not issue a code of conduct for any of the substantiated sexual harassment investigations. The PCM stated they would address and ensure the investigator or PCM will issue a code of conduct going forward.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1447 544 1480">Auditor Discussion</p> <p data-bbox="256 1525 1485 1895">The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p data-bbox="256 1928 823 1962"><u>Policy(s) and supporting documentation</u></p> <ul data-bbox="331 2029 1469 2063" style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72: Sexual Abuse

and Sexual Harassment in Confinement (PREA).

- Division of Adult Institutions (DAI) Policy and Procedures 500.70.01 Mental Health Screening, Assessment and Referral
- Division of Adult Institutions (DAI) Policy and Procedures 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization
- Screenshot of the Agency Electronic Medical Record (blank) – Confidential
- Screenshot of the Agency Risk Screening Referral –Confidential
- Non-Health Disclosure Form - DOC-1163 (blank)
- Confidentiality Form –DOC-1923 (blank)
- PHI Disclosure Form - DOC-1163A (blank)
- DOC-2781B PREA Screening Tool – Adult Male Facility
- Sample of the facility PSU referral report and follow up

Interviews

- Targeted Offenders
- Psychological Services Unit (PSU) staff

(a - b) ED 72 states “If the intake screening, transfer screening or rescreening indicates a PIOC has previously experienced prior sexual victimization, whether it occurred in an institutional or community setting, staff shall ensure the PIOC is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. If the screening indicates a PIOC has previously perpetrated sexual abuse, whether in an institutional or community setting, staff shall ensure the PIOC is offered a follow-up meeting with a mental health practitioner within 14 days of the screening.” In conjunction with ED 72 and DAI 410.01, DAI 500.70.01 page 4. VI. PREA Referrals outlines the referral process to Psychological Services (PSU) staff.

(d) ED 72 states “Any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health practitioners and other staff members, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments or as otherwise required by law.”

(e) ED 72 states “Medical and mental health practitioners shall obtain informed consent from PIOC before reporting information about prior sexual victimization that did not occur in an institutional setting unless the PIOC is under the age of 18.”

The lead auditor interviewed the facility's Psychological Services Unit (PSU) supervisor. This facility-designated PSU employee is responsible for conducting the PREA risk screening assessment (115.41). If the offender reports or documentation indicates sexual victimization, the PSU employee will offer services and if accepted PSU will schedule a follow-up meeting to be seen within 14 days. One of the offenders selected for the target interview had been at this facility for many years (before standard implementation), as such they were not offered services during intake. One offender stated he was not offered services upon intake and a request was made for PREA risk screening reports for all offenders selected for onsite interviews. The

	<p>documentation-supported services were offered and if the offer was accepted referral to PSU was completed including the offender who stated they were not offered services.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions (DAI) Policy and Procedures 500.30.19 Health Services Unit Procedure in the Event of Sexual Abuse • Agency Off-“Site Review Form DOC-3001 (blank) • DAI 316.00.01 (attachment) Inmate Co-Payment for Health Services • Investigation packets <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Targeted Offenders • Health Services Unit (HSU) staff • Psychological Services Unit (PSU) staff • Staff who were first responders <p>(a) ED 72 states “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.” In accordance with ED 72, DAI 500.30.19 outlines procedures Health Services staff are to follow when an incident of sexual abuse is</p>

	<p>reported.</p> <p>(b) ED 72 states “Security staff first responders shall immediately notify the appropriate medical and mental health practitioners.” And “In the event that no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioner(s).”</p> <p>(c) ED 72 states “The DOC’s medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis.”</p> <p>(d) ED 72 states “All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care.” In accordance with ED 72, DAI 316 .00.01 states there is no copayment for treatment for a medical emergency, a referral from a PREA Risk Assessment Screener, and Crisis intervention evaluation and treatment related to sexual abuse in confinement.</p> <p>Psychological Services Unit (PSU) and Health Services Unit (HSU) employees stated offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment at no cost to the victim-offender. The audit team interviewed random security staff and non-security staff using the interview protocols related to their responsibilities as first responders. The facility did not have any offenders onsite who reported sexual abuse during this audit time frame, the audit team interviewed target offenders from the roster who had reported sexual abuse at this facility before the audit time frame and referred to HSU and PSU. The auditor requested HSU and PSU documentation related to 115.71 for the one offender who reported sexual abuse during this audit time frame, this offender transferred to another facility before the onsite review, therefor they were not available for interview.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence</p>

related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines "Person In Our Care (PIOC)" means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) Policy and Procedures 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse
- Division of Adult Institutions (DAI) Policy and Procedures 500.70.01 Mental Health Screening, Assessment and Referral.
- Division of Adult Institution (DAI) Policy and Procedures 500.30.09 Provision of Services to Pregnant Patients

Interviews

- Targeted Offenders
- Health Services Unit (HSU) staff
- Psychological Services Unit (PSU) staff

(a) (b) ED 72 states "All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care." In accordance with ED 72, DAI 500.30.19 and DAI 500.70.01 outline procedures for Health Services and Psychological Services employees to follow in response to and follow up after an incident of sexual abuse is received.

(c) (g) ED 72 states "All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care."

(f) ED 72 states "Victims of sexual abuse shall be offered tests for sexually transmitted infections. Victims of sexually abusive vaginal penetration shall be offered pregnancy tests, in addition to timely and comprehensive information about and timely access to lawful pregnancy-related medical services." In accordance with ED 72, DAI 500.30.19 outlines the procedures for testing for STDs, other communicable diseases, and pregnancy. Staff will utilize DOC-3542 Diagnostic Testing Results related to Sexual Contact.

(d)(e) While the agency policies address these standard provisions as a whole, this

	<p>facility does not house female offenders, as such the sections related to female offenders do not apply to this audit</p> <p>(h)ED 72 states “Facilities shall attempt to conduct a mental health evaluation of all known PIOC-on-PIOC abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.” In conjunction with ED 72, DAI 500.70.01 page 4. VI- PREA referrals state in part: “PSU staff shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of when DOC staff first learn of the abuse history.” The policy includes PSU staff will evaluate whether the offender is appropriate for mental health treatment and/or sex offender treatment and offering treatment when deemed appropriate.</p> <p>HSU and PSU staff stated offenders who report sexual victimization whether in this facility or another confinement facility are offered services and receive ongoing medical and mental health treatment as appropriate or as requested by the victim-offender. Follow-up treatment is provided at no cost to the offender and is consistent with a community level of care. The facility did not have any offenders who reported sexual abuse at this facility during this audit time frame. The audit team interviewed offenders who reported sexual abuse at this facility outside of this time frame and the allegations did not require transport for a forensic exam or need for emergency prophylaxis treatment. In conjunction with 115.71 offender on offender sexual abuse investigation closed with a substantiated finding, the auditor requested additional documentation related to provision (h). It was identified that the perpetrator was transferred to a higher security facility and the PREA rescreening did not include the offer or attempt to conduct a mental health evaluation. The auditor placed provision (h) in corrective action for PSU follow up documentation supporting that they attempted to conduct a needs assessment. PSU met with the perpetrator offender and reviewing documentation the actions taken satisfied the corrective action, meeting compliance with this standard and standard provisions.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our</p>

Care (PIOC)" means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions Policy and Procedures (DAI) 410.50.01 Sexual Abuse Incident Reviews
- Division of Adult Institutions Policy and Procedures (DAI) 300.00.70 Assaults by Inmate Reporting and Tracking
- Agency SAIR Form – DOC 2863 (blank)
- Sample of completed SAIR
- Investigation reports, including completed SAIR

Interviews

- Warden
- PREA Compliance Manager
- SAIR team member

(a-c) ED 72 states "All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The team shall consist of upper-level management officials with input from supervisors, investigators, and medical and mental health practitioners." In accordance with ED 72, DAI 410.50.01, and DAI 300.00.70 facilities are required to conduct a sexual abuse incident review after the sexual abuse investigation is closed substantiated, or unsubstantiated. DAI 410.50.01 outlines procedures for conducting the review and who as a minimum shall be included in the review process.

(d) ED 72 requires the Sexual Abuse Incident Review Team to follow the provisions below:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees; and

	<p>6. Prepare a report of its findings, including but not necessarily limited to determinations made in the above items, and any recommendations for improvement, and submit such report to the facility head and PREA Compliance Manager</p> <p>(e) ED 72 states “The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.”</p> <p>The Warden and PCM affirmed they participate in the SAIR along with the facility investigator, HSU and/or PSU employee, VSC, and the Administration Capt. Investigations involving staff will include an HR supervisor and an invitation to the OIA investigator. In conjunction with 115.71, the auditor reviewed SAIR documentation and identified the date entered on one of the DOC 2863 forms exceeded the 30-day time frame. The PREA office provided documentation from their database supporting the SAIR was completed within the 30-day time frame</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72: Sexual Abuse and Sexual Harassment in Confinement (PREA). • Copy of Survey of Sexual Victimization 2017-2021 • Reviewed agency's public website <p><u>Interviews</u></p>

	<ul style="list-style-type: none"> • PREA Director <p>(a - f) ED 72 states “The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files, and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of PIOC, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested, and, with personal identifiers removed, posted publicly to the DOC’s website annually.”</p> <p>The PREA Director who stated that they complete the Department of Justice (DOJ), Bureau of Statistics (BJS) Survey of Sexual Violence (SSV) report annually. The private contracted agencies are responsible for reporting their agency SSV statistics. As of this report, the D.O.J. B.J.S survey has not been sent to agencies to collect 2022 data. The auditor reviewed the previous year's SSV Summary form affirming the agency has completed the previous year's SSV reports.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s)and supporting documentation</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency Annual Reports 2018-2021 • Screenshot of the agency's public website

	<p><u>Interviews</u></p> <ul style="list-style-type: none"> • Assistant Deputy Secretary • PREA Director • Facility PREA Compliance Manager <p>(a - d) ED 72 states “The data collected and aggregated shall be analyzed to assess and improve effectiveness of the DOC’s sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility as well as the DOC as a whole. The report shall, additionally, include a comparison of the current year’s data and corrective actions with those from previous years and shall provide an assessment of the DOC’s progress in addressing sexual abuse. Corrective action reports shall also be posted publicly to the DOC’s website. The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.”</p> <p>The agency prepares annual reports and posts on their agency's public website DOC Prison Rape Elimination Act (wi.gov) This auditor reviewed the agency website and found they have posted annual reports going back to 2010. The report does not include any personally identifying information, meeting security requirements. The lead auditor interviewed the Deputy Assistant Secretary, PREA Director, and the PCM. The PREA Director is responsible for reviewing all of the facility's information, assessing the data, and preparing the annual report. The Assistant Deputy Secretary will review it before sending it to the Secretary for their review and signature.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Reviewing Division of Adult (DAI) policies and procedures they reference an incarcerated individual as; Person in our care (PIOC), inmate, and offender. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act (PREA) defines “Person In Our Care (PIOC)” means inmate, detainee, client, offender, juvenile, youth, or any other term for a protected person as identified and defined by the PREA standards. This audit report will use PIOC, offender, and inmate interchangeably when referring to an incarcerated person.</p>

	<p><u>Policy and supporting documentation</u></p> <ul style="list-style-type: none"> Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA) <p><u>Interviews</u></p> <ul style="list-style-type: none"> PREA Director <p>(a) ED 72 states “All data shall be securely retained and maintained for at least 10 years after the date of initial collection.”</p> <p>(b) ED 72 indicates data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually</p> <p>The PREA Director stated data is retained in the Sensitive Information Network Communication (SINC) and the only staff who have access to the information are those assigned to the PREA Office.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard and standard provisions.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In determining compliance, the auditor triangulated available evidence, documentation, and interviews related to this standard: This audit was completed during PREA audit cycle four, audit year one.</p> <p>(a) The auditor reviewed the agency's public website DOC Prison Rape Elimination Act (wi.gov) and verified final PREA audit reports for all facilities audited have been posted on the agency website. During 2020 and 2021 the pandemic caused a significant operational impact on the agency and facilities. Due to these factors, PREA audits were not conducted at all facilities during the PREA audit cycle three, year two.</p> <p>(b) This audit was completed in the third year of the third audit cycle. The auditor reviewed the agency's public website DOC Prison Rape Elimination Act (wi.gov). During 2020 and 2021 the pandemic caused a significant operational impact on the agency and facilities. Due to these factors, PREA audits were not conducted at all facilities during the PREA audit cycle three.</p>

	<p>(h) While conducting the on-site review, the auditor and audit support staff had access to and the ability to observe all areas.</p> <p>(i) The auditor received requested documentation via email or uploaded within the OAS before the on-site audit review, during the on-site review, and documentation requested post-onsite before issuance of the interim report and/or during the corrective action time-frame.</p> <p>(m) The audit team interviewed staff and offenders in areas that allowed a level of privacy to prevent other offenders or staff from hearing the conversation.</p> <p>(n) The auditor received photos of the posted audit notifications and locations of those postings six weeks before the onsite review. While on-site the auditor and audit support team observed the audit notices printed on color paper posted throughout the facility. The audit notifications clearly articulated that letters to the auditor would not be discussed unless required by law or as authorized by the offender. Pre-onsite, the auditor received written correspondence from six offenders and the auditor met privately with each of the offenders onsite.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance in part with standard provisions. It is noted that provision (b) for the previous audit cycle did not meet compliance as described in the provision above.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor review:</p> <p>(f) The auditor reviewed the agency's public website DOC Prison Rape Elimination Act (wi.gov) and verified the agency has posted final PREA audit reports for all facilities beginning audit year two of cycle one and continuing up to audit year three of cycle three. The facility's prior final audit reports are posted on the agency's public website.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined the facility meets full compliance with this standard provision.</p>

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

	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.)	
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	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, 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	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	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?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious 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.)	
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	yes

	screening instrument?	
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)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
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	yes

	present management or security problems?	
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.)	na
	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.)	na
	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	na

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	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.)	
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	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	yes

	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).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

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

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	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?	
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.)	no
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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	Audit contents and findings	

(f)		
	<p>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.)</p>	yes