

PREA Facility Audit Report: Final

Name of Facility: Redgranite Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 09/27/2024

Date Final Report Submitted: 07/14/2025

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: Ronald Joseph Ortiz	Date of Signature: 07/14/2025

AUDITOR INFORMATION	
Auditor name:	Ortiz, Ronald
Email:	ronald.ortiz@state.co.us
Start Date of On-Site Audit:	04/16/2024
End Date of On-Site Audit:	04/18/2024

FACILITY INFORMATION	
Facility name:	Redgranite Correctional Institution
Facility physical address:	1006 County Road EE, PO Box 900, Redgranite, Wisconsin - 54970
Facility mailing address:	

Primary Contact

Name:	Joli Grenier
Email Address:	Joli.Grenier@wisconsin.gov
Telephone Number:	9205663180

Warden/Jail Administrator/Sheriff/Director	
Name:	Michael Gierach
Email Address:	Michael.Gierach@wisconsin.gov
Telephone Number:	920-566-3115

Facility PREA Compliance Manager	
Name:	Joli Grenier
Email Address:	joli.grenier@wisconsin.gov
Telephone Number:	920-566-3174
Name:	Sara Fry
Email Address:	sara.fry@wisconsin.gov
Telephone Number:	608-513-7360

Facility Health Service Administrator On-site	
Name:	Angela Thompson
Email Address:	Angela.Thompson@wisconsin.gov
Telephone Number:	920-566-3164

Facility Characteristics	
Designed facility capacity:	750
Current population of facility:	1012
Average daily population for the past 12 months:	1020

Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Mens/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-92
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:	222
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	4
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	96

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
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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

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-16
2. End date of the onsite portion of the audit:	2024-04-18

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:	Family Crisis Center and REACH

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	750
15. Average daily population for the past 12 months:	1012
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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1016
19. 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:	25
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
22. 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:	4
23. 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:	30
24. 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:	8

<p>25. 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>11</p>
<p>26. 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>7</p>
<p>27. 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>28</p>
<p>28. 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>29. 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>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. 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>222</p>
<p>31. 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>96</p>

<p>32. 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>4</p>
<p>33. 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>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor received a list of all PIOC currently at the facility and ensured that both targeted and random interviews were completed with multiple PIOC from all living unitd.</p>
<p>37. 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>

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	22
<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>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. 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:	1
42. 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

43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
44. 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:	2
45. 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
46. 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:	6
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
48. 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:	2

<p>49. 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>49. 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>49. 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>The auditor reviewed housing documentation for high risk PIOC and those who reported sexual abuse to confirm if they were in segregated housing.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>

<p>52. 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 type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input 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>53. 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>54. 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>No text provided.</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>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>24</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. 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>

58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <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)

60. 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 type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. 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 checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>69. 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>No text provided.</p>
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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.

<p>70. 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?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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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.

72. 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	9	X	9	X
Staff-on-inmate sexual abuse	9	X	9	X
Total	18	X	18	X

72. Explain why this information could not be provided.

Criminal investigations are completed by an outside agency.

73. 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	12	X	12	X
Staff-on-inmate sexual harassment	0	0	0	0
Total	12	X	12	X

73. Explain why this information could not be provided.

Criminal investigations are completed by an outside agency.

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.

74. 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	X	X	X	X	X
Staff-on-inmate sexual abuse	X	X	X	X	X
Total	X	X	X	X	X

74. Explain why this information could not be provided.

Criminal investigations and referrals for prosecution are completed by an outside agency.

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	7	0
Staff-on-inmate sexual abuse	2	0	8	1
Total	2	0	15	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.

76. 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	X	X	X	X	X
Staff-on-inmate sexual harassment	X	X	X	X	X
Total	X	X	X	X	X

76. Explain why this information could not be provided.

Criminal investigations and referrals for prosecution are completed by an outside agency.

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	10	2
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	10	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

9

<p>79. 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>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>81. 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>82. 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>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>84. 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>85. Did your sample of STAFF-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 staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>87. 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>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>89. 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>90. 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	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
95. 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 checked="" type="radio"/> Yes <input type="radio"/> No
95. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

Non-certified Support Staff	
<p>96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>97. 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>Colorado 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>In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p>In determining compliance, the auditor triangulated relevant and available evidence related to all standards including:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> • Red Granite Correctional Institution Pre-Audit Questionnaire (RGCI PAQ) • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated August2, 2022. For this audit report, this policy will be referred to as ED 72. • Agency PREA Director position description • Agency Organizational Chart

- WIDOC PREA Compliance Manager listing

Interviews Conducted:

- PREA Coordinator (Director)
- PREA Compliance Manager

Reasoning and analysis (by provision):

115.11(a):

- ED 72:
 - ED 72 is the agency's written policy that mandates zero tolerance towards all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.
It states:
"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 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."

115.11(b):

- ED 72 states:
 - "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 PREA Director position description states:
 - Under the general policy direction of the Assistant Deputy Secretary, this position is responsible for the direction of the Prison Rape Elimination Act (PREA) provisions in the Department. The scope of this position encompasses the entire Wisconsin Department of Corrections in which capacity it serves as the department expert on the PREA and provides oversight and consultation to department management. This position is responsible for the planning, coordination, implementation and maintenance of an ongoing PREA training and education program, and will serve as a subject matter expert on PREA quality and training standards; monitor all department-wide PREA processes; and work with agencies and stakeholders in attaining consistent, quality PREA training and education. Additionally, this position is responsible for the review of all allegations of Prison Rape Elimination Act (PREA) violations to determine appropriate investigative action and provide technical assistance where appropriate and requested. The goals of the office include the provision of objective, efficient and thorough investigations and collection of data on operational trends and identification of areas in need of improvement. This position is also responsible for the review of alleged serious policy or criminal violations related to PREA involving inmates, offenders, juveniles and staff. This position shall comply with the Department’s administrative rules and the agency’s policies and procedures including those related to the Department's overall Reentry philosophy of using evidence-based strategies, practices and programs which target an offender’s individual criminogenic needs and risk level.”
- The agency organizational chart shows:
 - The PREA Director reports to the Assistant Deputy Secretary.
- The agency PREA Director (referenced as the PREA Coordinator in the PREA standards) stated:
 - She feels she has enough time to manage all of her PREA related responsibilities which includes overseeing PREA compliance for 38 facilities. She stated that each of the 38 facilities has a PREA Compliance Manager and a backup for when they are unavailable (vacation etc). She stated that she interacts with them in many ways including having quarterly meetings, visiting the facilities, phone calls, and emails. If she were to identify a compliance issue she would work with the facility to identify a workable solution which may include connecting them to a similar facility to identify solutions and also may reach out to peers in other states to see what processes they have in place.

115.11(c):

- The Agency PREA Compliance Manager (PCM) listing shows that RGCI has a primary and back-up PCM.

	<p>ED 72 states:</p> <ul style="list-style-type: none"> ◦ “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.” • Interview with the PREA Compliance manager: <ul style="list-style-type: none"> ◦ She stated that she has enough time to manage her PREA related responsibilities. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.11 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated August 2, 2022 • Division of Adult Institutions (DAI) DOC-2845 PREA Contract Compliance Review Report template • DAI Policy 410.00.01 PREA Compliance Review of Contracted Facilities, dated 01/24/2022 • PREA Contract Compliance Review Reports • PREA final audit reports for the contract agencies • Public websites for the following facilities <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Agency Contract Administrator <p>Findings:</p> <p>115.12(a):</p> <ul style="list-style-type: none"> • The RGCI PAQ reported that the agency has contracts for confinement with 12 agencies. • ED 72 states:

- “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.”
- The 12 active contracts were reviewed and verified they all contain a section regarding PREA compliance. It states:
 - “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 PREA the Sheriff shall take all feasible and necessary steps to work toward full compliance.”
 - In addition, the contract agencies' websites were reviewed and verified they all contain information regarding PREA. Audit reports were reviewed for all 12 contract jails and they were all determined to be compliant.

115.12(b):

- The RGCI PAQ reported that compliance visits are conducted annually except during the years in which the contracted facility is subject to a DOJ PREA audit.
- See chart below for compliance reviews completed on contract facilities.
- DAI policy 410.00.01 states that the DAI shall review its contracted facilities for the confinement of inmates to ensure compliance with PREA and provides procedures for monitoring.
- Interview with the agency contract administrator:
 - She stated that they currently have contracts for confinement with 12 jails that require them to undergo a national audit every three years and on non-national audit years she does a review. There is a review form she uses and she goes onsite and conducts interviews as well. She also stated that all of the 12 facilities had undergone a national audit but that they were waiting on final audit reports for a few and that they will be done within the three-year cycle.

Contract Facility	Contract Start Date	PREA Compliance in Contract?	Last DOJ Audit (signature date)	Last Compliance Review	Agency website- PREA Information?
Fond du Lac County	10/01/2016	Yes	10/14/2022	05/24/2021	Yes
Jefferson County Jail	02/28/2019	Yes	04/25/2023	10/01/2021	Yes

	Juneau County Jail	02/12/2019	Yes	03/07/2023	12/03/2021	Yes
	Marquette County Jail	07/14/2021	Yes	05/09/2022	N/A	Yes
	Milwaukee County Community Reintegration Center	08/27/2017	Yes	01/12/2023	06/28/2021	Yes
	Oneida County Jail	05/04/2016	Yes	05/05/2023	06/03/2021	Yes
	Ozaukee County Jail	02/28/2019	Yes	12/01/2022	10/28/2021	Yes
	Racine County Jail	02/12/2019	Yes	03/19/2023	10/15/2021	Yes
	Rock County Jail	11/15/2018	Yes	03/01/2021	N/A	Yes
	Sauk County Jail	02/12/2019	Yes	03/18/2022	11/12/2021	Yes
	Vernon County Jail	03/29/2019	Yes	11/08/2022	11/02/2021	Yes
	Vilas County Jail	02/12/2019	Yes	06/19/2022	10/20/2021	Yes
<p>The auditor finds the agency/facility in full compliance with PREA Provision §115.12 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>						

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed:

- RGCI PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22.
- Red Granite Correctional Institution (RGCI) Staffing 2023 and 2024 plans
- WIDOC PREA Coordinator PREA Staffing Plan Annual Review log
- DAI Policy 410.40.01 PREA Unannounced Supervisory Rounds, dated 01/24/22
- Photos of shift logs

Interviews Conducted:

- RGCI Warden
- PREA Compliance Manager
- PREA Director
- Intermediate or higher-level staff

Site review Observations

Findings:

115.13(a):

- The RGCI PAQ reports that since the last PREA audit, the average daily number of inmates is 1027. They further report that the average daily number of inmates on which the staffing plan is predicated is 1022.
- ED 72 states:
 - “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.”
- RGCI staffing plan:
 - The February 2023 and March 2024 RGCI staffing plans were reviewed and this auditor verified they contains all requirements of the standard including Generally accepted detention and correctional practices; Any

judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal and external oversight bodies; All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated); The composition of the inmate population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors.

- Interview with the Warden:
 - In the interview with the Warden he stated that RGCI has a PREA staffing plan they evaluate it as needed to include reviewing adequate staffing numbers, programs and activities. He confirmed all required items are reviewed and confirm they currently have no finding of inadequacy.
- Interview with the PREA Compliance Manager
 - She stated that all required components are considered in the PREA staffing plan. She also stated that it is sent once a year to the PREA office.
- Site review observations:
 - During the site review the audit team was able to observe all areas of the facility. Correctional staff were seen in every living unit as well as throughout the other areas of the facility. A member of the audit team reviewed the cameras and no issues were noted. In the living units no areas of concerns or blind spots were found.

115.13(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."
- The RGCI PAQ reports that staff shortages were the most common reason for deviating from the staffing plan.
- Interview with the Warden:
 - In the interview with the Warden he stated that there was an instance they fell below minimum staffing and it was documented.

115.13(c):

- WIDOC PREA Coordinator PREA Staffing Plan Annual Review log shows that RGCI had their last annual review signed on February 25, 2023.
- DAI policy 410.50.05 states:
 - "Whenever necessary, but not less than once per year each facility 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." It further states that the staffing plan shall be reviewed by the PREA Director.

- The RGCI staffing plan shows it was signed as reviewed by the PREA Director in 2023 and 2024.
- Interview with the PREA Director:
 - She stated that yes, she reviews the staffing plan for each facility annually.

115.13(d):

- ED 72 states:
 - "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."
- DAI policy 410.40.01 states:
 - Rounds shall be conducted at random times across all shifts and days of the week. Staff are prohibited from alerting other staff members that supervisory rounds are occurring, unless such announcement is essential to avoid creating additional danger during exigent circumstances.
- Photos of shift logs were reviewed which showed rounds in multiple units by supervisors at various times and days of the week.
- Interviews with intermediate or higher staff:
 - Interviews with two intermediate or higher staff states they do conduct unannounced rounds on a regular basis and document them in the unit log book as well as WICS. They also stated that they prevent staff from alerting other staff of the rounds by taking different routes, not announcing they are coming. They also said that it is against policy for staff to alert others that rounds are being done and would hold staff accountable if they were alerting.
- Site review observations:
 - During the site review the audit team randomly checked log books in multiple units and they showed that lieutenants and captains routinely visited the units.

The auditor finds the agency/facility in full compliance with PREA Provision §115.13 based upon analysis of all available evidence including the documentation provided,

the site review and interviews conducted.

115.14 Youthful inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

- RGC PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22.
- DAI Policy 302.00.20 Placement of Juveniles in Adult Correctional Sites, dated 02/22/2021
- Agency movement memo Re: PREA-Youthful Inmates, dated 12/19/16.

Site Review Observations

Findings:

115.14(a, b, c):

- The RGC PAQ reported that they do not house youthful inmates.
- 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 or provide direct staff supervision when youthful inmates and adult PIOC 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 Policy 302.00.20 states:
 - “The Division of Adult Institutions shall not house juveniles in adult correctional facilities.” It further states that “Adjudicated juveniles who are less than 18 years of age shall not be admitted to a DAI facility or the WRC (Wisconsin Resource Center).”

	<ul style="list-style-type: none"> • The memo regarding youthful inmate’s states that all of the youthful inmates previously housed at the facility were moved to a DJC facility and that no youthful inmates will be housed at any of the above stated facilities, or at any DAI facility, from this point forward. • Site review observations: <ul style="list-style-type: none"> ◦ During the site review no inmates that appeared to be under 18 were observed. Staff were informally asked about youthful inmates during the site review and all stated that they do not house them at RGCI. The inmate roster for the first day of the audit did not show anyone under the age of 18. • No interviews with youthful inmates or staff who supervise youthful inmates were able to be completed as RGCI does not hold youthful inmates. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.14 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 410.40.02 PREA Opposite Gender Viewing and Announcing, dated 03/20/23 • DAI Policy 500.70.24 Clinical Observation, dated 07/13/21 • DAI Policy 306.16.01 Use of Body Cameras, dated 03/24/22 • DAI Policy 306.17.02 Searches of Inmates, dated 08/31/23 • DAI Policy 500.70.27 Transgender Management and Care, dated 04/04/22, updated 05/29/24 • DOC-544 Lesson Plan for Personal Searches: Pat Searches and Strip Searches, dated 10/22 • DOJ FAQ • WI DOC Administrative Code 306.17 <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Random Staff • Random Inmates

- Transgender Inmates

Site Review Observations

Findings:

115.15(a):

- - The RGCI PAQ reported that they do not conduct cross-gender strip or visual body cavity searches of inmates and that there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months.
- 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.”
- DAI policy 410.40.02 states:
 - “All viewing and searches shall be performed in accordance with DAI policies 306.17.02, 500.00.05 and 500.70.24.”
- DAI policy 500.70.24 states:
 - “Cross gender constant observation may be conducted when privacy accommodations are provided for toileting, showering and changing clothing. Exceptions are allowed in exigent circumstances.”
- DAI policy 306.16.01 states:
 - “Staff directly observing the PIO during a strip search shall be required to be the same gender as the PIOC. A second staff (of any gender) shall only observe the staff performing the strip search. All body cavity searches and certain body content searches shall be conducted by off-site health professionals. Coordination is required between security and off-site staff regarding these searches.”
- No non-medical staff involved in cross-gender strip or visual searches were able to be interviewed as RGCI does not conduct cross-gender strip or visual searches.
- Site review observations:
 - During the site review the areas where strip searches are conducted were viewed by the audit team and it was verified that they provide enough privacy that cross-gender viewing is obstructed.
 - During the site review, informal conversations were held with RGCI inmates along with identified RGCI transgender female inmates. Concerns were expressed regarding how transgender female inmates are not allowed to request what gender staff can strip search them. Additionally, RGCI transgender inmates expressed concern regarding opposite gender staff viewing during the Urine Analysis (UA)/drug screening process.

115.15(b):

- DAI policy 306.17.02 states:
 - “Male PIOC may be pat searched by male or female security staff members and female inmates may only be pat searched by female security staff.”

This provision does not apply to this facility as they do not house female inmates.

115.15(c):

- DAI policy 306.17.02 states:
 - “Inmate searches shall be documented utilizing DOC-1523. Documentation of exigent circumstances where cross-gender pat-down searches of female inmates by male staff are conducted shall be maintained. Documentation of exigent circumstances where cross-gender strip, body cavity or body contents searches are performed shall be maintained.”
- No cross-gender strip searches had been conducted in the past 12 months so no logs or other documentation were able to be reviewed.

115.15(d):

- ED 72 states:
 - “In order to enable PIOCs 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.”
- DAI policy 410.40.02 states:
 - “Each facility shall 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 (or exits and reenter a housing unit where inmates may be able to shower, change clothing or perform bodily functions. 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 on 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
- It further states that facilities housing deaf or blind inmates shall develop an alternative or supplementary notification method and that upon admission, inmates shall receive facility specific information that explains how opposite gender staff announce their presence.
- Site review observations:
 - During the site review the audit team saw both male and female staff in most living units. A doorbell type sound was played when female staff entered units that did not currently have female staff working. There was also a blue light on the ceiling in the living units that is turned on whenever female staff are present so that PIOC’s can easily look and see if female staff may be present.
 - Shower and toilet areas were viewed in each unit. RGCI has communal shower areas with 1 ADA shower stall. The shower area has frosting on the windows that restricts full view of inmates showering and does provide privacy and enables inmates to shower and use the toilet without opposite gender staff being able to view them.
 - Cameras were viewed by the audit team and verified they do not show areas where inmates may be in a state of undress.
 - During informal conversations female staff also stated they sometimes just verbally announce when entering a unit.
- Inmate interview questionnaire:
 - A total of 42 inmates were asked if female staff announce when they enter the living units and the majority stated that yes, female staff are consistently announced either using the doorbell or they see the blue light is on. Many also stated that there is almost always female staff present, either officers or social workers. The majority also stated that they have enough privacy to use the toilet, shower and change clothing.
- Random staff interviews:
 - A total of 12 random staff from all shifts and various posts throughout the facility were interviewed and all stated that female staff are announced using the doorbell and blue light and that inmates are able to dress, shower and toilet without being viewed by opposite gender staff.

115.15(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.”
- DAI policy 306.17.02 states:
 - “Staff shall not physically examine or search a transgender or intersex PIOC for the sole purpose of determining the PIOC’s genital status. If unknown, a PIOC’s genital status may be determined through the following methods:
 - 1. Conversation with the PIOC.
 - 2. Review of medical records.
 - 3. As part of a broader medical examination conducted in private by an ACP.”
- DAI policy 500.70.27 states:
 - “Pat searches:
 - Transgender and intersex PIOC may submit DOC-3035B to PSU staff to request the gender of the staff member conducting pat searches.
 - After receipt of the request, PSU staff shall:
 - Complete the top (PSU) portion of DOC-3802 and forward to the Security Director/designee.
 - Write a Case Management note in the Healthcare Record to indicate the DOC-3802 was initiated.
 - The Security Director/designee shall complete the security portion of DOC-3802 and decide whether to approve or deny the request, based upon the following guidelines:
 - A cross-gender identity is present and there are no significant concerns about its validity.
 - The request is consistent with safety, treatment and rehabilitative needs of the PIOC.
 - Institutional adjustment (i.e. sexual conduct, aggression, or assault) does not indicate a significant risk to staff.
 - Criminal history prior to incarceration does not indicate a significant risk to staff.
 - Communication and Documentation
 - The Security Director/designee shall communicate the outcome (approval or denial) to PSU staff and the facility’s PREA Compliance Manager.
 - PSU staff shall discuss the outcome (approval or denial) with the requesting PIOC.

- A designated facility staff member shall enter the approval or denial in the security portion of WICS Special Handling and upload the DOC-3802 to the Inmate Record Scanned Documents sections of WICS.
- Once approved, gender preferences for pat searches shall be subject to the availability of such staff. If the preferred gender is not available for a pat search, staff shall document the circumstances on a DOC-2466.
- The Security Director/designee may modify gender preference approvals should circumstances change. The reason for change shall be documented in the security portion of WICS Special Handling.
- Timeframes:
 - PIOC may submit a request to modify a gender preference at intervals of no less than every six months.
 - PIOC may re-request a pat search preference after six months if a previous request is denied.
- Identification card
 - Once a preference is approved, a designated staff member shall issue a white label indicating the staff gender search preference.
 - The white label shall be placed on the back side of PIOC identification card at the top of the card between the lanyard holes.
 - PIOC shall display the white label on the identification card to staff members when asked to submit to a pat search."

- Random staff interviews:
 - All 13 random staff interviewed were aware that the agency's policies prohibit staff from searching or physically examining a transgender or intersex inmate for the purpose of determining their genital status.
- Transgender Inmate Interviews:
 - 6 out of 8 identified transgender inmates were interviewed with all 6 stating that they do not feel staff search them for the sole purpose of determining genital status. However, all 6 indicate that they do not get to choose a female staff to search them during any type of search (Clothed or unclothed).

115.15(f):

- RGC PAQ states that 100 percent of security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.
- DOC-544 lesson plan covers pat searches and strip searches and includes why

and how to conduct searches and that they should be done in a professional, respectful and least intrusive manner as possible.

- Random staff interviews:
 - All random security staff interviewed verified they have received training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates.
- Based on the concerns raised by transgender PIOC's, in informal interviews during the site review, the audit team elected to oversample and interview six of the eight identified transgender PIOC's currently at RGCI. All stated they had no choice in which gender of staff conduct searches (clothed or unclothed). Several also mentioned feeling uncomfortable with male staff conducting searches and urinalysis testing (UA's) and, if they were asked, they would want a female staff to be the one conducting all searches.

WIDOC provided information as to how each PIOC who identifies as transgender is screened for appropriate placement in a facility that aligns with their gender identity. If a transgender female is placed in a female facility then they would be searched by female staff. The information provided stated that three individuals have been admitted to a female facility. The total number of self-identified transgender female PIOC is currently 188, 25 of which have asked to be considered for transfer to a female facility.

Corrective action:

The auditor worked with the facility and agency to implement search options for transgender PIOC.

- DAI policy 500.70.27 Transgender Management and Care was updated effective 05/29/24 and it now states:
 - "Pat searches:
 - Transgender and intersex PIOC may submit DOC-3035B to PSU staff to request the gender of the staff member conducting pat searches.
 - After receipt of the request, PSU staff shall:
 - Complete the top (PSU) portion of DOC-3802 and forward to the Security Director/designee.
 - Write a Case Management note in the Healthcare Record to indicate the DOC-3802 was initiated.
 - The Security Director/designee shall complete the security portion of DOC-3802 and decide whether to approve or deny the request, based upon the following guidelines:
 - A cross-gender identity is present and there are no significant concerns about its validity.
 - The request is consistent with safety, treatment and rehabilitative needs of the PIOC.
 - Institutional adjustment (i.e. sexual conduct,

aggression, or assault) does not indicate a significant risk to staff.

- Criminal history prior to incarceration does not indicate a significant risk to staff.
 - Communication and Documentation
 - The Security Director/designee shall communicate the outcome (approval or denial) to PSU staff and the facility's PREA Compliance Manager.
 - PSU staff shall discuss the outcome (approval or denial) with the requesting PIOC.
 - A designated facility staff member shall enter the approval or denial in the security portion of WICS Special Handling and upload the DOC-3802 to the Inmate Record Scanned Documents sections of WICS.
 - Once approved, gender preferences for pat searches shall be subject to the availability of such staff. If the preferred gender is not available for a pat search, staff shall document the circumstances on a DOC-2466.
 - The Security Director/designee may modify gender preference approvals should circumstances change. The reason for change shall be documented in the security portion of WICS Special Handling.
 - Timeframes:
 - PIOC may submit a request to modify a gender preference at intervals of no less than every six months.
 - PIOC may re-request a pat search preference after six months if a previous request is denied.
 - Identification card
 - Once a preference is approved, a designated staff member shall issue a white label indicating the staff gender search preference.
 - The white label shall be placed on the back side of PIOC identification card at the top of the card between the lanyard holes.
 - PIOC shall display the white label on the identification card to staff members when asked to submit to a pat search."
- The search preference option was communicated to the transgender PIOC currently assigned to RGCI (15 PIOC) on their tablets via a memo from the PREA Director on March 6, 2025 which informed them of the update to policy 500.70.27 specifically in regards to the pat search and the process to request preferences.
 - During the corrective action period 2 transgender PIOC completed the pat search preference forms with one being approved.

Based on the interviews with PIOC and staff, review of state administrative rules,

	<p>review of DOJ FAQ's and after receiving clarification from the PREA Resource Center the auditor finds RGCI in substantial compliance with PREA Provision §115.15 after successfully completing the corrective action.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22. • WIDOC Executive Directive 71: Language Assistance Policy and Implementation for Addressing Need of Offenders with Limited English Proficiency • WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook (large print, Spanish) • Agency Handbook Addendum (Spanish and Large print) • DAI Policy 300.00.35 American with Disabilities Act, dated 09/14/20 • DAI Policy 300.00.61 Language Assistance for Limited English Proficiency (LEP) Inmates, dated 05/09/22 • Agency contract for In-Person Interpretation services for American Sign Language (ASL) • Agency contract for Video Remote Interpreting Services for ASL • Agency Posted Language Policy Notice (English and Spanish) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Agency Head • Inmates (with disabilities or who are limited English proficient) • Random Staff <p>Site Review Observations</p> <p>Findings:</p> <p>115.16(a):</p> <ul style="list-style-type: none"> • 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.”
- The WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook is available in large print and Spanish.
- Contracts were provided that show interpretation and translation services are available for American Sign Language (ASL) as well as for those who speak a language other than English.
- DAI policy 300.00.35 outlines how each facility shall establish a process by which inmates and members of the public with qualified disabilities may request accommodations for access to programs, services and activities.
- Site review observations:
 - During the site review the audit team observed PREA postings in English and Spanish that were easily read and understood.
- During interviews the audit team was provided a phone number to call for interpretation services for inmates who did not speak English.
- Interview with the Agency Head (designee):
 - She stated that the agency has established procedures to provide inmates with disabilities and who are limited English proficient equal opportunity to participate in all aspects of the effort to prevent, detect, and respond to sexual abuse and sexual harassment. She stated that the PREA orientation video is available in English, Spanish and Hmong as well as it is closed captioned for the hearing impaired. It can also be provided in braille or audio format and they have a disability coordinator who oversees these services.
- Interviews with inmates who are disabled or limited English proficient:
 - A total of six PIOC were interviewed using the disabled and limited English proficient inmates’ protocol. Of those two were limited English proficient, two were blind, deaf or hard of hearing, one had a cognitive disability and and one had a physical disability. All six inmate interviews stated they did receive information about sexual abuse and sexual harassment in a manner they were able to understand.

115.16(b):

- Posters (including the PREA poster and language policy notice), inmate handbooks and addendums were provided to show they are available in Spanish.

- DAI policy 300.00.61 states:
 - “The Division of Adult Institutions shall comply with Federal law under Title VI which required all recipients of federal funds to provide meaningful access to documents, services and programs for individuals with Limited English Proficiency.”
- Interviews with inmates who are disabled or limited English proficient
 - A total of six PIOC were interviewed using the disabled and limited English proficient inmates’ protocol. Of those two were limited English proficient, two were blind, deaf or hard of hearing, one had a cognitive disability and one had a physical disability. All six inmate interviews stated they did receive information about sexual abuse and sexual harassment in a manner they were able to understand.

115.16(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.”
- ED 71 outlines how to determine the appropriate language assistance services in both oral and written formats.
- Site review observations:
 - Staff were informally interviewed during the site review and stated they were aware they could not use other inmates to interpret for anything PREA related.
- Interviews of random staff:
 - Twelve random staff were interviewed and asked when an inmate would be allowed to interpret for another inmate. The majority of the staff interviewed stated they would never use another inmate to interpret, while a few of the staff indicated they would not use an interpreter for anything PREA related and would only consider using an interpreter for life/death emergencies.

The auditor finds the agency/facility in full compliance with PREA Provision §115.16 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed:

- RGCI PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22.
- WIDOC Executive Directive 42: Police Contact, Arrest, and Conviction Policy for Current Employees, dated 08/15/16
- DAI Policy 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, dated 02/10/1
- Agency Human Resources Procedures, Background Check Procedure, dated 11/26/18
- Agency Human Resources Procedures, Fingerprint Procedures, dated 11/26/18
- Agency Human Resources Procedures policy 200.30.507, Reference Checks, dated 08/04/20
- Candidate feedback report, (5 staff examples)
- DOC-2430 Contractor Background Check with Attached Education and Acknowledgement
- DOC-1098D Background Check Authorization form, dated 02/2021 (Blank and completed examples)
- DOC-1098R Candidate Reference Check, dated 10/2020 (blank example)
- DOC-2674 DAI Volunteer Application (blank)
- RGCI Fingerprint information 5 year re-print requirement (examples of staff)

Interviews Conducted:

- Administrative (Human Resources) Staff

Site Review Observations

Findings:

115.17(a-b):

- ED 72 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 nonconsensual 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 staff member.”
- ED 42 states:
 - “DOC will not fire or promote an applicant for a position which may have contact with inmates, offender or juveniles based on the following PREA Standards: 1. Engaged in sexual abuse in a prison, jail,

lockup, community confinement facility, juvenile facility, or other institution or place of detention. 2. Convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. 3. Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above.”

- Agency Human Resources Procedures, Background Check Procedure outlines the process for each applicant’s background check and also states the same information as ED 42 regarding not hiring or promoting an applicant who has 1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention. 2. Convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. 3. Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above.
- DOC-2430 Contractor Background Check with Attached Education and Acknowledgement includes a facility security clearance background check form that is to be filled out by the individual, a pamphlet titled “Sexual abuse and sexual harassment in confinement: A guide for volunteers and contractors” and a PREA training acknowledgement that they have to sign.
- Interview with human resources staff:
 - In the interview with human resources staff she stated that yes, the facility does consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services on any contractor who may have contact with inmates.

115.17(c-d):

- The RGCI PAQ reports that 73 criminal background checks have been performed in the past 12 months for persons hired who may have contact with inmates. It further reported that in the past 12 months the number of contracts where criminal background checks were conducted on all staff who might have contact with inmates were 1 out of 1.
- 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.”
- Agency Human Resources Procedures, Background Check Procedure outlines procedures for HR staff to follow when completing background and reference

checks.

- DAI policy 309.06.03 requires the agency to conduct criminal background checks for all volunteers as well as a new background check is required if the prior review was more than one year before.
- Examples of completed form 1098-D were reviewed for both promotions and new hires that verify background checks were completed including asking the candidate to answer if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility or other institution, if they have been convicted of engaging or attempting to engage in sexual activity in the community facility by force, overt or implied threats of force, or coercion, or if they have been civilly or administratively adjudicated to have engaged in the previously described activity or engaged in sexual harassment in the community or a confinement setting.
- Sample background checks for contractors were received and verified that the necessary background check and PREA questions were completed.
- Interview with human resources staff:
 - HR staff stated that the facility performs criminal record checks for all newly hired employees as well as those being considered for promotions or any change in classification. Background checks are also performed for all contractors; some are done through the warden's office or medical as well.

115.17(e):

- ED 72 states:
 - "The DOC shall conduct a criminal background records check every five years for current employees."
- RGCI fingerprint information was reviewed for 5 random employees that showed the 5 year checks being completed.
Interview with human resources staff:
- HR staff stated that portal 100 and CCAP are used and that the fingerprint system is ran through oracle and people soft. For the 5 year checks she said it is ran every pay period and they then contact any employees who needs to be finger printed and that they are finger printed once every 5 years.

115.17(f-g):

- ED 72 states:
 - "All applicants shall be required to disclose instances of sexual misconduct as described above. Applicants who fail to disclose such information shall be ineligible for hire for the current vacancy and, if applicable, may be grounds for termination."
- DOC 1098D has a statement which the applicant has to sign that states:
 - "I affirm that all the information on this document is true and complete to the best of my knowledge and I understand that any falsification or omission of information will disqualify me for this position."

	<ul style="list-style-type: none"> • Interview with human resources staff: <ul style="list-style-type: none"> ◦ HR staff stated that per ED 42 the facility does ask all applicants and employees about previous misconduct in written applications for hiring or promotions and during the annual review they go through an acknowledgement. She further stated that ED 42 requires employees to disclose any such misconduct. <p>115.17(h):</p> <ul style="list-style-type: none"> • Interview with human resources staff: <ul style="list-style-type: none"> ◦ HR staff stated that they are mandated by law to do file checks on all new employees and that when a former employee applies for work at another institution that upon request from that institution they will provide information on any substantiated allegations of sexual abuse or sexual harassment. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.17 based upon analysis of all available evidence including the documentation provided and interviews conducted.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DOC-2635 Maintenance Project Request for Approval Form <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Agency Head • Warden <p>Findings:</p> <p>115.18(a):</p> <ul style="list-style-type: none"> • The RGCI PAQ indicates that the agency/facility has not acquired a new facility or made a substantial expansion or modification since the last PREA audit.

- 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.”
- DOC-2635 Maintenance Project Request for Approval Form (blank) requires that the facility describe how the proposed project will enhance the facility’s ability to protect inmates from sexual abuse.
- Interview with Agency Head (designee):
 - She stated that facility and agency leadership work together when designing, acquiring or planning any substantial modifications to facilities. They will review the staffing plan, any reported incidents, compare to similar facilities and evaluate sound correctional practices.
- Interview with the Warden:
 - The Warden confirmed that RGCI has not had any substantial expansions or modifications since the last PREA audit.

115.18(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.”
- Interview with the Agency Head (designee):
 - She stated that they continuously improve their monitoring technology and look at site lines and determine which areas need cameras to monitor staff and inmate movement, also previous incidents and investigations would be taken into consideration.
- Interview with the Warden:
 - He stated that when installing or updating monitoring technology they would look at coverage of blind spots and review areas where incidents had been reported to have taken place.

The auditor finds the agency/facility in full compliance with PREA Provision §115.18 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed:

- RGCI PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- DAI Policy 306.00.14 Protection, Gathering and Preservation of Evidence, dated 10/18/21
- DAI Policy 500.30.19 Sexual Abuse-Health Services Unit Procedure in the Event of Sexual Abuse, dated 04/01/17
- DAI Policy 410.50.04 PREA Support Services and Retaliation Monitoring, dated 10/18/21
- Excerpt from the Agency Healthcare Manual Reference
- Excerpt from the Agency Inmate Handbook
- Memorandum of Understanding with Family Crisis Center signed 07/19/2023
- Support Services Workshop - WIDOC Victim Services Coordinators Agenda
- Agency Victim Accompaniment Guide
- Agency Victim Services Coordinator Sexual Abuse and Sexual Harassment Reference Guide
- DOC-2767 Agency Victim Services Coordinator Response Checklist
- Agency Law Enforcement Compliance Request Email, dated 03/18/2019

Interviews Conducted:

- Random Staff
- SAFE/SANE Staff
- PREA Compliance Manager
- Inmates that reported Sexual Abuse

Findings:

115.21(a-b):

- The RGCI PAQ reported:
 - The agency/facility is responsible for conducting administrative sexual abuse investigation but they are not responsible for conducting criminal sexual abuse investigations and that they are completed by the Red Granite Police Department.
- 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.”

- DAI Policy 306.00.14:
 - Agency policy outlines appropriate staff requirements to preserve and protect evidence in order to maximize the potential for obtaining usable physical evidence for investigations and includes sufficient technical detail to aid staff in obtaining usable physical evidence.
- DAI Policy 500.30.19:
 - Contains information for the health services unit and how they should respond to reports of sexual abuse, including that “HSU staff performing the assessment shall: Understand principles to preserve evidence during care and treatment.”
- Interviews with random staff:
 - Twelve random staff were asked about the agency’s protocol for obtaining usable physical evidence. Nine of the twelve stated they would ask the victim and instruct the suspect not to take any actions that would destroy evidence, secure the crime scene and all stated they would notify the shift supervisor. They all stated it would be the responsibility of the captain to notify outside law enforcement.

115.21(b):

- The RGCI PAQ reported:
 - RGCI does not hold youthful inmates. It further indicates that the protocol was based on the National Commission on Correctional Health Care-Response to Sexual Abuse.
- The excerpt from the agency healthcare manual states:
 - WIDOC clinicians do not conduct SANE examinations and as such, DOC does not implement a forensic medical examination protocol and rather conforms to healthcare standards in the reference manual.

115.21(c):

- The RGCI PAQ reported:
 - All inmates who experience sexual abuse are offered access to forensic medical examination at an outside facility, Aurora Medical Center in Oshkosh The PAQ provided by RGCI reports there was only one forensic medical exams conducted in the past 12 months.
- DAI Policy 500.30.19 states:
 - The medical care for sexual abuse victims may include transfer to an offsite facility for a SANE examination when determined evidentiarily or medically appropriate.
- ED 72 states:
 - “all victims shall be offered access to forensic medical examinations at an offsite medical facility, without financial cost, where evidentiarily or medically appropriate.”
- The agency inmate handbook states:
 - One of the rights for inmates is to receive free medical and mental

health care following an incident of sexual abuse or sexual harassment.

Interview with SANE Coordinator:

- The SANE Coordinator for Aurora Oshkosh Medical Center was interviewed on the phone by the audit team and she stated that her hospital always has a SANE nurse on-call to respond to the hospital when needed. She further stated that her hospital does not like to enter into memorandums of understanding (MOU) which is why there is no MOU in place.

115.21(d):

- The RGCI PAQ states:
 - The facility makes a victim advocate from a rape crisis center available from Family Crisis Center and if not available, a qualified staff member may provide victim advocate services.
- The Memorandum of Understanding with Family Crisis Center shows:
 - Family Crisis Center will provide an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview processes, as requested by the victim via DOC, if available.
- Support Services Workshop - WIDOC Victim Services Coordinators Agenda, Agency Victim Accompaniment Guide and the Agency Victim Services Coordinator Sexual Abuse and Sexual Harassment Reference Guide show:
 - Agency training to ensure a qualified staff member is appropriately trained and available in the absence of a rape crisis center victim advocate.
- Interview with the PREA Compliance Manager:
 - The PCM stated that they have an agreement with an outside victim advocacy center as well as a victim services coordinator is always available. PIOC's also can call the rape crisis center from their phones.
- Inmates that reported sexual abuse interviews:
 - 3 PIOC's were interviewed that had reported sexual abuse in the past 12 months, with all 3 stating that they were offered advocacy services. 2 PIOC's stated they did speak with a victim advocate but were unsure of the specific name. One PIOC stated that they were offered services but they did not want to talk to anyone.

115.21(e):

- ED 72 states:
 - "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.”

- DAI Policy 410.50.04 states:
 - For every alleged victim of sexual abuse, the Victim Services Coordinator (VSC) is tasked with several responsibilities including victim accompaniment when an advocate from a sexual assault service provider (SASP) is unavailable.
- DOC-2767 Agency Victim Services Coordinator Response Checklist:
 - Provides a checklist of tasks for the VSC if a SASP is not available including accompanying and providing support for the alleged victim through the forensic medical examination and investigatory interviews.
- Interview with the PREA Compliance Manager:
 - An MOU is created with the agency that includes the expectations and training is provided to the agency staff.

115.21(f):

- Agency Law Enforcement Compliance Request Email shows:
 - The Redgranite Police Department was contacted regarding a compliance request from the WIDOC Secretary. No response was received.

115.21(g):

- Auditor is not required to audit this provision.

115.21(h):

- Support Services Workshop agenda was provided showing the training and education concerning sexual assault and forensic examinations and the appropriateness to serve in this role.

The auditor finds the agency/facility in full compliance with PREA Provision §115.21 based upon analysis of all available evidence including the documentation provided, the site review, and interviews conducted.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

- RGCI PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- DAI Policy 303.00.05 Law Enforcement Referrals, dated 07/25/22
- DAI Policy 306.00.15 Inmate Investigations, dated 09/07/23
- Agency Human Resources Procedures 200.30.304, Employee Disciplinary Investigations, dated 10/28/20
- Referral for criminal investigations template
- Screenshot of agency website re: Law Enforcement Referrals
- Law enforcement agency contacts for RGCI

Interviews Conducted:

- Investigative Staff
- Agency head

Findings:

115.22(a):

- The RGCI PAQ reported:
 - The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. They further reported that in the past 12 months 30 allegations of sexual abuse and sexual harassment were received at RGCI, all 30 were referred for administrative investigations, 18 were referred for criminal investigation and 8 were still active cases. .
- 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."
- Interview with the Agency Head (designee):
 - She stated that the agency has ED 72 in place which outlines the investigation process and that they ensure that an administrative and/or criminal investigation is completed for all allegation of sexual abuse or sexual harassment. She stated that administrative investigations are completed internally by trained PREA investigative staff and that criminal investigations are referred to local law enforcement in that jurisdiction, either the Sheriff's Office or police department. The referral to law enforcement would be made promptly after any health or safety concerns are addressed and the PREA office would also be notified. Outside law enforcement would then work hand in hand with

the agency and facility.

115.22(b-c):

- ED 72 requires:
 - “Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC’s website.
- DAI policy 303.00.05 states:
 - “The Warden/designee shall refer the following to LE (law enforcement): Allegation of sexual abuse or sexual harassment as defined by ED 72 that involve potentially criminal behavior and sexual assault per Wisconsin Statutes s. 940.225”
- DAI Policy 306.00.15 states:
 - “All reports of sexual abuse shall be reported to law enforcement by the facility PREA Compliance Manager/designee. Reports of sexual harassment that involve potentially criminal behavior shall be referred to law enforcement.”
- Agency Human Resources Procedures 200.30.304 states:
 - “All allegations or sexual abuse shall be reported to law enforcement by the Security Director, PREA Compliance Manager, or other designee. Allegations of sexual harassment that involve potentially criminal behavior shall be referred to law enforcement. All referrals shall be documented.”
- Referral for criminal investigations template:
 - Provides a standard document to send to outside law enforcement referring the case to their agency.
- The agency website: (<https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx>) was reviewed and verified that ED 72 is available for the public.
- Interview with facility investigator:
 - An administrative investigators was interviewed and stated that agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation.

115.22(d): Auditor is not required to audit this provision.

115.22(e): Auditor is not required to audit this provision.

The auditor finds the agency/facility in full compliance with PREA Provision §115.22 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

- RGCI PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- Agency Training Curriculum: Facility Staff Training and Support: DAI Uniformed Staff
- Agency Training Module-All Staff PREA
- Agency Newsletter examples
- DOC-1558 Employment Statement of Acknowledgement (blank and completed examples)
- RGCI Training Roster for PREA

Interviews Conducted:

- Random Sample of Staff

Site Review Observations

Findings:

115.31(a-b):

- The RGCI PAQ states all new staff are required to take the module "PREA;" all existing staff were required to take this module in the fall of 2015. Security staff also receive a module during pre-service (curriculum attached to (a)). All new employees are also required to read Executive Directive 72 and sign acknowledgment form DOC-1558 to affirm their understanding.
- 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.

- a. The DOC's zero tolerance policy for sexual abuse and sexual harassment;
 - b. How to fulfill employee responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
 - c. PIOC's right to be free from sexual abuse and sexual harassment;
 - d. The right of PIOC's and staff members to be free from retaliation for reporting sexual abuse and sexual harassment;
 - e. The dynamics of sexual abuse and sexual harassment in confinement;
 - f. The common reactions of sexual abuse and sexual harassment victims;
 - g. How to detect and respond to signs of threatened and actual sexual abuse;
 - h. How to avoid inappropriate relationships with PIOC's;
 - i. How to communicate effectively and professionally with PIOC's, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming PIOC's;
 - j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
 - k. Relevant laws regarding the applicable age of consent;
 - l. Instruction tailored to male and female PIOC's; and
 - m. Instruction specific to the unique needs and attributes of juveniles."
- The training curriculums; facility staff training and support: DAI Uniformed Staff and all staff PREA, were reviewed and verified they contain all this standards requirements.
 - Interviews with random staff:
 - Twelve random staff were interviewed and all stated they receive training on PREA annually and several mentioned they receive emails sometimes with updates from the PREA Compliance Manager.

115.31(c):

- The RGCI PAQ reported that when new policies/directive regarding sexual abuse and sexual harassment are released all employees who may have contact with inmates are informed via myDOC, PREA page, email or classroom instruction. It further stated that staff receive refresher training during odd years and that biennial refresher training was released in the winter of 2023.
- Agency newsletters were reviewed that show updates regarding PREA being distributed.

	<p>115.31(d):</p> <ul style="list-style-type: none"> • The RGCI PAQ reported that initial training and biennial modules are online and that participation and understanding are tracked electronically via the learning management system and that all new employees are also required to read ED 72 and sign acknowledgement form DOC-1558 to affirm their understanding. • ED 72 states” <ul style="list-style-type: none"> ◦ “Each employee shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received.” • DOC-1558 Employment Statement of Acknowledgement includes a list of executive directives, including ED 72, that employees are required to read, understand and abide by. The form also includes a signature from the employee that they “understand that that have the responsibility to read, understand, and abide by all Department of Correction policies and procedures, including but not limited to, the Executive Directives and policies listed above.” • An RGCI training roster was reviewed that shows all completed PREA related training for staff including the 2017, 2019, 2021 and 2023 PREA refreshers or Introduction to PREA for newly hired staff. • Example acknowledgment forms were received for five staff and verified staff signed to verify they received and understood the training provided. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.31 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Agency Brochure (English & Spanish) • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22. • DAI Policy 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns • POC-0080 DAI Brief Volunteer Orientation • POC-0079 DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation training

- A Guide for Volunteers and Contractors Brochure
- DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation Manual
- Agency Contractor & Volunteer Training
- DOC-2786 Agency Contractor Acknowledgment form (blank and completed examples)
- DOC-2674 DAI Volunteer Application
- DOC-2809 Volunteer Orientation Roster Attendance Record
- Email regarding form change for volunteers dated 08/16/2022.

Interviews Conducted:

- Volunteers
- Contractors

Site Review Observations

Findings:

115.32(a-b):

- The RGCI PAQ reports that 100 volunteers and contractors who may have contact with inmates have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment.
- 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."
- DAI policy 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."

POC-0080 DAI Brief volunteer orientation was reviewed, and it states

that they should carefully review the DOC pamphlet regarding PREA and that DOC has a zero-tolerance standard for sexual abuse and harassment, including that inmates cannot legally consent to any sexual contact. It further states that they must immediately report any information (including suspicion) about inmate victimization, retaliation or neglect.

- The POC-0079 DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation training was reviewed, and it has several slides related to PREA and their responsibilities as a volunteer, including the agency's zero-tolerance policy and reporting any knowledge of any sexual conduct immediately. The agency Contractor and Volunteer training (updated February 2018) covers many aspects of PREA including definitions, statistics, zero tolerance, prevention, detection and response procedures.
 - The Guide for Volunteers and Contractors Brochure was reviewed and it contains information on their responsibilities under PREA, including reporting and response duties.
 - The agency volunteer manual was reviewed and verified it contains information on PREA, ED 72, and maintaining professional boundaries.
- Interviews with volunteers:
- The audit team interviewed two volunteers/contract staff, and both stated they had received training regarding PREA and their responsibilities.
 - They both stated that they had been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report such incidents, specifically to take everything seriously and report anything suspicious.

115.32(c):

- DAI policy 309.06.03 requires each volunteer to sign DOC 2809 to verify attendance for all brief and full volunteer orientations (conducted by group or individually), including the annual orientation update. It also requires that the completed form (DOC-2809) be scanned and filed and the original provided to the PREA Compliance Manager.
- DOC-2809 Volunteer orientation roster attendance record states:
 - "Per the Prison Rape Elimination Act (PREA), the Wisconsin Department of Corrections shall ensure that all volunteers who have contact with inmates have: Been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; Been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures; Received training based on the services they provide and the level of contact they have with inmates. My signature below verifies that I have received and understand training on DOC policies and my responsibilities."
- The agency contract statement of acknowledgment, which is available in English and Spanish, requires the contractor to sign to acknowledge that they

were provided training on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response and that by signing, they indicate they understand the training received.

- The volunteer application was reviewed, and it indicates that by signing, the applicant understands they are expected to abide by all DOC and DAI policies, including the fraternization policy and facility procedures.
- The email regarding the form change for volunteers states that form DOC-2674 has been updated and will replace DOC-2809 and DOC-762. Five volunteers and contractors' training records were reviewed. They show completed form DOC-2786, including signing that they acknowledge and indicate they understand that DOC provided them training on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment, prevention, detection, and response.

The auditor finds the agency/facility in full compliance with PREA Provision §115.32 based on an analysis of all available evidence, including the documentation provided, the site review, and the interviews conducted.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>RGCI PAQ</p> <p>Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22.</p> <p>DAI Policy 410.20.01 Inmate PREA Education dated 05/17/2022.</p> <p>POC-0041B Resource sheet for offenders (English and Spanish)</p> <p>Memo regarding PREA Orientation Videos</p> <p>PREA Orientation videos at https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</p> <p>POC-0041C Inmate PREA Education Facilitator Guide (Rev. 01/2022)</p> <p>Photo of inmate ID cards showing PREA information on the back.</p> <p>WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook (English and Spanish)</p> <p>Email directive regarding Inmate Education from the PREA Coordinator dated 12/14/2015.</p> <p>POC-99 Acknowledgement of Receipt of/Access to Information (PREA Education) (blank and completed examples)</p>

Interviews Conducted:

Intake Staff

Random inmates

Site Review Observations

Findings:

115.33(a):

The RGCI PAQ reported that 1011 (100%) of inmates admitted in the past 12 months were given PREA education at intake. It further reports that effective 12/19/2018 the agency's zero tolerance policy statement and reporting methods are printed on the back of new or reprinted inmate identification cards.

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."

DAI policy 410.20.01 states that:

"The Division of Adult Institutions shall provide education to inmates explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, including report-related retaliation; reporting methods, and agency response procedures." It further states that upon arrival at an intake facility each inmate shall receive POC-0041 and POC-0041B complete with the local sexual assault service provider contact information.

Site review observations:

The auditors walked through the education process with staff. The intake staff indicated that PREA videos are typically not shown on day one and that PREA education is completed in person and through verbal conversations regarding inmate rights and PREA reporting options.

Interviews with intake staff:

The staff who conducted the PREA education during intake was interviewed. He stated that RGCI inmates are not shown a PREA video when they initially come in, but he verbally reiterates the PREA processes, including the different PREA lines (#777 and #888). He stated the inmates are also given a handout, DOC form 41B with information specific to their location including that their local rape crisis center and how to contact them.

Interviews with random inmates:

Of the forty-two random inmates interviewed, nearly all stated they received information about the zero-tolerance policy and how to report did not remember.

115.33(b):

The RGCI PAQ reported that 461/461 (100%) of those inmates admitted during the past 12 months (whose length of stay was for at least 30 days) received comprehensive education.

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: a. The DOC’s zero tolerance policy, including PIOC’s right to be free of sexual abuse, sexual harassment and disclosure-related retaliation; and b. The DOC’s policies and procedures for responding to such incidents.”

DAI policy 410.20.01 states:

“Within 30 days of intake, each inmate shall be provided comprehensive PREA education, which includes: Viewing the video “Sexual Abuse and Sexual Harassment Prevention and Intervention.” 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. Facilities shall use POC-0041C to guide their comprehensive education.”

Interviews with intake staff:

Intake staff interviewed stated that all new arrivals are on the PREA process and are given the red PREA book at the intake facility in Dodge. He also stated that RGCI does offer the book again in case it they no longer have it. He stated orientation typically occurs once a week (Monday) so anyone who came in since the last orientation would be attend.

Interviews with random inmates:

The inmates who stated they received PREA education typically stated they received the education on the day of their arrival but no later then a week after arriving at RGCI.

115.33(c):

The RGCI PAQ reported that all inmates had been educated within 30 days of intake during the audit period.

An email dated 12/17/15 shows that inmate PREA education was started at that time and should be incorporated into all intake processes beginning in January, 2016 and that all inmates who are already at facilities need to be educated prior to April 30, 2016.

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.”

DAI policy 410.20.01 states:

“Upon transfer to a facility, each inmate shall receive: 1.POC-0041 if they state they do not already have a copy. 2.POC-0041B complete with local sexual assault service provider contact information.”

“Within 30 days of transfer, each inmate shall be provided comprehensive PREA education, which includes, at minimum, a staff facilitated discussion of: 1. The agency’s zero tolerance for sexual abuse, sexual harassment and report-related retaliation. 2. Sexual abuse and sexual harassment reporting options. 3. The facility’s cross-gender announcement procedure.4. Local sexual assault service provider

contact information. 5. The facility's response procedure. 6. Notable facility-specific PREA procedures."

115.33(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 PIOC with disabilities."

DAI policy 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:

- a. POC-0041 Audio recording (obtain from PREA Office)
- b. POC-0041 Braille translation (obtain from PREA Office).
- c. POC-0041S, POC-0041BS Spanish translation.
- d. Spanish and subtitled versions of the PREA education video
- e. Special education teacher or similar to facilitate education."

The agency handbook and addendum are available in English, large print and Spanish.

Interviews with inmates who are disabled or limited English proficient:

A total of Seven inmates were interviewed using the disabled and limited English proficient inmates' protocol. Of those three were limited English proficient, and four had a physical disability. All seven inmates stated they did receive information about sexual abuse and sexual harassment in a manner that was understood. They also signed the acknowledgement stating they received PREA education and understood it.

115.33(e):

The RGCI PAQ stated that documentation of inmate participation in education sessions is recorded using an electronic signature pad and the form is stored in the inmate's record.

While on-site the auditor reviewed the electronic system and randomly selected inmate's records to verify signature.

POC-99 Acknowledgement of Receipt of/Access to Information was reviewed and it shows that inmates sign to acknowledge they have received the sexual abuse and sexual harassment handbook, a resource sheet and PREA education. The form is available in English and Spanish.

	<p>A list of completed PREA education acknowledgements for RGCI was received that shows all of the inmates who completed it in the past 12 months. The auditor requested additional examples of the inmate education acknowledgement forms identified as LEP. The auditor reviewed these examples and was able to determine the inmates signed stating they received and understood the PREA education.</p> <p>115.33(f):</p> <p>Site review observations:</p> <p>During the site review the audit team found PREA posters in every living unit. Most were located near the phones while others were on a bulletin board within the unit. When inmates were informally interviewed they stated the PREA posters are everywhere and that PREA information is also on the back of their ID or in the red book.</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.33 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>RGCI PAQ Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 Agency Investigation Training curricula (archived and 2022) Agency Investigation Resource Guide WIDOC Directory of Investigative staff who have completed training</p> <p>Interviews Conducted:</p> <p>Investigative staff</p> <p>Findings:</p> <p>115.34(a-c):</p> <p>ED 72 states: “Employees who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims,</p>

	<p>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.”</p> <p>The agency investigation training curricula and resource guide were reviewed and verified that they cover investigations in confinement settings, interview techniques for interviewing sexual abuse victims, proper use of Garrity and Miranda warnings (the agency does not conduct criminal investigations so they would never use Miranda), evidence collection in confinement settings and the definitions of unfounded, substantiated and unsubstantiated.</p> <p>A roster of staff trained to investigate reports of sexual abuse and sexual harassment in confinement were reviewed and it shows 14 staff at RGCI are trained, and throughout the agency 619 total agency investigators have completed the required training. The auditor verified the RGCI investigator interviewed was on the training roster.</p> <p>Interview with investigative staff:</p> <p>The investigator interviewed stated that he has received training specific to conducting sexual abuse investigations in confinement settings. He stated it was a 5 day training and is currently on the department's investigations committee to train new investigators.</p> <p>115.34(d): The auditor is not required to audit this provision.</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.34 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>RGCI PAQ</p> <p>Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22.</p> <p>PREA for healthcare Staff training curriculum</p> <p>RGCI PREA for Healthcare training roster</p> <p>Interviews Conducted:</p> <p>Medical staff</p> <p>Mental health staff</p>

Findings:

115.35(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.” a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.”

The PREA for Healthcare Staff curricula was reviewed and it includes information on first responder duties, initial assessment, reporting, preserving evidence, providing care and responses.

The RGCI PAQ reported that 17/17 (100%) medical and mental health care staff who work regularly at the facility have received the training which was verified with a PREA healthcare training completion roster.

Interviews with medical staff:

Two medical staff were interviewed and both stated they have received specialized training regarding sexual abuse and sexual harassment and that it covered all required topics including how to detect and assess signs of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Interviews with mental health staff:

During the audit, RGCI did not have mental health services on-site. Due to the mission of RGCI inmates that need mental health services or demonstrate mental health needs, the inmates would receive such services elsewhere.

115.35(b): This provision is not applicable as forensic medical examinations would be conducted at an outside facility and not by agency staff.

115.35(c-d):

Training rosters for both PREA for Healthcare staff and PREA refresher were reviewed and show medical staff have attended both courses.

The auditor verified that training roster includes the medical selected for random interviews and that they have received the PREA refresher and PREA for healthcare staff.

The auditor finds the agency/facility in full compliance with PREA Provision §115.35 based upon analysis of all available evidence including the documentation provided and interviews conducted.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

RGCI PAQ

Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22.

DAI Policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, dated 05/24/21

Agency risk screening directive email from PREA Coordinator dated 04/19/16.

Sample inmate risk screening assessments

List of risk screenings for current RGCI PIOC (Admission Screening Summary)

DOC-2781B PREA Screening tool, Adult Male facility

Agency Wisconsin Integrated Corrections System (WICS) User Guides Sections A, B, C, D and Rescreening

Risk screening examples for ten PIOC.

Interviews Conducted:

Staff responsible for risk screening

Random Inmates

PREA Director

PREA Compliance Manager

Site Review Observations

Findings:

115.41(a-e):

ED 72 states:

“PIOCs 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 or sexually abusive towards other PIOC. The objective screening instrument shall include, at minimum, the following criteria:

1. The presence of a mental, physical or developmental disability;
2. Level of emotional and cognitive development (juvenile facilities only)
3. Age;
4. Physical build;
5. Previous incarcerations;
6. Exclusively nonviolent criminal history;
7. Prior convictions for sex offenses against an adult or child;

8. Is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex or gender nonconforming;
9. Previously experienced sexual victimization;
10. Prior acts of sexual abuse, prior convictions for violent offenses and/or history of prior institutional violence or sexual abuse; and
11. PIOC's perception of vulnerability"

DAI policy 410.30.01 explains the procedures for conducting risk screening including appropriate time frames. It also defines ROA as risk of abusiveness and ROV as risk of victimization.

The RGCI PAQ reports that 518/518 (100%) of inmates entering the facility within the past 12 months who length of stay was for 72 hours or more were screened for risk or sexual victimization and risk of sexual abusiveness.

An agency risk screening directive email was reviewed that was to inform all facilities that inmates need to be assessed, including those who entered the facility prior to the standards taking effect on 08/20/2012.

DOC-2781B PREA screening tool for adult male facilities was reviewed and verified it contains all information required in 115.41(d) and 115.41(e). Section A is for questions answered during the inmate interview, section B is records review, section C is risk review (with the open for an override) and section D is the 30-day rescreening.

A risk screening report of current RGCI inmates was reviewed that shows the inmates DOC#, name, admission date and when sections A-D were completed. This auditor randomly selected inmates to review and almost all received section A and B the day of arrival, very few had section C and section D was completed within 30 days.

Site review observations:

During the on-site portion of the audit, a member of the audit team observed the staff member conducting the screening interviews. They verified that the screener met with the inmates one-on-one and asked the appropriate questions based on the screening tool.

Interviews with staff who perform screening for risk of victimization and abusiveness:

A staff member who completes the PREA screening was interviewed and stated that they screen all inmates upon admission to RGCI and that this is normally done the day of arrival. They stated there is a guide to follow and that it includes information such as if they have ever been a victim of sexual abuse in the community or in a facility, if they have perpetrated abuse and if they identify as LGBTI. and other areas are auto populated. They stated the inmate is called to the office one by one and closes the door to ensure privacy and that no one in the hallway can overhear.

Interviews with random inmates:

Of the forty-two random inmate interviews, nearly all of them indicated that they were asked the PREA screening questions at arrival. Five stated they were not asked any questions, and six did not remember.

115.41(f):

ED 72 states:

"In addition to the intake screening detailed in section XII.A., 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."

The RGCI PAQ reported that 461/461 (100%) inmates who entered the facility in the last 12 months whose length of stay was 30 days or more were reassessed for their risk of sexual victimization and of being sexually abusive.

Interviews with staff who perform screening for risk of victimization and abusiveness: The staff interviewed stated inmates are screened within 72 hours and again within 30 days.

Interviews with random inmates:

Of the forty-two inmates interviewed, twenty-four were admitted to RGCI within the past 12 months. Additionally, eighteen confirmed they remembered being asked those questions again, with only a few inmates stating they could not remember being asked the assessment questions again. The auditor reviewed the screening and found that all had received their 30-day screening.

115.41(g):

ED 72 states:

“Thereafter, 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.”

Interviews with staff who perform screening for risk of victimization and abusiveness: The staff interviewed stated they complete the assessments within 30 days of arrival.

115.41(h):

ED 72 states:

“PIOCs may not be disciplined for refusing to answer or failing to disclose information in regards to the screening questions.”

Interviews with staff who perform screening for risk of victimization and abusiveness: Staff stated that inmates would not be disciplined for refusing to answer any of the questions during the PREA screening.

115.41(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.”

Interview with the PREA Director:

She stated that the agency has outlined who has access to an inmate’s risk assessment. She stated that it is all in their computer system and when someone signs in there is a pop-up confirming that they are accessing it for a business purpose and that they have the ability to query who has accessed the assessments.

Interview with the PREA Compliance Manager:

The PCM stated that when anyone logs into the risk screening tool there is a disclaimer about access and that it is limited to those who need to know, such as staff who make housing decisions.

Interviews with staff who perform screening for risk of victimization and abusiveness: Staff indicated that access is limited to those who need it based on their job duties, such as housing.

	<p>The auditor finds the agency/facility in full compliance with PREA Provision §115.41 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>RGCI PAQ Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22. DAI Policy 325.00.04 Inmate Drivers, dated 06/07/21 DAI Policy 306.00.72 Screening for risk of Sexual Abusiveness and Sexual Victimization, dated 11/01/17 DAI Policy 306.00.23 Special Placement Needs of Inmates, dated 04/12/21 DAI Policy 500.70.27 Transgender Management and Care, dated 04/04/22 DOC-3793 Transgender Housing Evaluation form (blank and completed examples) RGCI LGBTI Report/List WICS User Guide Sample classification reviews for transgender/intersex inmates DOJ FAQ</p> <p>Interviews Conducted:</p> <p>PREA Compliance Manager PREA Director Staff Responsible for Risk Screening Transgender inmates</p> <p>Site Review Observations</p> <p>Findings:</p> <p>115.42(a-b):</p> <p>ED 72 states: “Information obtained from the risk screening shall inform housing, bed, work, education and program assignments with the goal of keeping separate those PIOC’s at high risk of being sexually victimized from those at high risk of being sexually abusive. For the purposes of education, programming, work and recreation activities,</p>

line-of-sight monitoring by DOC staff is sufficient to maintain separation. Individualized placement determinations shall be made for each PIOC.”

DAI policy 325.00.04 states summarizes that the Warden/Superintendent/designee shall consider potential victim issues, including the ROA, in determining if an inmate can be authorized as an operator of State owned vehicles.

DAI policy 306.00.72 explains that the screening information shall be used to make housing and bed assignments as well as make work, education and program assignments.

DAI policy 306.00.23 states that one of the criteria needed for special needs placement is substantiated inmate on inmate sexual abuse.

The WICS user guide explains the process for entering housing recommendations associated with PREA.

Interview with the PREA Compliance Manager:

She stated that RGCI does use the information from risk screening to help determine housing.

Interviews with staff who perform screening for risk of victimization and abusiveness: The staff who complete screening and assessments stated the information is used for housing and it is all in the computer system.

115.42(c-g):

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 addition to serious consideration of the PIOC’s own views with respect to their own safety.”

DAI policy 500.70.27:

Outlines appropriate treatment, housing and accommodations for PIOC who are transgender or intersex. Including that transgender and intersex PIOC shall be given the opportunity to shower separately from other PIOC. It also states that placement and programming assignments shall be reassessed at a minimum of every six months in a reclassification hearing and shall include a review of any threats to safety. Form DOC-3793 includes guidelines for psychological services staff to complete when transgender PIOC’s request placement at a facility consistent with their gender identity.

During the on-site portion of the audit only one inmate was listed as someone who identify as LGBTI. The auditor reviewed and verified they are not placed in specific units and would be housed in multiple units throughout the facility.

Interview with the PREA Director:

The PREA Director confirmed that the agency is not subject to any consent decrees, legal settlements or legal judgements that would require them to place inmates who identify at LGBTI in dedicated facilities. She stated they are assigned accordingly based on security and housing needs.

Interview with the PREA Compliance Manager:

She stated that programs at RGCI are based on need and determined through classification at the state's intake facility (Dodge) then are placed in a facility that has the programming needed. She said that transgender or intersex inmates are reviewed every six months by a committee and that they can be in any housing unit in the facility. She stated their placement is reviewed every six months and that every transgender or intersex inmate is seen by their social worker before they see the committee so that their views with respect to their own safety can be given consideration. For shower times she stated that every unit has a designated time (twice a day) for transgender and intersex inmates to shower by themselves.

Interviews with staff responsible for risk screening:

The risk screeners were unaware of how often placement and programming assignments for each transgender or intersex inmate are reassessed as they are not part of that process but stated that their views of their own safety is considered in the screenings and that they are given the opportunity to shower by themselves.

Interviews with LGBTI inmates:

One inmate who identified as being Gay was interviewed and all stated they have not been placed in a housing area only for gay, lesbian, bisexual, transgender or intersex inmates.

The auditor finds the agency/facility in full compliance with PREA Provision §115.42 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed:

RGCI PAQ

Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22.

DAI Policy 306.05.01 Protective Confinement, dated 11/22/21

DAI Policy 306.00.72 Screening for risk of Sexual Abusiveness and Sexual Victimization, dated 11/01/17

DOC-68 Review of Inmate in Temporary Lockup form

DOC-30 Review of Inmate in Restrictive Housing form

Interviews Conducted:

Warden

Staff who Supervise Inmates in Segregated Housing

Inmates in Segregated housing

Site Review Observations

Findings:

115.43(a):

The RGCI PAQ reported that zero inmates as risk of sexual victimization were held in involuntary segregated housing in the past 12 months.

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.”

DAI policy 306.05.01 also states:

“Inmates at high risk for sexual victimization shall not be placed in involuntarily protective confinement in restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made there is no available alternative means of separation from likely abusers. An inmate shall not be held for more than 24 hours pending this assessment.”

DAI policy 306.00.72 reiterates the same information regarding involuntary separation only being used if there are no available alternative means of separation from likely abusers.

Interview with the Warden:

The Warden stated that inmates would not be placed in restrictive housing if they have alleged sexual abuse.

115.43(b):

ED 72 states:

“PIOCs 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.”

There were no inmates who reported sexual abuse, or were at risk of sexual victimization, that were placed in segregated housing at RGCI so no interview was able to be conducted.

115.43(c):

The RGCI PAQ reported that in the past 12 months no inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days.

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.”

Interview with the Warden:

The Warden stated that agency policy does prohibit placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregation unless there is no other alternative and that they would be moved out of segregation as soon as possible. She was not aware of any times in the past 12 months that anyone who alleged sexual victimization was placed in restrictive housing. but if they did place someone who had reported victimization in restrictive housing it would only be for a few hours while alternate options are looked into and that they would try to move the perpetrator whenever possible.

115.43(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 can not be arranged.”

The RGCI PAQ reports that no inmates were placed in involuntary segregated housing so no file reviews were able to be done.

115.43(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.”

The auditor finds the agency/facility in full compliance with PREA Provision §115.43 based upon analysis of all available evidence including the documentation provided,

	the site review and interviews conducted.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>RGCI PAQ Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook (English and Spanish) Agency Third Party Reporting Poster (English and Spanish) PIOC PREA posters (English and Spanish)</p> <p>Interviews Conducted:</p> <p>Random Staff Random Inmates PREA Compliance Manager</p> <p>Site Review Observations</p> <p>Findings:</p> <p>115.51(a):</p> <p>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 responsibilities that may have contributed to such incidents.” WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook details reporting methods including telling any staff person, send a request to any staff person, call a PREA reporting hotline (#777 or #888), tell a family member, friend or outside report person, file a complaint or contact local law enforcement. Agency Third Party Reporting Poster states that they can tell any staff person, go to</p>

www.doc.wi.gov or contact local law enforcement.

The PIOC PREA poster also details the multiple reporting options available.

Site review observations:

During the site review the audit team verified the PREA poster was posted in all living units and it includes multiple reporting options and was consistent throughout the facility. The posters were easily viewable by all inmates.

Staff were informally interviewed regarding what they would do if they received a report of or witnessed an incident of possible sexual abuse or sexual harassment and they stated they would separate those involved and notify the shift supervisor then write a report.

The audit team tested the reporting methods, 777 and 888. Both calls went to a voicemail system and the messages were sent to the PREA office at the central office who emailed me the information that they had received the same day the call was made which demonstrates the efficiency of their process.

Interviews with random staff:

Thirteen random staff were interviewed, and all staff were able to communicate at least one method for inmates to privately report sexual abuse or sexual harassment, and most knew multiple options.

Interviews with random inmates:

Forty-two inmates were interviewed and all were able to list at least one way to report with the majority listing multiple options.

115.51(b):

ED 72 states:

“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.”

The PIOC PREA poster states that they can dial #888 and the is to report outside of WI DOC and that a PIN is not needed. It also states they can write to local law enforcement.

The agency does not detain solely for civil immigration purposes.

Interview with the PREA Compliance Manager (PCM):

She stated that RGCI provides multiple options for reporting including dialing #888 which is answered by an outside agency. The reports are immediately sent to the facility for investigation and the PIOC can remain anonymous.

Interviews with random inmates:

Of the forty-two inmates asked if they can report anonymously the majority stated yes.

115.51(c):

ED 72 states:

“Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports.”

The RGCI PAQ reported that the timeframe staff are required to document reports is immediately.

Interviews of random staff:

Of the thirteen random staff asked about what they would do if the received a verbal report of sexual abuse or sexual harassment all stated they would notify the shift

	<p>supervisor and immediately write a report.</p> <p>Interviews with random inmates: Of the PIOC asked if they can make reports of sexual abuse or sexual harassment either in person or in writing and if someone else can make the report for them the majority stated yes to all the options.</p> <p>115.51(d):</p> <p>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.”</p> <p>The RGC PAQ reported that staff are informed of these procedures via ED 72.</p> <p>Interviews with random staff: Thirteen random staff were asked how staff can privately report and they stated they could report to a supervisor, including the site director, or could call one of the outside reporting lines.</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.51 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>RGC PAQ Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 Agency Admin Code Chapter 310, Complaint Procedures DAI Policy 310.00.01 Inmate Complaints Regarding Staff Misconduct, dated 11/20/22 Email regarding inmate complaint that allege or appear to allege PREA, dated 03/11/22</p> <p>Interviews conducted:</p> <p>Inmates who reported sexual abuse Site Review Observations</p>

Findings:

115.52(a):

ED 72 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 DAI policy 310.00.01 outlines the process for the handling of inmate complaints related to sexual abuse and sexual harassment.

The email regarding inmate complaints that allege or appear to allege PREA also goes over instructions for handling an inmate complaint that appear to be sexual abuse or sexual harassment including forwarding them to the PREA Compliance Manager and backup.

115.52(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 though other applicable time limits may still apply to any portion of the complaint that does not allege an incident of sexual abuse or sexual harassment. All appeals shall be made in accordance with Wisconsin State statutory time limits and referred to the appropriate reviewing authority. The complaint process shall not include a mandatory informal resolution requirement.”

Agency admin code chapter 310 section 310.08 PREA Complaint procedure states:

“Notwithstanding s. DOC 310.07(2) an inmate may file a complaint regarding sexual abuse or sexual harassment at any time.”

115.52(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.”

Agency admin code chapter 310, section 310.08 PREA Complaint procedure states:

Notwithstanding s. DOC 310.07 (1) or (8), an inmate is not required to attempt to resolve the issue with the staff member who is the subject of the complaint or to file a complaint regarding sexual abuse or sexual harassment with the staff member who is subject of the complaint. The inmate may use an alternative method of filing, including submission of the complaint directly to the warden.”

115.52(d):

The RGCI PAQ reported that they have received no grievances in the past 12 months that alleged sexual abuse and that none requested an extension of the 90-day period to respond. They further reported that all complaint alleging sexual abuse are routed to facility leadership for review and action; the administrative complaint process stops.

ED 72 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.”

Interviews with inmates who reported sexual abuse:

Three inmates who reported sexual abuse were interviewed. None were reported through the grievance process but they all stated they received notification of the outcome of the investigation,

115.52(e):

ED 72 states:

“Third parties, including fellow PIOCs, 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.”

Agency admin code chapter 310, section 310.08 PREA Complaint procedure 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.”

The RGCI PAQ reported that the agency does not require the alleged victim to agree to have the request filed on their behalf and that the agency will process the complaint regardless of the source or willingness of the alleged victim so documenting the decision to decline is not applicable.

115.52(f):

The RGCI PAQ reported that zero emergency grievances alleging substantial risk of imminent sexual abuse.

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

	<p>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. Further response shall be in accordance with staff reporting.” Agency admin code chapter 310, section 310.08 PREA Complaint procedure 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.</p> <p>The inmate may file a complaint. Complaints collected under s. DOC 310.08 shall be immediately forwarded to the warden to determine if immediate action is warranted. Reports of substantial risk of imminent sexual abuse or sexual harassment outside of the complaint process under this chapter shall be immediately forwarded to the warden to determine if immediate action is warranted.</p> <p>Further response will be in accordance with department policy.”</p> <p>115.52(g):</p> <p>ED 72 states:</p> <p>“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.”</p> <p>Agency admin code chapter 310, section 310.08 PREA Complaint procedure 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 inmates filed the complaint in bad faith.”</p> <p>The RGCI PAQ reports that zero inmate grievances alleging sexual abuse that results in disciplinary action by the agency against the inmate for having filed the grievance in bad faith in the past 12 months.</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.52 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation and other evidence reviewed:</p> <p>RGCI PAQ Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22. DOC-2937 Advocacy Request Form (blank) English and Spanish POC-0041B Sexual Abuse in Confinement Resource sheet for Offenders DAI Policy 410.50.04 Support Services and Retaliation Monitoring , dated 10/18/21</p>

PREA poster for inmates (English and Spanish)
Memorandum of Understanding with Family Crisis Center, signed 07/19/2023

Interviews Conducted:

Random Inmates
Advocate with the local rape crisis center

Site Review Observations

Findings:

115.53(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.”

DOC-2937 Advocacy Request Form states that:

“In addition to on-site support (i.e. medical/mental health staff), victims of sexual abuse may receive support from their community’s local sexual assault service provider. Sexual assault services providers are dedicated to helping victims. Their services are free, confidential and not connected to DOC.”

It further states that every effort will be made to ensure that your communication with the advocate remains confidential and that a PIN is not needed to dial #999 not is the call recorded or monitored.

DAI policy 410.50.04 states under support services:

“Upon notification of an alleged sexual abuse victim, the VSC shall meet with the alleged victim as soon as possible to offer internal and external support services. If the alleged victim accepts offered services, the VCS shall refer to internal supports (i.e. PSU, HSU, Chaplain, etc.) and/or facilities contact with local SASP.

1. The SASP may meet with the alleged victim via telephone, videoconferencing or in person. IN person SASP visits shall be managed as all other professional visits within a correctional facility and shall be held in the same location, or equivalent, as attorney visits to ensure confidentiality.
2. Prior to any SASP contact, the VSC shall inform the alleged victim of the extent to which communication with the SASP may be monitored.

3. The VSC shall serve as the SASPs facility based point of contact and shall coordinate all contact between the SASP and the victim. The VSC shall ensure SASP has proper clearance to enter the facility.

4. Following an investigation, if the incident is determined unfounded, the VSC may discontinue support services. If the incident is determined unsubstantiated or substantiated, the VSC shall periodically review the need for continued support with the alleged victim, SASP and internal support providers, as needed.”

POC-0041B Sexual Abuse in Confinement Resource sheet for Offenders provides facility-specific information on support services, including how to make a call to the local sexual assault service provider.

The PREA poster for inmates was reviewed and it has contact information for the local Family Crisis Center, including how to call them or send mail to them. It also indicates that a PIN is not needed to make the call and that they are not recorded or monitored. It further states that written correspondence may be opened or inspected and may be read with the approval of the security director.

The MOU with Family Crisis Center Counseling was reviewed and it shows they will provide safe and confidential emotional support, accompaniment, crisis intervention, information and referral to victims of sexual abuse in confinement as required by the PREA.

Site review observations:

PREA signage was seen in the living units that included information on how to call or write the local rape crisis center (Family Crisis Center). The information was current, accurate and consistent throughout the facility. The audit team tested the phones in multiple units and we were able to call the rape crisis line (#999) without entering a PIN and the call was answered by an advocate. During informal interviews with inmates they stated access to the phone is good and they had no complaints about access.

Interview with an advocate from the rape crisis center:

The audit team was able to speak with an advocate from the Family Crisis Center. She stated they are available to provide victim advocacy and emotional support services to inmates in RGCI. She verified they have a phone line that is answered and would respond to provide services.

Interviews with random inmates:

Of the forty -two random resident interviews, thirty-two of random inmates were aware of outside services available for sexual abuse if needed. Those who did not stated they may have been told but did not feel they needed the information at the time.

The audit team saw posters throughout the facility with advocacy information on it as well as the information is in the PREA orientation video, that inmates sign they have viewed, and provided in the inmate handbook during orientation.

	<p>The auditor finds the agency/facility in full compliance with PREA Provision §115.53 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>RGCI PAQ Agency Third Party Reporting poster (English and Spanish) Reporting information on the WIDOC website</p> <p>Site Review Observations</p> <p>Findings:</p> <p>115.54(a):</p> <p>The agency third-party reporting poster was viewed by the auditor. It contains information on who a third party can report on behalf of an inmate, including telling any staff person, on their website at www.doc.wi.gov, or contacting local law enforcement.</p> <p>The agency website was reviewed and this auditor verified it contacts reporting information for community members. A test was sent using the report by email on the website, and an email was received from the PREA office verifying that they received the test report. When the test was sent it only took approximately 45 minutes to receive the reply. The email stated that once a report is received in this manner, the PREA office creates a report and distributes the reported information electronically to the appropriate individuals at the facility for action and follow-up.</p> <p>Site review observations:</p> <p>During the site review the audit team observed PREA posters in various areas around the facility.</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.54 based upon analysis of all available evidence including the documentation provided and the site review.</p>

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

- RGCI PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22

Interviews Conducted:

- Random staff
- Medical staff
- Mental health staff
- Warden
- PREA Director

Site Review Observations

Findings:

115.61(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:
 - a. Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC;
 - b. Any incidents of retaliation against PIOC’s or staff who reported such an incident; and/or
 - c. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. “
- Site review observations:
 - During the site review the audit team informally talked to staff and asked about what they would do if they were to witness a possible incident of sexual abuse and they said that they would separate those involved and report it to the shift supervisor.
- Interviews with random staff:
 - Thirteen random staff were asked if they are required to report any knowledge, suspicion, or information regarding sexual abuse, sexual

harassment, retaliation, or other information about sexual abuse or sexual harassment all answered yes.

115.61(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.”
- Interviews with random staff:
 - Thirteen random staff were asked if they are required to report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or other information about sexual abuse or sexual harassment all answered yes. They further stated that they knew to preserve the crime scene (if applicable), separate the victim and suspect and notify their supervisor.

115.61(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.”
- Interviews with medical and mental health staff:
 - Two medical staff and two mental health clinicians were interviewed and all stated they are required to notify security staff if they have any knowledge of an incident of sexual abuse or harassment. Two stated that they had received such reports during their time at RGCI and ensured they were reported to security staff.

115.61(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.”
- As RGCI does not house PIOC’s under the age of 18, this section would only apply to vulnerable adults. Since local law enforcement conducts all criminal investigations, they would be responsible for completing any necessary mandatory reports. Wisconsin State Legislature, Criminal code 940.285 Abuse of individuals at risk defines the following:
 - “Adult at risk” 55.01 (1e): means any adult who has a physical or

	<p>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</p> <ul style="list-style-type: none"> ◦ “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 <ul style="list-style-type: none"> • Interview with the Warden: <ul style="list-style-type: none"> ◦ The Warden stated any allegations would be referred to outside law enforcement according to mandatory reporting laws. • Interview with the PREA Director: <ul style="list-style-type: none"> ◦ The PREA Director stated that RGCI does not house any under 18. She stated that incidents involving vulnerable adults may be reported to adult protective services as well as reported to local law enforcement. <p>115.61(e):</p> <ul style="list-style-type: none"> • ED 72 states: <ul style="list-style-type: none"> ◦ “All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be referred for investigation.” <p style="margin-left: 40px;">Interview with the Warden: The Warden said that all incidents are immediately reported and follow up on by the investigators.</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.61 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Agency Head

- Warden
- Random staff

Findings:

115.62(a):

- The RGCI PAQ reported that they have had no incidents in the past 12 months when the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse.
- 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.”
- Interview with the agency head(designee):
 - The agency head designee stated that if they learn that an inmate is subject to substantial risk of imminent sexual abuse that they will review housing and evaluate if a unit or facility move is needed. She further stated they try to remove the alleged perpetrator rather than the victim when possible and will talk to the victim to ensure they feel safe in their current environment.
- Interview with the Warden:
 - The Warden stated that they would check in with the potential victim, notify the PREA Compliance Manager, review for risk and ensure they are kept separate and safe.
- Interviews with random staff:
 - Thirteen random staff were interviewed and stated they would separate/remove the victim from the area and notify the supervisor and investigator, they further stated this would be done immediately.

The auditor finds the agency/facility in full compliance with PREA Provision §115.62 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed:

- RGCI PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- DOC-2933 Agency to agency report template (blank and completed example)

Interviews Conducted:

- Agency Head
- Warden

Findings:

115.63(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.”
- The RGCI PAQ reports that in the past 12 months, they have had one allegation received that an inmate was abused while confined at another facility. They further reported that their response to these allegations are: “Gather information, notify supervisor and compliance manager, submit an incident report, refer the allegation to the head of the facility of the alleged abuse within 72 hours; assist with investigation as needed.”
- The completed notification (DOC-2933) was reviewed and shows notification was sent to an outside agency when the report was received.

115.63(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 Agency to agency report template provides a standard form to be used when an allegation is received that contains the necessary information and is to be completed by the facility head.
- The RGCI PAQ reports that they have received two allegations of sexual abuse from other facilities in the past 12 months. These notifications were compared to the lost of all allegations received and the auditor verified both allegations were investigated.
- Interview with the Agency Head(designee):
 - She stated that when another agency, or facility, is notified of an allegation they ensure an investigation is completed and local law enforcement is contacted.
- Interview with the Warden:

	<ul style="list-style-type: none"> ◦ The Warden stated that once notified of the allegation the facility would ensure an investigation is completed and stated there has been some received in the past 12 months. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.63 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • Agency First Responder Card-Security, Non-Security and Healthcare • DOC-2981 Sexual Abuse Response Checklist <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Security staff and non-security staff first responders • Random staff • Inmates who reported sexual abuse <p>Site Review Observations</p> <p>Findings:</p> <p>115.64(a):</p> <ul style="list-style-type: none"> • ED 72 states: <ul style="list-style-type: none"> ◦ “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: a. Separate the alleged victim and abuser; b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged

victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and d. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.”

- DOC-2981 is the Sexual Abuse response checklist and includes definitions for sexual abuse, first responder duties, how to communicate with the victim, information for the responding supervisor, SANE transport checklist and PREA kit information (if appropriate).
- Agency First Responder Card-Security, Non-Security and Healthcare were reviewed and contain appropriate action steps for the different types of staff on what to do as a first responder.
- The RGCI PAQ reported that in the past 12 months, twenty allegations of sexual abuse were received and that one of those times it was within a time period that still allowed for the collection of physical evidence.
- Interviews with staff first responders:
 - Two staff were interviewed who were first responders and both stated they would separate the involved parties, close or control access to the crime scene, ask the victim and ensure the preparator didn't take any actions to destroy evidence and notify the shift supervisor.
- Interviews with inmates who reported sexual abuse:
 - Four PIOC who had reported sexual abuse at RGCI in the past 12 months were interviewed. The two who reported directly to staff stated they responded quickly. The other two reported via complaint form or hotline and stated it took a couple of days but also responded once the report was received by staff they responded quickly. All stated they were interviewed and one was transported for a forensic medical examination.

115.64(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 RGCI PAQ reported that in the past 12 months, the number of times a non-security staff member was the first responder was eight and that each time they notified security staff and requested the alleged victim not take any actions that could destroy physical evidence.
- Interviews with random staff:
 - Thirteen random staff from across all shifts were asked what they would do if they were the first person to be alerted that an inmate has been the victim of sexual abuse and they stated they would ask them

	<p style="text-align: center;">not to take any actions to destroy evidence, separate them to ensure safety and notify a supervisor.</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.64 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.65	Coordinated response
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 410.50.06 Coordinated Response Plan, dated 01/24/22 • RGCI Coordinated Response Plan dated 02/28/2024 <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Warden <p>Findings:</p> <p>115.65(a):</p> <ul style="list-style-type: none"> • ED 72 states: <ul style="list-style-type: none"> ◦ “Each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership.” • DAI policy 410.50.06 provides guidelines for each facility to develop and maintain a written response plan to coordinate actions taken in response to an incident of sexual abuse. • The RGCI coordinated response plan was reviewed and it includes all the standards requirements for staff first responders. It includes actions for first responders to take for incident of sexual abuse as well as a report of imminent sexual abuse. There are multiple steps listed based on position (security first

	<p>responder, security supervisor, PCM, medical staff, mental health staff, VSC, investigator, appointing authority and incident review team). It also includes contact information for these different positions and multiple flow-charts staff can use.</p> <ul style="list-style-type: none"> • Interview with the Warden: • He stated that yes, RGCI has a coordinated action plan for response to an incident of sexual abuse and that it is reviewed yearly and training is provided. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.65 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</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>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Agency Head <p>Findings:</p> <p>115.66(a):</p> <ul style="list-style-type: none"> • The RGCI PAQ reports that the agency, facility, or any other governmental entity response for collective bargaining on the agency’s behalf has not entered into or renewed any collective bargaining agreements, therefore this standard is not applicable. • In the interview with the Agency Head(desinee) she confirmed that WIDOC does not have collective bargaining.

	<p>115.66(b):</p> <ul style="list-style-type: none"> • Auditor is not required to audit this provision. <p>This standard does not apply as the agency does not have collective bargaining.</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCi PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 410.50.04 Support Services and Retaliation Monitoring, dated 10/18/21 • DOC-2805 Sexual Abuse Allegation Staff Retaliation Monitoring form • DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Agency Head • Warden • Designated staff members charged with monitoring retaliation • Inmates who reported sexual abuse <p>Site Review Observations</p> <p>Findings:</p> <p>115.67(a-b):</p> <ul style="list-style-type: none"> • The RGCi PAQ reported that they have two retaliation monitors, the PREA Compliance Manager for staff and the Victim Services Coordinator for PIOC's. • ED 72 states: <ul style="list-style-type: none"> ◦ "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." • DAI policy 410.50.04 states: <ul style="list-style-type: none"> ◦ "The Division of Adult Institutions shall provide support services and

retaliation monitoring to all alleged inmate victims of sexual abuse.” It further states: “A. Following a report of sexual abuse, the VSC shall monitor the conduct and treatment of the reporter and alleged victim once every 30 days for at least 90 days. Monitoring efforts shall continue beyond 90 days if there is a continuing need. If the report is determined to be unfounded, efforts to monitor retaliation may be discontinued. B. In addition to monthly conversations with the reporter and victim, items to monitor include any inmate disciplinary reports, housing or program changes. C. The VSC shall work with appropriate supervisors to promptly remedy retaliation concerns and document actions taken.”

- DOC-2805 Sexual Abuse Allegation Staff Retaliation Monitoring form includes information on what to monitor for (performance reviews or reassignments) and DOC- 2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist includes what needs to be monitored for PIOC.
- Interview with the Agency Head(designee):
 - When asked how she protects inmates and staff from retaliation she stated they follow ED 72 which mandates zero tolerance of any retaliation. She further stated that retaliation is monitored by the victim services coordinator for at least 90 days and that monitoring includes housing changes.
- Interview with the Warden:
 - The Warden stated that victims are checked with regularly, at least every 30 days, per policy.
- Interview with the designated staff member charged with retaliation monitoring:
 - The retaliation monitor stated that when a report is made either herself or another supervisor meets with the alleged victim. The victim services coordinator also makes contact with them at least once every 30 days and if any retaliation is suspected it would be reported to the PREA Compliance Manager.
- Inmates who reported sexual abuse:
 - None of the PIOC who reported sexual abuse stated they felt in fear or retaliated against.
- There were no inmates in Segregated housing for risk of sexual victimization/ who allege to have suffered sexual abuse to be interviewed.

115.67(c-d):

- ED 72 states:
 - “For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the staff member(s) who reported the sexual abuse to determine if retaliation occurred. Monitoring shall be documented and may include reviews, performance evaluation or work reassignments. Employees shall act promptly to remedy any such retaliation.

Monitoring beyond 90 days shall continue if the initial monitoring indicates continuing need.”

- ED 72 further 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.”
- The RGCI PAQ reported that no incidents of retaliation have occurred in the past 12 months.
- Interview with the Warden:
 - The Warden stated that if retaliation is suspected they would initiate another investigation if needed.
- Interview with the designated staff member charged with retaliation monitoring:
 - The monitor stated she reviews items such as cell searches and conduct reports and ensures there is an open line of communication between her and the victim. She monitors for at least 90 days and it could be longer depending on the needs of the PIOC.

115.67(e):

- ED 72 states:
 - “For PIOC(s) or staff members who express fear of retaliation, the facility shall take appropriate protective measures.”
- Interview with the Agency head(designee):
 - She stated that the same measures would be taken if an individual expresses fear of retaliation, including reviewing housing assignments as well as staff assignments.

115.67(f): Auditor is not required to audit this provision.

The auditor finds the agency/facility in full compliance with PREA Provision §115.67 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

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

Documentation reviewed:

- RGCi PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- DOC-30 Review of Inmate in Restrictive Housing form

Interviews Conducted:

- Warden
- Staff who supervise inmates in segregated housing

Site Review Observations

Findings:

115.68(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 (section XIII).”
- DOC-30 Review of Inmate in Restrictive Housing form is used to document when a PIOC is placed in restrictive housing (RH) and includes a timeframe (30 days) on when the next review must be completed.
- The RGCi PAQ reported that there have been no incidents in the past 12 months where an inmate who alleged to have suffered sexual abuse was held in involuntary segregated housing.
- Site review observations:
 - During informal interviews some inmates said that if you make a report you get put into restrictive housing. To follow up on this, the auditor requested documentation of housing placement for the inmates who had reported sexual abuse. The majority who reported sexual abuse showed they were not moved to restrictive housing, those who were the PCM was able to show it was for reasons unrelated to the sexual abuse report.
- Interview with the Warden:
 - He said that victims would not be placed in restrictive housing or segregation unless there is no other option and that he has not seen it happen in a long time. If used, it would only be until an alternative means of separation is available.
- Staff who supervise inmates in segregated housing:
 - Staff who supervise the segregation unit were interviewed and stated that if a PIOC is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse they still have

access to privileges such as canteen, education and work. If access is restricted it would be noted by the supervisor in the logs. They had not seen anyone places in segregated housing for protection from sexual abuse or after having alleged sexual abuse but have seen PIOC allege sexual abuse after they had been placed in segregated housing.

The auditor finds the agency/facility in full compliance with PREA Provision §115.68 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 306.00.15 Inmate Investigations, dated 09/07/23 • Notification for expansion of the Internal Affairs Office (IAO) email dated 07/01/21 • Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations, dated 10/28/20 • DAI Policy 303.00.05 Law Enforcement Referrals, dated 02/22/21 • Agency SINC user guide • State of Wisconsin, Department of Administration, Records Retention <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Investigative staff • Warden • PREA Director • PREA Compliance Manager

Site Review Observations

Findings:

115.71(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. The facility shall request an investigation case number within 72 hours of learning of a sexual abuse or sexual harassment incident or allegation.”
- DAI policy 306.00.15 outlines the inmate investigations process including that investigations are to be conducted promptly, thoroughly and objectively.
- The notification for expansion of the Internal Affairs Office (IAO) was sent to DOC leadership as a notice that four corrections investigators were added to enhance the agency’s ability to provide fair, impartial, thorough and timely investigations.
- Human resources policy 200.30.304 outlines employee disciplinary investigations process.
- DAI policy 303.00.05 covers the process for law enforcement referrals including that all contacts with law enforcement agencies shall be tracked and documented.
- The SINC (sensitive investigation network communication) user guide covers how to use SINC as well as the roles of the different positions, including the investigator.
- Interviews with investigative staff:
 - A facility investigator was interviewed. He stated that they initiate an investigation right away. They further reported that reports made by third parties or anonymously are handled the same way.

115.71(b):

- Interviews with investigative staff:
 - An administrative investigator was interviewed and stated he has received training specific to conducting investigations in confinement which included techniques for interviewing sexual abuse victims and evidence collection in confinement.

115.71(c-g):

- 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. 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. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse”
- Interviews with investigative staff:
 - The investigator interviewed said that the first steps would include reviewing the complaint, talking to staff, interviewing the victim, interviewing any witnesses, interviewing the suspect, reviewing cameras and phone calls. He stated the investigation process includes reading all available information (incident reports, interviews, etc.) gathering additional evidence (emails, phone records, video) and interviewing all parties including the victim, witnesses and suspect. Direct and circumstantial evidence they would gather includes emails, phone records, camera footage, mail and physical evidence (clothing, bedding, towels etc.). To judge credibility. He stated they would never require an inmate who alleges sexual abuse to submit to a polygraph examination. During administrative investigations they said they would ensure staff are following policy such as conducting rounds as scheduled. He stated that everything they did/find is documented in their investigations including transcribing the interviews and any evidence collected is noted. Criminal investigations are documented by the law enforcement agency.
- Site review observations:
 - No paper investigation files were observed during the site review; all documents were stored electronically.

115.71(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. 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."

- The RGCI PAQ reported that law enforcement is responsible for referring potentially criminal conduct for prosecution. They further reported that there has been one substantiated allegation involving potentially criminal conduct during the review period that was referred for prosecution.
- Interviews with investigative staff:
 - He stated that any referral for prosecution would be done by the police department.

115.71(i):

- The State of Wisconsin, Department of Administration, Records Retention was reviewed and it states that "although the investigation is complete and closed the retention of PREA records mandate retention until event plus 5 years."
- A list of all sexual abuse and sexual harassment investigations was provided by RGCI. This showed there were thirty investigations. The auditor chose thirteen investigations for review and received the complete investigative file for each. Of the thirty cases twelve were inmate on inmate sexual harassment, nine were inmate on inmate sexual abuse and nine were staff on inmate sexual abuse. The thirteen investigations reviewed were all determined to be prompt, thorough and included interviews with the alleged victim and suspect (if known) and any witnesses. They also included documentation that the prior reports were reviewed, a description of evidence and documentation of a credibility assessment.

115.71(j):

- Interview with the investigator:
 - He stated they would do their best to continue the investigation if a staff member terminates employment prior to the investigation being completed or if a victim leaves the facility during the investigation including trying to contact them either via phone or teams and can travel to them if needed.

115.71(k):

Auditor is not required to audit this provision.

115.71(l):

- Interview with the Warden:
 - The Warden stated that the Red Granite police department conducts criminal investigations and they maintain close contact with the security manager.

	<ul style="list-style-type: none"> • Interview with the PREA Director: <ul style="list-style-type: none"> ◦ She stated that the facility investigators would conduct the administrative case parallel to the local law enforcement detective conducting their investigation. • Interview with Investigative staff: <ul style="list-style-type: none"> ◦ He stated that they assist outside law enforcement as needed, including helping schedule interviews and collecting evidence. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.71 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 306.00.15 Inmate Investigations, dated 05/17/21 • Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations, dated 10/28/20 <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Investigative staff <p>Findings:</p> <p>115.72(a):</p> <ul style="list-style-type: none"> • ED 72 states: <ul style="list-style-type: none"> ◦ “The DOC shall impose no standard higher than a preponderance of evidence in determining whether the allegation of sexual abuse or sexual harassment are substantiated.” • DAI policy 306.00.15 states: <ul style="list-style-type: none"> ◦ “The Warden/designee may return the packet for further investigation or shall recommend a substantiated, unsubstantiated, or unfounded disposition based upon a preponderance of evidence standard. The

	<p style="text-align: center;">entire file shall be submitted, via SINC, to the PREA office for a final review and disposition.”</p> <ul style="list-style-type: none"> • Human Resources Policy 200.30.304 states: <ul style="list-style-type: none"> ◦ “No standard higher than a preponderance of evidence shall be used to determine whether allegations are substantiated.” • Interview with investigative staff: <ul style="list-style-type: none"> ◦ The investigator stated that this determination is made by the PREA office. • Of the thirteen cases reviewed three were substantiated, ten were unsubstantiated and none were unfounded. Those determined unsubstantiated were primarily due to no collaborating evidence, most incidents happened in 2-man cells or a shower, had no physical evidence with no witnesses or video evidence available which supports the finding of unsubstantiated <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.72 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • 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 <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Warden • Investigative staff • Inmates who reported sexual abuse <p>Findings:</p> <p>115.73(a-b):</p>

- The RGCI PAQ reported that eighteen administrative and/or criminal investigations of alleged sexual abuse and sexual harassment were initiated, seven of which are still ongoing. They further reported that four investigations were initiated by an outside agency, two of which are still on-going.
- 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 in order to inform the alleged victim. The DOC’s obligation to report shall terminate if the alleged victim is released from custody.”
- Templates of notifications (2768, A, B and C) for substantiated, unsubstantiated and unfounded incidents were reviewed as well as a template that can be sent to advise the PIOC that the report does not constitute sexual abuse or sexual harassment as defined by PREA.
- Interview with the Warden:
 - The Warden stated that the victims receive notification following an investigation from the PREA office.
- Interview with investigative staff:
 - The investigator said that the notification is completed by the central PREA office.
- Interviews with inmates who reported sexual abuse:
 - Four PIOC who had reported sexual abuse at RGCI in the past 12 months were interviewed. All four stated they had received notification of the case outcome.

115.73(c-e):

- 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.”
- Outcome notifications were reviewed for cases involving staff which include checkboxes where the agency can indicate if the staff member is no longer posted within the assigned living unit, no longer employed at the facility or indicted or convicted on a charge relates to sexual abuse committed within the facility.

115.73(f): Auditor is not required to audit this provision.

The auditor finds the agency/facility in full compliance with PREA Provision §115.73

based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

- RGCI PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- WIDOC, Executive Directive 2 (ED 2): Employee Discipline, dated 01/14/19

Findings:

115.76(a):

- ED 72 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.”
- ED 2 “establishes the framework under which the Department may fairly and consistently impose discipline.”

115.76(b):

- The RGCI PAQ reported that they have had no incidents in the past 12 months where staff have violated agency sexual abuse or sexual harassment policies.
- ED 72 states:
 - “Termination is the presumptive sanction for an employee who engaged in sexual abuse.”
- As there were no staff who were reported to have violated agency sexual abuse or sexual harassment policies in the last 12 months there were no records to review. The list of investigations were reviewed and verified none of the substantiated cases involved staff.

115.76(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

	<p style="text-align: center;">histories.”</p> <p>115.76(d):</p> <ul style="list-style-type: none"> • ED 72 states: <ul style="list-style-type: none"> ◦ “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.” <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.76 based upon analysis of all available evidence including the documentation provided.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Warden <p>Findings:</p> <p>115.77(a-b):</p> <ul style="list-style-type: none"> • ED 72 states: <ul style="list-style-type: none"> ◦ “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.” • The RGCI PAQ reported that there have been no incidents in which a contractor or volunteer were reported to law enforcement agencies or relevant licensing bodies. • There were no investigations or complaints regarding any contractors or volunteers in the past 12 months so there were no investigations to review.

	<ul style="list-style-type: none"> • Interview with the Warden: <ul style="list-style-type: none"> ◦ He stated that in case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer that they would not be allowed access to the facility and would have no contact with the inmate. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.77 based upon analysis of all available evidence including the documentation provided and interviews conducted.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • Department of Corrections, Chapter DOC 303.01, Discipline <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Warden • Mental health staff <p>Findings:</p> <p>115.78(a):</p> <ul style="list-style-type: none"> • ED 72 states: <ul style="list-style-type: none"> ◦ “PIOCs who have committed PIOC-on-PIOC sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.” • The RGCI PAQ reported that in the past 12 months, there has been one administrative finding of inmate-on-inmate sexual abuse and zero criminal findings of guilt for inmate-on-inmate sexual abuse <p>115.78(b):</p> <ul style="list-style-type: none"> • 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 PIOC’s with similar histories.”
- Interview with the Warden:
 - He stated that policy guides if any disciplinary sanctions would be imposed and that they are evaluated by mental health.

115.78(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.”

115.78(d):

- ED 72 states:
- “The facility shall consider requiring perpetrating PIOC’s to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse.”
- Interviews with mental health staff:
 - Two mental health staff were interviewed and they stated that RGCI does offer sex offender treatment and that PSU would do an assessment to see if they qualify for treatment if convicted. They also stated that they do not require an inmate’s participation as a condition of access to programming or other benefits.

115.78(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.”

115.78(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.”

115.78(g):

- ED 72 states:

	<ul style="list-style-type: none"> ◦ “While consensual sexual activity between PIOC’s 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.” • Department of Corrections, Chapter DOC 303.01, Discipline, outlines the infractions for inmates for sexual conduct. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.78 based upon analysis of all available evidence including the documentation provided and interviews conducted.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>RGCI PAQ Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 DAI Policy 500.70.01 Mental Health Screening, Assessment and Referral, dated 08/31/20 DAI Policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, dated 05/24/21 Screenshot of the Agency Electronic Medical Record (blank and completed examples) Screenshot of the Agency Risk Screening Referral 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</p> <p>Interviews Conducted:</p> <p>Inmates who Disclose Sexual Victimization at Risk Screening Staff Responsible for Risk Screening Medical Staff</p> <p>Site Review Observations</p>

Findings:

115.81(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, employees 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.”

DAI policy 500.70.01 outlines the PREA referral process for PSU staff.

The Agency Risk Screening Referral shows that if an inmate answers yes to having ever been a victim of unwanted or abusive sexual contact (either in the community or while confined) the person completing the form and then select Yes or No for it they accepted a referral to medical or mental health, including the date the referral was made. It also shows that if an inmate states they have had sexual contact with someone without their consent or because they forced, coerced or threatened them are offered a referral to medical or mental health.

The Screenshot of the Agency Electronic Medical Record shows that one of the reasons for visit that can be selected is PREA follow-up.

DOC-2781B PREA Screening Tool – Adult Male Facility shows that is they answer yes to having ever been the victim of unwanted or abusive sexual contact or to having sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them that they are to be offered a referral to mental health. If they accept the offer, it states to complete a DOC-3183.

The RGCI PAQ reports that no inmates disclosed prior victimization.

Site review observations:

During the site review the audit team observed that most records are kept electronically or locked in a staff only office.

Interviews with inmates who disclosed victimization during risk screening:

Two inmates were interviewed who disclosed victimization during risk screening and they both stated they were offered a referral to PSU at some point but most stated they did not accept the offer.

Interviews of staff responsible for risk screening:

A staff member who completes the screening was interviewed and he verified that if an inmate indicates they have either experienced sexual victimization (either in the community or an institutional setting) or if they have previously perpetrated sexual abuse, he offers a follow up meeting with PSU. In their computer system it prompts him to offer and if they say yes the referral is entered immediately and they are seen within 14 days.

	<p>115.81(c): Not applicable as the facility is not a jail.</p> <p>115.81(d):</p> <p>DAI policy 410.30.01 states: “Information related to sexual victimization or abusiveness occurring in a confinement setting shall be confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including, but not limited to: housing, bed, work, education and program assignments.”</p> <p>During the site review, security staff were asked if they had access to medical or mental health records, and all stated they did not. They further stated that they do not have access to the risk assessments; only staff who do the screening have access.</p> <p>115.81(e):</p> <p>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.”</p> <p>Non-Health Disclosure Form - DOC-1163, Confidentiality Form -DOC-1923, PHI Disclosure Form - DOC-1163A all explain the limits to confidentiality of health information and require an inmate’s signature before treatment is provided.</p> <p>Interviews with medical staff:</p> <p>Two medical staff were interviewed and they confirmed that RGC does not hold inmates under the age of 18 and if they learned of prior sexual abuse they would refer them to PSU.</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.81 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: RGCI PAQ Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 DAI Policy 500.30.19 Sexual Abuse-Health Services Unit Procedure in the Even of Sexual Abuse, dated 11/21/23

DAI 316.00.01-Inmate Co-Payment for Health Services (attachment)
Off-Site Service request and report, DOC 3001 (blank)

Interviews Conducted:

Medical staff

Site Review Observations

Findings:

115.82(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.”

DAI policy 500.30.19 outlines services for sexual abuse including:

“The medical plan of care shall include: 1. timely and unimpeded access to emergency medical treatment without cost to the PIOC 2. transfer to offsite for a SANE assessment when determined evidentially or medically appropriate by health care staff in consultation with the SANE 3. Contact the PSU supervisor/designee or on-call clinician to initiate mental health services.”

DOC 3001 Off-Site Service request and report was provided to show what medical and mental health staff maintain as secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided.

Interviews with medical:

Two medical staff interviewed stated that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. s. Both also stated that the nature and scope of services are determined according to their professional judgment.

Two PIOC's who reported sexual abuse at RGCI were interviewed and stated that the RGCI was respectful and timely regarding their report of sexual abuse.

115.82(b):

ED 72 states:

“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)”

Interviews with staff who may be first responders:

	<p>Two staff who may/have acted as first responders were interviewed and both stated that they would separate the victim from the suspect, secure the crime scene and make appropriate notifications.</p> <p>115.82(c):</p> <p>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>DAI policy 500.30.19 covers in detail the response to an incident of sexual abuse by medical and mental health, including testing for STI’s and other communicable diseases.</p> <p>Interviews with medical staff: Both medical staff interviewed stated that victims of sexual abuse would be offered timely information about access to sexually transmitted infection, including HIV prophylaxis.</p> <p>115.82(d):</p> <p>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 cooperate with any investigation arising out of the incident, and in a manner consistent with the community level of care.”</p> <p>DAI 316.00.01 Inmate Co-Payment for Health Services (attachment) shows there is no copayment for treatment for an actual medical or dental emergency as determined by a physician, dentist or registered nurse, a written referral from a PREA risk assessment screener and crisis intervention evaluation and treatment related to sexual abuse in confinement.</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.82 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed:

RGCI PAQ

Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22

DAI Policy 500.30.19 Sexual Abuse-Health Services Unit Procedure in the Even of Sexual Abuse, dated 11/21/23

DAI Policy 500.70.01 Mental Health Screening, Assessment and Referral, dated 04/08/19

Interviews Conducted:

Medical staff

Site Review Observations

Findings:

115.83(a-b):

ED 72 states:

“The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all PIOC’s who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referral for continued care following their transfer to, or placement in, other facilities or their release from custody.”

Interviews with medical staff:

Medical staff were interviewed and stated that they would provide care as needed, including gathering information, reporting to a supervisor, and encouraging them not to take any actions that might destroy evidence.

115.83(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.”

Interviews with medical and mental health staff:

Both HSU staff interviewed indicated that they feel that the services offered are consistent with the community level of care.

115.83(d): This section is not applicable since RGCI is an all-male facility.

	<p>115.83(e): This section is not applicable since RGCI is an all-male facility.</p> <p>115.83(f):</p> <p>ED 72 states: “Victims of sexual abuse shall be offered tests for sexually transmitted infections.” DAI policy 500.30.19 states that testing for STD’s, other communicable diseases and pregnancy shall be included in their plan of care.</p> <p>115.83(h):</p> <p>ED 72 states: “ facilities shall attempt to conduct a mental health evaluation of all known PIOC on PIOC abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by mental health practitioners.”</p> <p>DAI policy 500.70.01 states: “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.”</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.83 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 300.00.70 Assault by Inmate, Reporting and Tracking, dated 05/15/20 • DAI Policy 410.50.01 Sexual Abuse Incident Review, dated 04/12/21 • Sexual Abuse Incident Review (SAIR) Form -DOC-2863 (blank and completed examples) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Warden • PREA Compliance Manager • Incident Review team

Site Review Observations

Findings:

115.86(a-c):

- The RGCI PAQ reported that there were eleven criminal and/or administrative investigations of alleged sexual abuse completed at the facility during the review period.
- 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.”
- DAI policy 300.00.70 states that:
 - “The Warden/designee shall convene an incident review team following substantiated and unsubstantiated cases of sexual abuse. 1. The Team shall consist of upper level management officials with input from supervisors, investigators, and medical and mental health practitioners. 2. The team shall document their findings in SINC to include recommendations for improvement and implementation efforts.”
- DAI policy 410.50.01 outlines procedures for conducting the review and who as a minimum shall be included in the review process.
- DOC-2683 shows the format and requirements for an incident review. It shows who the review team consists of, including their full name and title. The form also shows that all required information from this standard is to be reviewed for each case.
- The five examples provided showed that a sexual abuse incident review (SAIR) was completed on each case within 30 days of it being closed. It shows who the review team consists of, including their full name and title. Of the thirteen investigations selected, the SAIR was also received and reviewed to verify it was conducted on all sexual abuse cases that were not unfounded. The form also shows that all required information from this standard is to be reviewed for each case.
- Interview with the Warden:
 - The Warden said that RGCI does have an incident review team and that it includes himself, the security director, victim services coordinator, PREA compliance manager, investigators and health services.

115.86(d):

- ED 72 requires:
 - “The review team shall 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 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.

- Interview with the Warden:
 - The Warden said that they review the entire process including any contributing factors, staffing levels, training and examine the area where the incident was reported to have happened.
- Interview with the PREA Compliance Manager:
 - She stated that an electronic report is created after each incident review and that she leads the review process. Once completed the report is submitted to the PREA unit at the central office.
- Interview with a member of the incident review team:
 - The incident review team member stated that they do consider any underlying motivations for the incident as well as examine the area where it as alleged to have occurred, assess the adequacy of staff level in that area, review training and staffing needs, and assess whether monitoring technology, such as cameras, should be changed or added to. Any issues would be addressed.

115.86(e):

- ED 72 states:
 - “The facility shall implement the recommendations for improvement, or shall document its reason for not doing so.”

The auditor finds the agency/facility in full compliance with PREA Provision §115.86 based upon analysis of all available evidence including the documentation provided and interviews conducted.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22. • Survey of Sexual Victimization (SSV) 2017-2022 <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Director <p>Findings:</p> <p>115.87(a-f):</p> <ul style="list-style-type: none"> • ED 72 states: <ul style="list-style-type: none"> ◦ “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’s, 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.” • The SSV forms were reviewed that show they were completed from 2017-2022. 2022 would be the most recent report requested for submission. • The auditor reviewed the agency's website and it includes the PREA annual reports from 2010-2022 and the SSV from 2012-2021. • Interview with the PREA Director: <ul style="list-style-type: none"> ◦ She stated that the SSV is completed annually and that the contract agency information is included in the agency's annual report. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.87 based upon analysis of all available evidence including the documentation provided and interviews conducted.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed:

- RGC PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- Agency Annual PREA Reports, 2018-2022
- Screenshot of PREA annual reports on agency's public website

Interviews Conducted:

- Agency Head
- PREA Director
- PREA Compliance Manager

Findings:

115.88(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."
- The agency annual PREA reports were reviewed and this auditor verified they contain all information required in this standard, including a report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.
- This auditor verified the annual report is available on the agency's website at <https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx>.
- Interview with the Agency Head (designee):
 - She stated that after each substantiated or unsubstantiated case an incident review is conducted which includes facility leadership, victim services coordinator, investigator, medical staff and mental health staff. An after action report may be completed including any recommendations from the incident review such as upgrades/improvements needed to physical plant or monitoring technology. She also stated that she does review the PREA annual report and that it is

	<p style="text-align: center;">signed by the Secretary.</p> <ul style="list-style-type: none"> • Interview with the PREA Director: <ul style="list-style-type: none"> ◦ The PREA Director stated that the agency does review data collected and aggregated pursuant to 115.87. She stated it is securely retained in the computer system (SINC database) and access to the information is based on their role. She further stated that there is an annual report prepared by her office which includes findings from its data review and any corrective actions for each facility. Nothing is redacted as there is no identifying information included in the report. • Interview with the PREA Compliance Manager: <ul style="list-style-type: none"> ◦ She stated that the information would be reviewed and any recommended changes would be made. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.88 based upon analysis of all available evidence including the documentation provided and interviews conducted.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • RGCI PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Director <p>Site Review Observations</p> <p>Findings:</p> <p>115.89(a, d):</p> <ul style="list-style-type: none"> • ED 72 states: <ul style="list-style-type: none"> ◦ “All data shall be securely retained and maintained for at least 10 years after the date of initial collection.” • Interview with the PREA Director:

	<ul style="list-style-type: none"> ◦ She stated that all data collected is securely retained in their SINC database. • Site review observations: <ul style="list-style-type: none"> ◦ During the site review no paper files regarding the PREA standards were observed, everything was maintained electronically. <p>115.89(b-c):</p> <ul style="list-style-type: none"> • ED 72 states: <ul style="list-style-type: none"> ◦ “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’s, 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>The auditor finds the agency/facility in full compliance with PREA Provision §115.89 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: <ul style="list-style-type: none"> • 115.401(a-b): <ul style="list-style-type: none"> ◦ The auditor reviewed the agencies website at https://doc.wi.gov/P-ages/AboutDOC/PrisonRapeEliminationAct.aspx and verified the agency has posted the final PREA audit reports for all facilities. • 115.401(h): <ul style="list-style-type: none"> ◦ During the on-site portion of the audit the audit team was able to access and view all areas of the facility. • 115.401(i): <ul style="list-style-type: none"> ◦ RGCI provided all requested documents in a timely manner and was

	<p>able to view the electronic system onsite where documents are stored.</p> <ul style="list-style-type: none"> • 115.401(m): <ul style="list-style-type: none"> ◦ RGCI provided offices for the auditors to use which provided enough space to conduct private interviews of inmates and staff where others were unable to hear the conversations. • 115.401(n): <ul style="list-style-type: none"> ◦ The auditor received 3 letters from RGCI inmates and all were interviewed. The audit notice was observed to be posted throughout the facility and through informal conversations with staff and inmates they confirmed they had been posted for several weeks. Photos of the audit notice postings were received via email six weeks before the onsite portion of the audit. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.401 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ul style="list-style-type: none"> • 115.403(f): <ul style="list-style-type: none"> ◦ The auditor reviewed the agency's website at https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx and verified the final audit reports for all facilities are posted. <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.403 based upon analysis of all available evidence including the documentation reviewed.</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.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	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.)	na
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.)	na
	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.)	yes
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.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	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.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	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.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	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,	yes

	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.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	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?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	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.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes