

# PREA Facility Audit Report: Final

**Name of Facility:** Fox Lake Correctional Institution

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/02/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Jerri Ann Worm

**Date of Signature:** 06/02/2025

## AUDITOR INFORMATION

**Auditor name:** Worm, Jerri

**Email:** jerri.worm@state.co.us

**Start Date of On-Site Audit:** 03/11/2025

**End Date of On-Site Audit:** 03/13/2025

## FACILITY INFORMATION

**Facility name:** Fox Lake Correctional Institution

**Facility physical address:** W10237 Lake Emily Road, Fox Lake, Wisconsin - 53933

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Sara Fry
<b>Email Address:</b>	Sara.Fry@wisconsin.gov
<b>Telephone Number:</b>	608-513-7360

#### Warden/Jail Administrator/Sheriff/Director

<b>Name:</b>	Warden Michael Meisner
<b>Email Address:</b>	Michael.Meisner@Wisconsin.gov
<b>Telephone Number:</b>	920-928-6911

#### Facility PREA Compliance Manager

<b>Name:</b>	Sara Fry
<b>Email Address:</b>	sara.fry@wisconsin.gov
<b>Telephone Number:</b>	608 513-7360
<b>Name:</b>	Stacey Polk
<b>Email Address:</b>	Stacey.Polk@wisconsin.gov
<b>Telephone Number:</b>	
<b>Name:</b>	Nicholas Sanchez
<b>Email Address:</b>	nicholas.sanchez@wisconsin.gov
<b>Telephone Number:</b>	920 928-3151

#### Facility Health Service Administrator On-site

<b>Name:</b>	Tricia Weisnicht
<b>Email Address:</b>	Tricia.Weisnicht@Wisconsin.gov
<b>Telephone Number:</b>	920-928-6960

#### Facility Characteristics

<b>Designed facility capacity:</b>	1352
<b>Current population of facility:</b>	1393
<b>Average daily population for the past 12 months:</b>	1346
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>What is the facility's population designation?</b>	Men/boys
<b>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 <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-85
<b>Facility security levels/inmate custody levels:</b>	Medium
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	392
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	465
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	56

## AGENCY INFORMATION

<b>Name of agency:</b>	Wisconsin Department of Corrections
<b>Governing authority</b>	State of Wisconsin

<b>or parent agency (if applicable):</b>	
<b>Physical Address:</b>	3099 East Washington Avenue, Madison, Wisconsin - 53704
<b>Mailing Address:</b>	PO Box 7925, Madison, Wisconsin - 53707
<b>Telephone number:</b>	(608) 240-5000

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

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Leigha Weber	<b>Email Address:</b>	leigha.weber@wisconsin.gov

<b>Facility AUDIT FINDINGS</b>	
<b>Summary of Audit Findings</b>	
<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>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	



## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-11
2. End date of the onsite portion of the audit:	2025-03-13

#### 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:	JDI and PAVE

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1352
15. Average daily population for the past 12 months:	1346
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	1346
<b>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:</b>	5
<b>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:</b>	2
<b>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:</b>	4
<b>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:</b>	61
<b>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:</b>	8
<b>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:</b>	29

<b>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:</b>	6
<b>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:</b>	5
<b>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:</b>	40
<b>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:</b>	0
<b>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):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>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:</b>	392
<b>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:</b>	56



32. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	465
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:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
34. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	18
35. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	The auditor randomly selected PIOC from all living units.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	26
<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>	
<b>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:</b>	3
<b>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:</b>	2
<b>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:</b>	2

<b>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:</b>	2
<b>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:</b>	4
<b>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:</b>	3
<b>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:</b>	5
<b>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:</b>	4
<b>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:</b>	4

<b>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:</b>	0
<b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	The auditor verified with multiple staff that no PIOC in this targeted population were currently housed at FLCI and none were discovered during the site review.
<b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>	12

<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>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):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	23
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<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
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	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?**

☒ Yes

☐ 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)?**

☒ Yes

☐ 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)?**

☒ Yes

☐ No

**67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

☒ Yes

☐ No

**68. Informal conversations with staff during the site review (encouraged, not required)?**

☒ Yes

☐ No

<b>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).</b>	No text provided.
<b>Documentation Sampling</b>	
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.	
<b>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?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	No text provided.
<b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b>	
<b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>	
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
<b>Inmate-on-inmate sexual abuse</b>	6	X	6	X
<b>Staff-on-inmate sexual abuse</b>	7	X	7	X
<b>Total</b>	13	X	13	X

**72. Explain why this information could not be provided.**

Criminal investigations are conducted 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
<b>Inmate-on-inmate sexual harassment</b>	6	X	6	X
<b>Staff-on-inmate sexual harassment</b>	0	X	0	X
<b>Total</b>	6	X	6	X

**73. Explain why this information could not be provided.**

Criminal investigations are conducted 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
<b>Inmate-on-inmate sexual abuse</b>	1	X	X	X	X
<b>Staff-on-inmate sexual abuse</b>	0	X	X	X	X
<b>Total</b>	1	X	X	X	X

**74. Explain why this information could not be provided.**

Referrals for prosecution are done by the outside law enforcement agency.

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	1	0	4	1
<b>Staff-on-inmate sexual abuse</b>	0	1	6	0
<b>Total</b>	1	1	10	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
<b>Inmate-on-inmate sexual harassment</b>	X	X	X	X	X
<b>Staff-on-inmate sexual harassment</b>	X	X	X	X	X
<b>Total</b>	X	X	X	X	X

**76. Explain why this information could not be provided.**

Referrals for prosecution are done by the outside law enforcement agency.

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	6	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	6	0

**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:**

7

<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	3
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	4
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)



**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?**

☐ Yes

☐ No

☒ 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?**

☐ Yes

☐ No

☒ 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.**

☐ Yes

☒ No

## Non-certified Support Staff

**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.**

☒ Yes

☐ No

**96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:**

2

## AUDITING ARRANGEMENTS AND COMPENSATION

**97. Who paid you to conduct this audit?**

☐ The audited facility or its parent agency

☒ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

**Identify your state/territory or county government employer by name:**

Colorado Department of Corrections

**Was this audit conducted as part of a consortium or circular auditing arrangement?**

☒ Yes

☐ No

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>	
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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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"> <li>Fox Lake Correctional Institution Pre-Audit Questionnaire (FLCI PAQ)</li> <li>Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated August 2, 2022. For this audit report, this policy will be referred to as ED 72</li> <li>Agency PREA Director position description</li> <li>Agency Organizational Chart</li> </ul>

- 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.

	<p>115.11(c):</p> <ul style="list-style-type: none"> <li>• The Agency PREA Compliance Manager (PCM) listing shows that FLCI has a primary and back-up PCM.</li> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• Interview with the PREA Compliance manager: <ul style="list-style-type: none"> <li>◦ The PREA Compliance Manager (PCM) stated that with FLCI being a maximum custody institution that she is doing OK but there may never be enough time. She was appointed the back-up PCM in July of 2023 and became the primary PCM in August of this year so has only been in the position a few months.</li> </ul> </li> </ul> <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
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated August 2, 2022</li> <li>• Division of Adult Institutions (DAI) DOC-2845 PREA Contract Compliance Review Report template</li> <li>• DAI Policy 410.00.01 PREA Compliance Review of Contracted Facilities, dated 01/24/2022</li> <li>• DOC-2845 PREA Contract Compliance Review Reports</li> <li>• PREA final audit reports for the contract agencies</li> <li>• Public websites for the following facilities</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Agency Contract Administrator</li> </ul> <p>Findings:</p>

115.12(a):

- The FLCI PAQ reported that the agency has contracts for confinement with 14 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 14 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 121 contain information regarding PREA. Audit reports were reviewed for 12 contract jails and they were all determined to be compliant. The remaining 2 were recently signed contracts and the agencies have not yet had an audit completed or added PREA information to their websites but the PREA Director verified they will in the next audit cycle.

115.12(b):

- The FLCI 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 in contract?	Last DOJ audit (signature	Last Compliance Review	Agency website includes
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			date)		PREA information?
Fond du Lac County	10/1/2016	Yes	10/14/ 2022	2/27/2024	Yes
Grant County Jail	6/25/2024	Yes			Yes
Jefferson County Jail	2/28/2019	Yes	4/25/2023	8/7/2024	Yes
Lincoln County Jail	9/6/2024	Yes			Yes
Juneau County Jail	2/12/2019	Yes	3/7/2023	2/13/2024	Yes
Marquette County Jail	7/14/2021	Yes	5/9/2022	4/17/2024	Yes
Milwaukee County Community Reintegration Center	8/27/2017	Yes	1/12/2023	8/8/2024	Yes
Oneida County Jail	5/4/2016	Yes	5/5/2023	5/30/2024	Yes
Ozaukee County Jail	2/28/2019	Yes	12/1/2022	3/22/2024	Yes
Racine County Jail	2/12/2019	Yes	3/19/2023	6/24/2024	Yes
Rock County Jail	11/15/ 2018	Yes	3/1/2021	8/14/2024	Yes
Sauk County Jail	2/12/2019	Yes	3/18/2022	1/26/2023	Yes
Vernon County Jail	3/29/2019	Yes	11/8/2022	7/30/2024	Yes
Vilas County Jail	2/12/2019	Yes	6/19/2022	5/30/2024	Yes

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.
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"><li>• FLCI PAQ</li><li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li><li>• Fox Lake Correctional Institution (FLCI) Staffing plans, dated 02/14/2024 and 02/27/2025</li><li>• DAI Policy 410.40.01 PREA Unannounced Supervisory Rounds, dated 01/24/22</li><li>• DAI Policy 410.50.05 PREA Staffing plan, dated 05/29/24</li><li>• Photos of shift logs</li></ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"><li>• FLCI Warden</li><li>• PREA Compliance Manager</li><li>• PREA Director</li><li>• Intermediate or higher-level staff</li></ul> <p>Site review Observations</p> <p>Findings:</p> <p>115.13(a):</p> <ul style="list-style-type: none"><li>• The FLCI PAQ reports that since the last PREA audit, the average daily number of inmates is 1346. They further report that the average daily number of inmates on which the staffing plan is predicated is 1352.</li><li>• ED 72 states:<ul style="list-style-type: none"><li>◦ “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:<ul style="list-style-type: none"><li>■ 1. Generally accepted correctional practices;</li><li>■ 2. Any judicial, federal investigative and internal/external oversight agency findings of inadequacy;</li></ul></li></ul></li></ul>

- 3. The facility’s physical plant including blind-spots or areas where staff or PIOC’s may be isolated;
  - 4. The composition of the PIOC population;
  - 5. The number and placement of security staff;
  - 6. Institution programs occurring on a particular shift;
  - 7. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
  - 8. Applicable State or local laws, regulations, standards and other relevant factors.”
- DAI policy 410.50.05 summarizes the requirement of each adult institution to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect PIOC from sexual abuse.
- The FLCI staffing plan:
  - The 2024 and 2025 FLCI staffing plans were reviewed and this auditor verified they contain 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:
  - The Warden verified that FLCI has a staffing plan and that it includes all the information required in the PREA standards. He stated they check for compliance by reviewing the shift schedule and identifying if any posts are collapsed.
- Interview with the PREA Compliance Manager:
  - The PREA Compliance Manager stated the facility has completed a PREA staffing plan and that all required elements are covered.
- 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.”

- DAI Policy 410.50.05 states:
  - “D. The facility shall document (i.e. shift report, IR) and justify all deviations from the staffing plan in circumstances where the staffing plan is not complied with.”
  - “E. The staffing plan and documented deviations shall be maintained by the facility’s PCM for PREA auditing purposes.”
- The FLCI PAQ reports there were no incidents in the past 12 months where the facility deviated from the staffing plan.
- Interview with the Warden:
  - In the interview with the Warden he stated that they would document any instances where they deviate from the staffing plan in the shift report.

115.13(c):

- 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 FLCI staffing plan shows it was signed as reviewed by the PREA Director.
- 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. Unannounced rounds shall be made in all areas of the facility including, but not limited to: housing units, education, vacation, recreation, health services, food services, laundry, chapel, warehouse, etc. Staff are prohibited from alerting other staff members

	<p>that supervisory rounds are occurring, unless such announcement is essential to avoid creating additional danger during exigent circumstances.”</p> <ul style="list-style-type: none"> <li>• Photos of shift logs were reviewed which showed rounds in multiple units by supervisors at various times and days of the week.</li> <li>• Interviews with intermediate or higher staff: <ul style="list-style-type: none"> <li>◦ Intermediate or higher staff were interviewed and reported that they do conduct unannounced rounds and that they are documented by staff in the shift log. They reported that they prevent staff from alerting other staff of the rounds by rotating units and not announcing to staff where they are going next.</li> </ul> </li> </ul> <p>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.</p>
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<b>115.14 Youthful inmates</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 302.00.20 Placement of Juveniles in Adult Correctional Sites, dated 01/09/23</li> <li>• Agency movement memo Re: PREA-Youthful Inmates, dated 12/19/16.</li> </ul> <p>Site Review Observations</p> <p>Findings:</p> <p>115.14(a, b, c):</p> <ul style="list-style-type: none"> <li>• The FLCI PAQ reported that they do not house youthful inmates.</li> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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</li> </ul> </li> </ul>

	<p>PIOCs 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.”</p> <ul style="list-style-type: none"> <li>• DAI Policy 302.00.20 states: <ul style="list-style-type: none"> <li>◦ “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).”</li> </ul> </li> <li>• The memo regarding youthful inmates 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.</li> <li>• Site review observations: <ul style="list-style-type: none"> <li>◦ 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 FLCI. The inmate roster for the first day of the audit did not show anyone under the age of 18.</li> </ul> </li> <li>• No interviews with youthful inmates or staff who supervise youthful inmates were able to be completed as FLCI does not hold youthful inmates.</li> </ul> <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
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 410.40.02 PREA Opposite Gender Viewing and Announcing, dated 03/20/23</li> </ul>

- DAI Policy 500.70.24 Clinical Observation, dated 07/13/21
- DAI Policy 306.16.01 Use of Body Cameras, dated 03/14/22
- DAI Policy 306.17.02 Searches of Inmates, dated 08/31/23
- DAI Policy 500.70.27 Transgender Management and Care, dated 05/29/24
- DAI Policy 500.70.24 Clinical Observation, dated 07/13/21
- DOC-544 Lesson Plan for Personal Searches: Pat Searches and Strip Searches, dated 10/22
- Guidance in Cross Gender and Transgender Pat Searches Training Module
- DOC-3802 Pat Search Preference Request form
- WCCS Cross-gender announcement memo, dated 02/09/22

#### Interviews Conducted:

- Random Staff
- Random Inmates
- Transgender Inmates

#### Site Review Observations

#### Findings:

#### 115.15(a):

- The FLCI 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.”
- DAI policy 306.17.02 states:

- “Staff directly observing the PIOC 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 FLCI 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.

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.”
- “Cross gender personal searches of female PIOC by male staff is prohibited, except in exigent circumstances. Facilities shall not restrict female PIOC’s access to regularly available programming or other out-of-call opportunities to comply with this provision.”

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

115.15(c):

- DAI policy 306.17.02 states:
  - “PIOC searches shall be documented utilizing DOC-1523.
  - Documentation of exigent circumstances where cross-gender pat-down searches of female PIOC 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 PIOC’s to shower, perform bodily functions and change clothing without nonmedical staff members of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent

circumstances or when such viewing is incidental to routine cell checks, staff members of the opposite gender shall announce their presence when entering a PIOC housing unit. If opposite gender status quo changes during that shift, then another announcement is required. Facilities shall not restrict access to regularly available programming or other out-of-cell or housing unit opportunities in order to comply with this provision.”

- DAI policy 410.40.02 states:
  - “Except in exigent circumstances, staff of the opposite gender shall announce their presence when entering a PIOC housing unit in accordance with the following:
    - 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 reenters) a housing unit where PIOC have the ability to shower, change clothing or perform bodily functions.
    - At minimum, such announcement shall 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
    - A. Available resources to execute such announcements may vary by facility. At minimum, the method shall be audible. Generally acceptable practices include:
      - 1. A designated tone 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.
    - Facilities and units housing deaf/hard of hearing PIOC shall develop an alternative or supplementary notification method (e.g. sign or light) in accordance with DAI Policy 300.00.35.A.
    - Upon admission, as part of PREA-related education, PIOC shall receive facility specific information which explains how opposite gender staff announce their presence when entering a PIOC housing unit. Education shall be provided in accordance with DAI 410.20.01
  - 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
- 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 the 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. Cameras were viewed by the audit team and verified they do not show areas where inmates may be in a state of undress. Shower and toilet areas were viewed in each unit and no privacy concerns were found.

- Inmate interview questionnaire:
  - A total of 45 PIOC were asked if female staff announce when they enter the living units and 38 stated that yes that either there is a poster up or there is a doorbell sound. The majority also stated that they have enough privacy to use the toilet, shower and change clothing, those who said no, mentioned that the showers are not private in restrictive housing.
- 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 tone (actuated using a phone) and ensure the red sign is posted. All twelve staff stated 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

	<p>identification card at the top of the card between the lanyard holes.</p> <ul style="list-style-type: none"> <li>■ PIOC shall display the white label on the identification card to staff members when asked to submit to a pat search."</li> </ul> <ul style="list-style-type: none"> <li>• Random staff interviews: <ul style="list-style-type: none"> <li>◦ All 12 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.</li> </ul> </li> <li>• Transgender Inmate Interviews: <ul style="list-style-type: none"> <li>◦ Five self- identified transgender or intersex PIOC were interviewed with all five stating that they do not feel staff search them for the sole purpose of determining genital status and that they have not been placed in a housing area only for transgender or intersex PIOC.</li> </ul> </li> <li>• The facility was provided completed pat search request forms (1098D) for any transgender or intersex PIOC and two were provided, both of which were approved.</li> </ul> <p>115.15(f):</p> <ul style="list-style-type: none"> <li>• FLCI 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.</li> <li>• 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.</li> <li>• Random staff interviews: <ul style="list-style-type: none"> <li>◦ All random security staff interviewed verified they have received training on how to conduct cross-gender pat searches. Seven of the twelve also mentioned recent training they had received regarding the pat search options for transgender PIOC.</li> </ul> </li> </ul> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.15 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documentation reviewed:

- FLCI 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)

#### Interviews Conducted:

- Agency Head
- Inmates (with disabilities or who are limited English proficient)
- Random Staff

#### Site Review Observations

#### Findings:

#### 115.16(a):

- 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."
- 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.
- 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 effect 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 thirteen inmates were interviewed using the disabled and limited English proficient inmates' protocol. Of those four were limited English proficient, three had a physical disability, two had a vision impairment, two were deaf or hard of hearing and two had a cognitive disability. Twelve of the thirteen stated that FLCI provided information about sexual abuse and sexual harassment that they were able to understand, one stated he needed a translator.

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."

115.16(c):

- The FLCI PAQ reported no instances in the past 12 months where inmate interpreters or readers were used.
- 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."

	<ul style="list-style-type: none"> <li>• ED 71 outlines how to determine the appropriate language assistance services in both oral and written formats.</li> <li>• Site review observations: <ul style="list-style-type: none"> <li>◦ 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.</li> </ul> </li> <li>• Interviews of random staff: <ul style="list-style-type: none"> <li>◦ Twelve random staff were interviewed and asked when an inmate would be allowed to interpret for another inmate and the majority stated that they would use staff who speak that language or get a translator, all knew to not use other PIOC to interpret.</li> </ul> </li> </ul> <p>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.</p>
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115.17	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• WIDOC Executive Directive 42: Police Contact, Arrest, and Conviction Policy for Current Employees, dated 08/15/16</li> <li>• DAI Policy 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, dated 08/20/24</li> <li>• DAI Policy 300.00.92 Background Checks, dated 03/25/24</li> <li>• Agency Human Resources Procedures, Background Check Procedure, dated 11/26/18</li> <li>• Agency Human Resources Procedures, Fingerprint Procedures, dated 11/26/18</li> <li>• Agency Human Resources Procedures policy 200.30.507, Reference Checks, dated 02/29/2024</li> <li>• DOC-2430 Contractor Background Check with Attached Education and Acknowledgement</li> <li>• DOC-1098D Background Check Authorization form, dated 02/2021 (Blank and completed examples)</li> <li>• DOC-1098R Candidate Reference Check, dated 10/2020 (blank example)</li> <li>• DOC-2674 DAI Volunteer Application (blank)</li> </ul> <p>Interviews Conducted:</p>

- 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 FLCI PAQ reports that 57 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 118 out of 118 (100%).
- 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.
- DAI Policy 300.00.92 states:
  - “A. Warden/designee shall assign one or more facility staff members to conduct background checks and to approve/deny facility entry applications. B. In accordance with DAI 309.06.03, background checks for Non-DOC Personnel, Business & Professional Visitors applying for facility entry privileges at multiple DAI facilities may be carried out by the DAI Security Chief/designee (e.g. other state or federal agencies, Remington Center, statewide vendors/contractors).”
- 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 check forms were received for twelve staff that showed all required data was reviewed.

115.17(e):

- ED 72 states:
  - “The DOC shall conduct a criminal background records check every five years for current employees.”
- Interview with human resources staff:



	<ul style="list-style-type: none"> <li>◦ HR staff stated that portal 100 is used and that for the five year checks those are done through fingerprinting every five years.</li> </ul> <p>115.17(f-g):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• DOC 1098D has a statement which the applicant has to sign that states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• Interview with human resources staff: <ul style="list-style-type: none"> <li>◦ HR staff stated that the facility does ask all applicants and employees about previous misconduct as described in 115.17(a). She also confirms that that facility imposes a continuing affirmative duty to disclose any such previous misconduct.</li> </ul> </li> </ul> <p>115.17(h):</p> <ul style="list-style-type: none"> <li>• Interview with human resources staff: <ul style="list-style-type: none"> <li>◦ HR staff confirmed 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.</li> </ul> </li> </ul> <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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DOC-2635 Maintenance Project Request for Approval Form</li> </ul>

Interviews Conducted:

- Agency Head
- Warden

Findings:

115.18(a):

- The FLCI 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 stated that there was an academics building where they re-did the showers and bathrooms and that they walked through it with the vendors and engineers to ensure they meet the PREA standards, the building is not yet re-opened.

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

	<p>incidents had been reported to have taken place.</p> <p>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.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 306.00.14 Protection, Gathering and Preservation of Evidence, dated 10/18/21</li> <li>• DAI Policy 500.30.19 Sexual Abuse-Health Services Unit Procedure in the Event of Sexual Abuse, dated 11/21/23</li> <li>• DAI Policy 410.50.04 PREA Support Services and Retaliation Monitoring, dated 10/18/21</li> <li>• Excerpt from the Agency Healthcare Manual Reference</li> <li>• Excerpt from the Agency Inmate Handbook</li> <li>• Memorandum of Understanding with PAVE, dated 9/26/2019</li> <li>• Support Services Workshop - WIDOC Victim Services Coordinators Agenda</li> <li>• Agency Victim Accompaniment Guide</li> <li>• Agency Victim Services Coordinator Sexual Abuse and Sexual Harassment Reference Guide</li> <li>• DOC-2767 Agency Victim Services Coordinator Response Checklist</li> <li>• Agency Law Enforcement Compliance Request Email, dated 03/18/2019</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• SAFE/SANE Staff</li> <li>• PREA Compliance Manager</li> <li>• Rape Crisis Center Advocate</li> </ul> <p>Findings:</p> <p>115.21(a-b):</p>

- The FLCI 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 Dodge County Sheriff 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. The majority stated that they would secure the scene and notify through their chain of command. Most knew there was an investigations unit at FLCI and that they would conduct the administrative investigation and they would notify outside law enforcement if needed.

115.21(b):

- The FLCI PAQ reported:
  - FLCI 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 FLCI PAQ reported:
  - All inmates who experience sexual abuse are offered access to forensic medical examination at an outside facility, St. Agnes in Fond

du Lac, WI. The PAQ provided by FLCI reports there was one forensic medical exam conducted in the past 12 months. Documentation was reviewed for the one exam which confirms they were transported to an outside hospital for the forensic medical examination.

- DAI Policy 500.30.19 states:
  - The medical care for sexual abuse victims may include transfer to an offsite facility for a SANE assessment, when determined evidentially 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 evidentially 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 St. Agnes Hospital was interviewed on the phone by the audit team and she stated that her hospital normally has a SANE nurse either in house or on-call to respond to the hospital when needed.

115.21(d):

- The FLCI PAQ states:
  - The facility makes a victim advocate from a rape crisis center available from PAVE and if not available, a qualified staff member may provide victim advocate services.
- The Memorandum of Understanding with PAVE shows:
  - PAVE 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.
  - A certificate of attendance for one staff at FLCI was received verifying completion of the support services workshop.
- Interview with the PREA Compliance Manager:
  - The PCM stated that they have an agreement with the PAVE to provide advocacy services and that the hospital in Fond du Lac can also provide an advocate when requested.

- Interviews with Inmates who reported sexual abuse:
  - Four PIOC's were interviewed that had reported sexual abuse while confined. Three stated they were allowed to contact someone to provide support and one stated they did not remember.
- Interview with the rape crisis center:
  - An advocate with the rape crisis center was interviewed over the phone. She stated they do provide services to FLCI when requested and answer phone calls from the facility.

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 is handled by the PREA unit at the central office.

115.21(f):

- Agency Law Enforcement Compliance Request Email shows:  
The Dodge County Sheriff's 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):

	<ul style="list-style-type: none"> <li>• The 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.</li> </ul> <p>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.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 303.00.05 Law Enforcement Referrals, dated 07/25/22</li> <li>• DAI Policy 306.00.15 PIOC Investigations, dated 09/07/23</li> <li>• Agency Human Resources Procedures 200.30.304, Employee Disciplinary Investigations, dated 10/28/20</li> <li>• Referral for criminal investigations template</li> <li>• Screenshot of agency website re: Law Enforcement Referrals</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Investigative Staff</li> <li>• Agency head</li> </ul> <p>Findings:</p> <p>115.22(a):</p> <ul style="list-style-type: none"> <li>• The FLCI PAQ reported: <ul style="list-style-type: none"> <li>◦ 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 19 allegations of sexual abuse and sexual harassment were received at FLCI, all 19 were referred for administrative investigations, 13 were referred for criminal investigation and 2 were still active cases. .</li> </ul> </li> <li>• ED 72 states:</li> </ul>

- “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



	<p>public.</p> <ul style="list-style-type: none"> <li>• Interview with facility investigators: <ul style="list-style-type: none"> <li>◦ Two administrative investigators were interviewed and stated that agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation and that they work with the County Sheriff as requested.</li> </ul> </li> </ul> <p>115.22(d): Auditor is not required to audit this provision.</p> <p>115.22(e): Auditor is not required to audit this provision.</p> <p>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.</p>
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115.31	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• Agency Training Curriculum: Facility Staff Training and Support: DAI Uniformed Staff</li> <li>• Agency Training Module-All Staff PREA, Refreshers for 2017, 2019, 2021, 2023</li> <li>• Agency Newsletter examples</li> <li>• DOC-1558 Employment Statement of Acknowledgement (blank and completed examples)</li> <li>• FLCI Training Roster for PREA</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Random Sample of Staff</li> </ul> <p>Site Review Observations</p> <p>Findings:</p> <p>115.31(a-b):</p> <ul style="list-style-type: none"> <li>• The FLCI PAQ states all new staff are required to take the module "PREA;" all</li> </ul>

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 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 these standards requirements.
- Interviews with random staff:
  - Twelve random staff were interviewed and all stated they received training on PREA either at the training academy or at the facility annually.

	<p>115.31(c):</p> <ul style="list-style-type: none"> <li>• The FLCI 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 fall of 2023.</li> <li>• Agency newsletters were reviewed that show updates regarding PREA being distributed between the biennial trainings.</li> <li>• The refresher training for 2017, 2019, 2021 and 2023 was reviewed and verified it contains all required elements.</li> </ul> <p>115.31(d):</p> <ul style="list-style-type: none"> <li>• The FLCI PAQ reported that initial training and biennial modules are online and that participation and understanding are tracked electronically via the learning management system.</li> <li>• ED 72 states” <ul style="list-style-type: none"> <li>◦ “Each employee shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received.”</li> </ul> </li> <li>• 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.”</li> <li>• An FLCI 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.</li> </ul> <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
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation reviewed:</p>

- FLCI 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 Non-DOC Personnel, Business & Professional Visitors, dated 08/20/24
- 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

#### Interviews Conducted:

- Volunteers/Contractors

#### Site Review Observations

#### Findings:

#### 115.32(a-b):

- The FLCI PAQ reports that 521 volunteers and contractors, who may have contact with inmates, have been trained in 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/contractors:
  - Two volunteers/contract staff were interviewed by the audit team and both stated they have received training regarding PREA and their responsibilities. They both stated that they have been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report such incidents.

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 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 acknowledgement, which is available in English and Spanish, has the contractor sign to acknowledge 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

	<p>training received.</p> <ul style="list-style-type: none"> <li>• The volunteer application was reviewed and it indicates that by signing they understand they are expected to abide by all DOC and DAI policies, including the fraternization policy and facility procedures.</li> <li>• Training records for 10 contractors were reviewed that show completed form DOC-2674 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.</li> </ul> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.32 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 410.20.01 Inmate PREA Education dated 05/29/24</li> <li>• POC-0041B Resource sheet for offenders (English and Spanish)</li> <li>• Memo regarding PREA Orientation Videos</li> <li>• PREA Orientation videos at <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a></li> <li>• POC-0041C Inmate PREA Education Facilitator Guide (Rev. 01/2022)</li> <li>• Photo of inmate ID cards showing PREA information on the back.</li> <li>• WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook (English and Spanish)</li> <li>• Email directive regarding Inmate Education from the PREA Coordinator dated 12/14/2015.</li> <li>• POC-99 Acknowledgement of Receipt of/Access to Information (PREA Education) (blank and completed examples)</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Intake Staff</li> <li>• Random inmates</li> </ul>

## Site Review Observations

### Findings:

#### 115.33(a):

- The FLCI PAQ reported that 667/667(100%) of inmates admitted in the past 12 months were given PREA education at intake.
- 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.
- Interviews with intake staff:
  - The staff responsible for PREA education was interviewed and confirmed PIOC are provided orientation on PREA, usually within a week of arrival. This can be done by either showing the WI DOC PREA video or using a script to ensure all required information is provided. She ensures all PIOC are given the sheet with reporting information (including information on PAVE).
- Interviews with random inmates:
  - Of the 45 random inmates interviewed, 44 stated they received educational information about the zero-tolerance policy and how to report at FLCI. The one who did not arrived at FLCI over 8 years ago.

#### 115.33(b):

- The FLCI PAQ reported that 612/612 (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 given the insert with contact information for PAVE, the outside advocacy agency. She stated this is typically done within a week of arrival; normally the education sessions are held every Thursday morning. She also ensures they all have the red PREA book or she provides one and all PIOC sign an acknowledgement that they received the information.
- Interviews with random inmates:
  - The inmates who stated they received PREA education typically stated they received the education within a week after arriving at FLCI.

115.33(c):

- The FLCI 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 PIOCs 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 13 PIOC were interviewed using the disabled and limited English proficient inmates’ protocol. Twelve of the PIOC stated they did receive information about sexual abuse and sexual harassment in a manner they were able to understand. One stated no but the records were reviewed which shows they signed the education acknowledgement 2 days after arrival.

115.33(e):

- 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. Ten completed examples were provided.

115.33(f):

- Site review observations:
  - During the site review the audit team found PREA posters in every living unit. Most were located near the phones in the common area. When inmates were informally interviewed they stated the PREA

	<p>posters are visible and that PREA information is also on the back of their ID or on their tablets.</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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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• Agency Investigation Training curricula (archived and 2022)</li> <li>• Agency Investigation Resource Guide</li> <li>• WIDOC Directory of Investigative staff who have completed training</li> </ul> <p>Interviews Conducted:</p> <p>Investigative staff</p> <p>Findings:</p> <p>115.34(a-c):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “Employees who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Garrity/Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion.”</li> </ul> </li> <li>• 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</li> </ul>

	<p>and the definitions of unfounded, substantiated and unsubstantiated.</p> <ul style="list-style-type: none"> <li>• A roster of staff trained to investigate reports of sexual abuse and sexual harassment in confinement were reviewed and it shows 29 staff at FLCI are trained, and throughout the agency 619 total agency investigators have completed the required training. The auditor verified the FLCI investigators interviewed and all of those who completed the randomly selected investigations were on the training roster.</li> <li>• Interview with investigative staff: <ul style="list-style-type: none"> <li>◦ Two investigators were interviewed and they stated that they have received training specific to conducting sexual abuse investigations in confinement settings.</li> </ul> </li> </ul> <p>115.34(d): 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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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• PREA for healthcare Staff training curriculum</li> <li>• FLCI PREA for Healthcare training roster</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Medical staff</li> <li>• Mental health staff</li> </ul> <p>Findings:</p> <p>115.35(a):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.</li> </ul> </li> </ul>

	<p>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.”</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The FLCI PAQ reported that 100% of the medical and mental health care staff who work regularly at the facility have received the training. Training records were reviewed for the medical and mental health staff interviewed and all show they received PREA for Healthcare Staff as well as either intro to PREA for 2023 PREA refresher.</li> <li>• Interviews with medical and mental health staff: <ul style="list-style-type: none"> <li>◦ Two medical staff and two mental health staff were interviewed and all 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.</li> </ul> </li> </ul> <p>115.35(b): This provision is not applicable as forensic medical examinations would be conducted at an outside facility and not by agency staff.</p> <p>115.35(c-d):</p> <ul style="list-style-type: none"> <li>• The auditor verified that the training roster includes the medical and mental health staff selected for random interviews and that they have received the PREA refresher and PREA for healthcare staff.</li> </ul> <p>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.</p>
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115.41	Screening for risk of victimization and abusiveness
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual</li> </ul>

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 11/21/23
- Agency risk screening directive email from PREA Coordinator dated 04/19/16
- List of risk screenings for current FLCI 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
- Screenshot of WIC Screening Warning
- Risk screening for PIOC's interviewed

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's or sexually abusive towards other PIOC's. The objective screening instrument shall include, at minimum, the following criteria:
    - 1. The presence of a mental, physical or developmental disability;
    - 2. 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 FLCI PAQ reports that 667/667 (100%) of inmates entering the facility within the past 12 months whose 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 FLCI inmates was reviewed that shows the PIOC DOC#, name, admission date and when sections A-D were completed. This auditor reviewed the list and most PIOC had section A and B completed within 72 hours of arrival, very few had section C and section D was completed within 30 days. In addition, complete screening instruments for 10 PIOC were provided and reviewed.
- Interviews with staff who perform screening for risk of victimization and abusiveness:
  - A staff member who completes the PREA screening was interviewed and she stated that she screens all PIOC within 72 hours of their arrival at FLCI, she tries to complete the screening on the day of arrival or the next day. She confirmed that the screening is completed one on one in an office or conference room to ensure privacy.
- Interviews with random inmates:
  - Of the 45 PIOC interviewed, 37 stated they were asked questions about PREA when they arrived at FLCI, 5 stated they were not and 3 did not remember if they were asked any questions or not. The majority that stated they were not asked or did not remember had been admitted to FLCI over 12 months ago.

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 FLCI PAQ reported that 612/612 (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 all PIOC are screened again within 30 days of arrival.
- Interviews with random inmates:
  - The majority of PIOC interviewed stated they had been asked the screening questions again within 30 days of arrival. Those who said they had not were all admitted to FLCI over 12 months ago.

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 reassessments of PIOC when requested by the PCM or regional PCM.
- Re-assessments for five PIOC who reported sexual abuse were provided to verify they were assessed after the investigation was completed.

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 PIOC 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.”
- A screenshot of the login to the assessment that all staff would see when accessing it was provided that states:
  - “You are attempting to access PREA risk screening data. This information is sensitive, private, highly confidential and may include protected health information; it must only be accessed if you have a valid business reason. The Wisconsin Department of Corrections reserves the right to audit all user transactions in a manner consistent

	<p>with State and Federal Laws. Any illegal or unauthorized use of PREA risk screening data by any person(s) may be subject to criminal prosecution under State and Federal Laws, and could result in disciplinary action including termination. Selecting “Agree” affirms that you have a valid business reason to view this information and agree to the terms of use.”</p> <ul style="list-style-type: none"> <li>• Interview with the PREA Director: <ul style="list-style-type: none"> <li>◦ 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.</li> </ul> </li> <li>• Interview with the PREA Compliance Manager: <ul style="list-style-type: none"> <li>◦ He confirmed that any staff can view the assessment in the special handling folder.</li> </ul> </li> <li>• Interviews with staff who perform screening for risk of victimization and abusiveness: <ul style="list-style-type: none"> <li>◦ Staff indicated that she is unsure of who all has access but does know there is a PREA warning screen every time you log in.</li> </ul> </li> </ul> <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 and interviews conducted.</p>
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115.42	Use of screening information
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 325.00.04 Inmate Drivers, dated 06/07/21</li> <li>• DAI Policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, dated 11/21/23</li> <li>• DAI Policy 306.00.23 Special Placement Needs of Inmates, dated 04/12/21</li> <li>• DAI Policy 309.00.01 PIOC Work Placement, dated 10/07/24</li> <li>• DAI Policy 500.70.27 Transgender Management and Care, dated 05/29/24</li> <li>• DAI Policy 500.70.26 Review for Housing Consistent with Gender Identity, dated 05/29/24</li> <li>• FLCI LGBTI Report/List</li> </ul>



- WICS User Guide
- DOC-3793 Transgender Housing Evaluation form DOC-1408 Inmate Work/ Program Assignment Placement form
- DOC-2570 Inmate Offsite Review form
- Email regarding Reclassification Pre-hearing interviews, dated 11/03/21
- Sample classification reviews for transgender/intersex inmates

Interviews Conducted:

- PREA Compliance Manager
- PREA Director
- Staff Responsible for Risk Screening
- LGBTI PIOC
- Site Review Observations

Findings:

115.42(a-b):

- 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, line-of-sight monitoring by DOC staff is sufficient to maintain separation. Individualized placement determinations shall be made for each PIOC."
- DAI policy 410.30.01 states:
  - "A. Screening information shall be used to inform staff making housing and bed assignments. The expectation is to keep PIOC who score as high risk of being sexually victimized separate from those scoring as high risk for being sexually abusive."
  - "B. Screening information shall be used to inform staff making work, education and program assignments."
  - "C. Depending upon each PIOC responses and history, the screening tool categorizes each as being designated a ROV, ROA or None. ROV and ROA categorizations shall be recorded as a security special handling type and security housing recommendation in WICS."
  - "D. Individualized determinations about how to ensure the safety of each PIOC shall be made."
- DAI policy 325.00.04 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 309.00.01 PIOC Work Placement establishes guidelines for facilities to maintain a process for placement removal or transfer of all compensated

PUOC work assignments including:

- “5. Risk of abusiveness (ROA) or risk of victimization (ROV)
  - a. PIOC with a ROV category shall not be placed in an unsupervised work group with PIOC in an ROA category.
  - b. Any work setting that contains PIOC with ROV and ROA categories shall be under direct supervision.”
- DAI policy 306.00.23 states that one of the criteria needed for special needs placement is substantiated inmate on inmate sexual abuse.
- DOC-1408 Inmate work/program assignment/placement form includes an area for staff to mark that PREA risk category has been reviewed and considered.
- DOC-2570 Inmate Offsite Review form also includes a checkbox for staff to verify that PREA status was reviewed.
- The WICS user guide explains the process for entering housing recommendations associated with PREA.
- Interview with the PREA Compliance Manager:
  - He stated that the ROA/ROV scores are used for housing and work assignments.
- 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 programming assignments.

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. It also stated that “ facility and housing assignments shall be made on a case-by-case basis, considering PIOC health and safety as well as potential programming, management and security concerns. PIOC’s own views regarding safety shall be given careful consideration.”
- DAI policy 500.70.26 establishes that the DAI shall ensure equitable treatment of individuals who identify as transgender or who have an intersex condition

	<p>when determining housing, classification, and programming by providing an opportunity, on a case by case basis, for gender aligned housing placement.</p> <ul style="list-style-type: none"> <li>• Form DOC-3793 includes guidelines for psychological services staff to complete when transgender PIOC request placement at a facility consistent with their gender identity.</li> <li>• The email regarding reclassification pre-hearing interviews for transgender and intersex PIOC is to point out the changes in documentation standards to ensure that placement and programming decisions are reviewed twice per year and that serious consideration is given to the transgender or intersex PIOC's views of their safety. It requires that at the reclassification pre-hearing interview the assigned social worker shall inquire with the PIOC about their perception of safety in housing and programming assignments.</li> <li>• The auditor reviewed and verified on the housing rosters that the PIOC identified as LGBTI are not placed in specific units and were housed in multiple units throughout the facility.</li> <li>• Interview with the PREA Director: <ul style="list-style-type: none"> <li>◦ 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 as LGBTI in dedicated facilities. She stated they are assigned accordingly based on security and housing needs.</li> </ul> </li> <li>• Interview with the PREA Compliance Manager: <ul style="list-style-type: none"> <li>◦ He verified the facility is not subject to a consent decree, legal settlement, or legal judgement requiring it establish any dedicated units or LGBTI PIOC. He states that housing would be determined based on needs and that they do consider whether the placement will ensure the PIOC's health and safety and that their opinion is given serious consideration. He said they are reassessed every 6 months and confirmed they are able to shower separately at designated times determined by the unit Sargent.</li> </ul> </li> <li>• Interviews with LGBTI inmates: <ul style="list-style-type: none"> <li>◦ Three PIOC who identified as being gay or bisexual were interviewed and all stated they have not been placed in a housing area only for gay, lesbian, bisexual, transgender or intersex inmates.</li> <li>◦ Five PIOC identified as transgender were interviewed. All five stated they have been asked questions about their safety while at FLCI.</li> </ul> </li> </ul> <p>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.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documentation reviewed:

- FLCI 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 12/30/24
- 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

### Site Review Observations

### Findings:

#### 115.43(a):

- The FLCI PAQ reported that zero inmates at 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:
  - He stated that agency policy does prohibit placing PIOC at high risk or who have alleged sexual abuse in involuntary segregated housing. He

stated they would usually separate by housing unit.

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.”
- Staff who supervise inmates in segregated housing:
  - A staff member who supervises the segregation unit was interviewed and said that they do not place the victim in segregated housing.
- There were no inmates who reported sexual abuse, or were at risk of sexual victimization, that were placed in segregated housing at FLCI so no interview was able to be conducted for this targeted category.

115.43(c):

- The FLCI 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 PIOCs from the general population shall only be until alternative means of separation from likely abusers can be arranged and

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 FLCI 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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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook (English and Spanish)</li> <li>• Agency Third Party Reporting Poster (English and Spanish)</li> <li>• PIOC PREA posters (English and Spanish)</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Random Inmates</li> <li>• PREA Compliance Manager</li> </ul> <p>Site Review Observations</p> <p>Findings:</p> <p>115.51(a):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• 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.</li> <li>• Agency Third Party Reporting Poster states that they can tell any staff person, go to <a href="http://www.doc.wi.gov">www.doc.wi.gov</a> or contact local law enforcement.</li> <li>• The PIOC PREA poster also details the multiple reporting options available.</li> </ul>

- 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 in the day room. PIOC are also issued tablets which have PREA information on them including all of the reporting options and phone numbers to make 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.
- Interviews with random staff:
  - Twelve 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 including calling the hotlines, telling staff and sending a message from the tablets.
- Interviews with random inmates:
  - Forty-five inmates were interviewed and all were able to list at least one way to report (or stated they knew the information was on the poster) with the majority listing multiple options including calling one of the reporting lines (777 or 888), telling staff or calling their family.

115.51(b):

- ED 72 states:
  - “In addition, the DOC shall provide at least one way for PIOC 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 then 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):
  - He stated that FLCI provides options for reporting including the 888 phone line or contacting friends and family.
- Interviews with random inmates:
  - Of the 45 inmates asked if they can report anonymously the majority (36) stated yes that they could report anonymously, 4 said you could now and 5 did not know if they could report anonymously or not.

115.51(c):

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

	<p>reports.”</p> <ul style="list-style-type: none"> <li>• The FLCI PAQ reported that the timeframe staff are required to document reports is immediately.</li> <li>• Interviews of random staff: <ul style="list-style-type: none"> <li>◦ Of the twelve random staff asked about what they would do if they received a verbal report of sexual abuse or sexual harassment all stated they would notify the shift supervisor and write a report by the end of their shift.</li> </ul> </li> <li>• Interviews with random inmates: <ul style="list-style-type: none"> <li>◦ Of the 45 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 all said yes to all the options with the majority stating that family or friends could report for them.</li> </ul> </li> </ul> <p>115.51(d):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• The FLCI PAQ reported that staff are informed of these procedures via ED 72.</li> <li>• Interviews with random staff: <ul style="list-style-type: none"> <li>◦ Twelve random staff were asked how staff can privately report and the majority stated they could report to a supervisor.</li> </ul> </li> </ul> <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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual</li> </ul>



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
- Three inmate complaints

Interviews conducted:

- Inmates who reported sexual abuse
- Site Review Observations

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 FLCI PAQ reported that they have received three 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:
  - Four PIOC who reported sexual abuse were interviewed, only one of which reported via the grievance system. That grievance was reviewed and verified that the complaint was turned into an investigation.

115.52(e):

- ED 72 states:
  - “Third parties, including fellow PIOC’s, 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 FLCI 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 FLCI PAQ reported that zero emergency grievances alleging substantial risk of imminent sexual abuse were received in the past 12 months.
- ED 72 states:
  - “If a PIOC alleges that he or she is subject to a substantial risk of imminent sexual abuse, the PIOC may contact any staff member who is not the subject of the allegation. Staff shall immediately forward the allegation to facility leadership for immediate corrective action. Facility leadership shall provide an initial response within 48 hours and issue a final decision within 5 calendar days. The initial response and final facility decision shall document the facility’s determination whether the PIOC is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint. 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.

	<ul style="list-style-type: none"> <li>■ 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.</li> <li>■ 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.</li> <li>■ Further response will be in accordance with department policy.”</li> </ul> <p>115.52(g):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• Agency admin code chapter 310, section 310.08 PREA Complaint procedure states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• The FLCI PAQ reports tha no inmate grievances alleging sexual abuse resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith in the past 12 months.</li> </ul> <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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation and other evidence reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DOC-2937 Advocacy Request Form (blank) English and Spanish</li> <li>• POC-0041B Sexual Abuse in Confinement Resource sheet for Offenders</li> <li>• DAI Policy 410.50.04 Support Services and Retaliation Monitoring , dated 10/18/21</li> </ul>

- PREA poster for inmates (English and Spanish)
- Memorandum of Understanding with PAVE, signed 09/26/2019

#### Interviews Conducted:

- Advocate with the local rape crisis center
- Inmates who reported sexual abuse

#### 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 SASP, PAVE, 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 PAVE 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, PAVE. 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 with PAVE 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 contacted PAVE by phone and spoke with an advocate. She stated they are available to provide victim advocacy and emotional support services to inmates in FLCI. She verified they have a phone line that is answered and would respond to the hospital if requested for SANE exams.
- Interviews with inmates who reported sexual abuse:
  - Four PIOC who reported sexual abuse were interviewed. Three of the four stated that they were given contact information for the advocacy center and that they were free to call them and all four stated it would be confidential.

	<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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<b>115.54</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Agency Third Party Reporting poster (English and Spanish)</li> <li>• Reporting information on the WIDOC website</li> </ul> <p>Site Review Observations</p> <p>Findings:</p> <p>115.54(a):</p> <ul style="list-style-type: none"> <li>• The agency third party reporting poster was viewed by the auditor and it contains information on who a third party can report on behalf of an inmate including, telling any staff person, on their website at <a href="http://www.doc.wi.gov">www.doc.wi.gov</a>, or contacting local law enforcement.</li> <li>• 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 they received the test report. From the time 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.</li> <li>• Site review observations: <ul style="list-style-type: none"> <li>◦ During the site review the audit team observed PREA posters in various areas around the facility.</li> </ul> </li> </ul> <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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Random staff</li> <li>• Medical staff</li> <li>• Mental health staff</li> <li>• Warden</li> <li>• PREA Director</li> </ul> <p>Site Review Observations</p> <p>Findings:</p> <p>115.61(a):</p> <ul style="list-style-type: none"> <li>• ED 72 states:</li> <li>• “Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports and immediately report: <ul style="list-style-type: none"> <li>◦ 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;</li> <li>◦ b. Any incidents of retaliation against PIOC’s or staff who reported such an incident; and/or</li> <li>◦ c. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”</li> </ul> </li> <li>• Interviews with random staff: <ul style="list-style-type: none"> <li>◦ Twelve 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.</li> </ul> </li> </ul> <p>115.61(b):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “Staff members shall not reveal any information related to a sexual</li> </ul> </li> </ul>



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:
  - Twelve 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 a 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. They all stated that the limitations of confidentiality are disclosed when they are admitted. They all also confirmed that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment.

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

	<ul style="list-style-type: none"> <li>◦ The Warden stated any allegations would be referred to outside law enforcement.</li> <li>• Interview with the PREA Director: <ul style="list-style-type: none"> <li>◦ The PREA Director stated that FLCI 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.</li> </ul> </li> </ul> <p>115.61(e):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be referred for investigation.”</li> </ul> </li> <li>• Interview with the Warden: <ul style="list-style-type: none"> <li>◦ The Warden confirmed that all incidents are immediately reported to facility investigators.</li> </ul> </li> </ul> <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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Agency Head</li> <li>• Warden</li> <li>• Random staff</li> </ul> <p>Findings:</p> <p>115.62(a):</p> <ul style="list-style-type: none"> <li>• The FLCI PAQ reported that they have had no incidents in the past 12 months</li> </ul>

	<p>when the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse.</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• Interview with the agency head(designee): <ul style="list-style-type: none"> <li>◦ 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.</li> </ul> </li> <li>• Interview with the Warden: <ul style="list-style-type: none"> <li>◦ The Warden stated that when they learn a PIOC may be subject to risk of sexual abuse they would speak with the security director, have a supervisor interview the PIOC to see if they are safe or have any concerns and depending on the interviews may look at moving them or the suspect and may contact PSU if needed.</li> </ul> </li> <li>• Interviews with random staff: <ul style="list-style-type: none"> <li>◦ Twelve random staff were interviewed and the majority stated they would separate the victim and inform their supervisor. They also stated this would be done as fast as possible/immediately.</li> </ul> </li> </ul> <p>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.</p>
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115.63	Reporting to other confinement facilities
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DOC-2933 Agency to agency report template (blank and completed example)</li> </ul> <p>Interviews Conducted:</p>

- 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 FLCI PAQ reports that in the past 12 months, they have had two allegations 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/2666D, refer the allegation to the head of the facility of the alleged abuse within 72 hours; assist with investigation as needed.”

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 FLCI PAQ reports that they have received three allegations of sexual abuse from other facilities in the past 12 months.
- 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:
  - The Warden stated that once notified of the allegation the facility would check with the PCM to see if the allegation was previously investigated and if not would initiate an investigation.

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.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation reviewed:

- FLCI 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

Interviews Conducted:

- Security staff first responders
- Random staff
- Inmates who reported sexual abuse

Site Review Observations

Findings:

115.64(a):

- ED 72 states:
  - “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 FLCI PAQ reported that in the past 12 months, thirteen allegations of

	<p>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.</p> <ul style="list-style-type: none"> <li>• Interviews with staff first responders: <ul style="list-style-type: none"> <li>◦ Four staff were interviewed who were first responders and stated they would separate the involved parties, 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.</li> </ul> </li> <li>• Interviews with inmates who reported sexual abuse: <ul style="list-style-type: none"> <li>◦ Four PIOC who had reported sexual abuse at FLCI in the past 12 months were interviewed. Two were cold reports (abuse happened over a year before the report was made). When the report was made PIOC stated that staff asked ten questions and three of the four felt that staff responded quickly after the report was made.</li> </ul> </li> </ul> <p>115.64(b):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ "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."</li> </ul> </li> <li>• The FLCI PAQ reported that in the past 12 months, the number of times a non-security staff member was the first responder was zero. <ul style="list-style-type: none"> <li>◦ Interviews with random staff: <ul style="list-style-type: none"> <li>■ Twelve 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 not to take any actions to destroy evidence, separate them to ensure safety and notify a supervisor.</li> </ul> </li> </ul> </li> </ul> <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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual</li> </ul>

	<p>Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</p> <ul style="list-style-type: none"> <li>• DAI Policy 410.50.06 Coordinated Response Plan, dated 01/24/22</li> <li>• FLCI Coordinated Response Plan dated February 2024</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Warden</li> </ul> <p>Findings:</p> <p>115.65(a):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• 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.</li> <li>• The FLCI 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 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.</li> <li>• Interview with the Warden: <ul style="list-style-type: none"> <li>◦ He stated that yes, FLCI has a coordinated action plan for response to an incident of sexual abuse.</li> </ul> </li> </ul> <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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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Documentation reviewed:</p> <p>FLCI PAQ</p> <p>Interviews Conducted:</p> <p>Agency Head</p> <p>Findings:</p> <p>115.66(a):</p> <ul style="list-style-type: none"> <li>• The FLCI 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.</li> <li>• In the interview with the Agency Head(designee) she confirmed that WIDOC does not have collective bargaining.</li> </ul> <p>115.66(b): Auditor is not required to audit this provision.</p> <p>This standard does not apply as the agency does not have collective bargaining.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 410.50.04 Support Services and Retaliation Monitoring, dated 10/18/21</li> <li>• DOC-2805 Sexual Abuse Allegation Staff Retaliation Monitoring form</li> <li>• DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response</li> </ul>



## Checklist

### Interviews Conducted:

- Agency Head
- Warden
- Designated staff members charged with monitoring retaliation
- Inmates who reported sexual abuse

### Site Review Observations

### Findings:

#### 115.67(a-b):

- The FLCI PAQ reported that they have retaliation monitors, the regional PREA Compliance Manager, the facility PREA Compliance Managers and the Victim Services Coordinator.
- ED 72 states:
  - “Each facility shall designate a staff member(s) to monitor retaliation to ensure that all PIOC’s and staff involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected.”
- DAI policy 410.50.04 states:
  - “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’s.
- Interview with the Agency Head(designee):
  - When asked how the 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 they do monitor victims for retaliation and would remove staff from the unit if needed.
- Interview with the designated staff member charged with retaliation monitoring:
  - The retaliation monitor said that she meets with the PIOC when notified and again every 30 days for at least 90 days. If retaliation is suspected she would report it to a supervisor. Some of the items she monitors are incident reports and conduct reports.
- Inmates who reported sexual abuse:
  - Four PIOC who reported sexual abuse were asked if they feel protected enough about possible revenge from staff or other inmates because of the sexual abuse report and three stated they currently felt safe.
- 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 FLCI PAQ reported that no incidents of retaliation have occurred in the past 12 months.
- Interview with the designated staff member charged with retaliation monitoring:
  - The monitor stated she reviews items such as conduct reports, incident reports and classification, all are kept electronically. She monitors at least 90 days and could continue if needed, there is no set maximum time to monitor.

115.67(e):

- ED 72 states:
  - “For PIOC(s) or staff members who express fear of retaliation, the facility

	<p>shall take appropriate protective measures.”</p> <ul style="list-style-type: none"> <li>• Interview with the Agency head(designee): <ul style="list-style-type: none"> <li>◦ 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.</li> </ul> </li> </ul> <p>115.67(f): Auditor is not required to audit this provision.</p> <p>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.</p>
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115.68	Post-allegation protective custody
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DOC-30 Review of Inmate in Restrictive Housing form</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Warden</li> <li>• Staff who supervise inmates in segregated housing</li> </ul> <p>Site Review Observations</p> <p>Findings:</p> <p>115.68(a):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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).”</li> </ul> </li> <li>• 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.</li> <li>• The FLCI PAQ reported that there have been no incidents in the past 12</li> </ul>

	<p>months where an inmate who alleged to have suffered sexual abuse was held in involuntary segregated housing.</p> <ul style="list-style-type: none"> <li>• Interview with the Warden: <ul style="list-style-type: none"> <li>◦ He stated that agency policy does prohibit placing PIOC at high risk or who have alleged sexual abuse in involuntary segregated housing. He stated they would usually separate by housing unit.</li> </ul> </li> <li>• Staff who supervise inmates in segregated housing: <ul style="list-style-type: none"> <li>◦ A staff member who supervises the segregation unit was interviewed and said that they not place the victim in segregated housing.</li> </ul> </li> <li>• There were no inmates in segregated housing for risk of sexual victimization or who have alleged to have suffered sexual abuse so no targeted interviews were able to be completed for this category.</li> </ul> <p>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.</p>
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115.71	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 306.00.15 Inmate Investigations, dated 09/07/23</li> <li>• DAI Policy 303.00.05 Law Enforcement Referrals, dated 02/22/21</li> <li>• Notification for expansion of the Internal Affairs Office (IAO) email dated 07/01/21</li> <li>• Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations, dated 10/28/20</li> <li>• Agency SINC user guide</li> <li>• State of Wisconsin, Department of Administration, Records Retention PRB-001</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Investigative staff</li> <li>• Warden</li> <li>• PREA Director</li> </ul>

- PREA Compliance Manager
- Inmates who reported sexual abuse

#### 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:
  - Two administrative investigators were interviewed. Both stated that the investigation would be initiated quickly but can vary depending on the type of allegation. Both stated that allegations from third parties or are anonymous are handled that same way and would still be investigated.

#### 115.71(b):

- Interviews with investigative staff:
  - Both administrative investigators verified they received the DAI investigations training which included PREA specific investigations training.

#### 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 investigators interviewed stated that the first steps include gathering evidence or ensuring that was already completed which include reviewing video, phone calls, interviewing all parties (victim/suspect/ witness) and examining the scene. To judge credibility, they stated they take everything seriously and let the evidence speak for itself, no one is held to a higher standard (staff are not believed over inmates by default). Neither stated they would ever 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 and if negligence is found it could lead to an investigation. They stated that everything they did/find is documented in their investigations including transcribing the interviews and any evidence collected is noted.
- Interviews with inmates who reported sexual abuse:
  - Four PIOC’s were interviewed that had reported sexual abuse while confined and all confirmed they had not been asked to take a polygraph as a condition for processing with the investigation.
- 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 FLCI PAQ reported that law enforcement is responsible for referring potentially criminal conduct for prosecution. They further reported that there has been no substantiated allegation involving potentially criminal conduct during the review period that was referred for prosecution.
- Interviews with investigative staff:
  - The investigators stated that any referral for prosecution would be done by the sheriff's office.

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 FLCI. This showed there were 19 investigations. The auditor chose ten investigations for review and received the complete investigative file for each. Of the 19 cases 6 were inmate on inmate sexual harassment, 6 were inmate on inmate sexual abuse and 7 were staff on inmate sexual abuse. The ten investigations reviewed were all determined to be prompt and included interviews with the alleged victim and suspect (if known) and any witnesses identified. 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:
  - Both stated they would 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.

115.71(k):

- Auditor is not required to audit this provision.

115.71(l):

- Interview with the Warden:
  - The Warden stated that the investigations captain speaks with the sheriff's office and maintains contact throughout the investigation.
- Interview with the PREA Director:
  - She stated that the facility investigators would conduct the administrative case parallel to the local law enforcement detective conducting their investigation.

	<ul style="list-style-type: none"> <li>• Interview with the PREA Compliance Manager: <ul style="list-style-type: none"> <li>◦ He stated that the Dodge County Sheriff's Office conducts all criminal investigations and that they communicate with the investigations captain to keep them updated on case status.</li> </ul> </li> <li>• Interview with Investigative staff: <ul style="list-style-type: none"> <li>◦ The investigators stated they work with the sheriff's office and provide them help as needed for things such as video evidence and phone calls</li> </ul> </li> </ul> <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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 306.00.15 Inmate Investigations, dated 05/17/21</li> <li>• Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations, dated 10/28/20</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Investigative staff</li> </ul> <p>Findings:</p> <p>115.72(a):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ "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."</li> </ul> </li> <li>• DAI policy 306.00.15 states: <ul style="list-style-type: none"> <li>◦ "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</li> </ul> </li> </ul>



	<p>entire file shall be submitted, via SINC, to the PREA office for a final review and disposition.”</p> <ul style="list-style-type: none"> <li>• Human Resources Policy 200.30.304 states: <ul style="list-style-type: none"> <li>◦ “No standard higher than a preponderance of evidence shall be used to determine whether allegations are substantiated.”</li> </ul> </li> <li>• Interview with investigative staff: <ul style="list-style-type: none"> <li>◦ The investigators stated that this determination is made by the PREA office and that they use preponderance of the evidence (more likely than not) as the standard.</li> </ul> </li> <li>• Of the nineteen cases reviewed one was substantiated, sixteen were unsubstantiated, one was unfounded and one is on-going. 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. Those determined unfounded were either due to the victim recanting their statement or other evidence such as video evidence or witness statements.</li> </ul> <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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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• Agency PREA Investigation Notification DOC-2768 - substantiated findings</li> <li>• Agency PREA Investigation Notification DOC-2768A - unsubstantiated findings</li> <li>• Agency PREA Investigation Notification DOC - 2768B - unfounded findings</li> <li>• Agency PREA Investigation Notification DOC-2768C - Report does not constitute sexual abuse or sexual harassment</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Warden</li> <li>• Investigative staff</li> <li>• Inmates who reported sexual abuse</li> </ul>

Findings:

115.73(a-b):

- The FLCI PAQ reported that nineteen administrative and/or criminal investigations of alleged sexual abuse and sexual harassment were initiated and that all alleged victims were sent notification of the results of the investigation. They further reported that an outside agency completed zero investigations in the past 12 months.
- 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.
- Interview with investigative staff:
  - The investigator said that the notification is completed by mail from the central PREA office.
- Interviews with inmates who reported sexual abuse:
  - Of the four PIOC interviewed who reported sexual abuse three stated they were notified of the 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.”
- The FLCI PAQ reported that there have been 18 notifications provided in the past 12 months and that they all have been documented. The notify on both sexual abuse and sexual harassment allegations.
- Sample outcome letters were provided in the PAQ as well as included with all

	<p>investigations requested. WI DOC sends notifications on all sexual abuse and sexual harassment cases via mail to the PIOC.</p> <ul style="list-style-type: none"> <li>• 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. It also includes if the suspect (either staff of PIOC) has been indicted or convicted on a charge related to sexual abuse.</li> </ul> <p>115.73(f): Auditor is not required to audit this provision.</p> <p>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.</p>
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<b>115.76 Disciplinary sanctions for staff</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• WIDOC, Executive Directive 2 (ED 2): Employee Discipline, dated 01/14/19</li> </ul> <p>Findings:</p> <p>115.76(a):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• ED 2 “establishes the framework under which the Department may fairly and consistently impose discipline.”</li> </ul> <p>115.76(b):</p> <ul style="list-style-type: none"> <li>• The FLCI PAQ reported that they have had no incidents in the past 12 months were staff have violated agency sexual abuse or sexual harassment policies.</li> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “Termination is the presumptive sanction for an employee who</li> </ul> </li> </ul>

	<p>engaged in sexual abuse.”</p> <ul style="list-style-type: none"> <li>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 the substantiated case did not involve staff.</li> </ul> <p>115.76(c):</p> <ul style="list-style-type: none"> <li>ED 72 states: <ul style="list-style-type: none"> <li>“Sanctions shall be commensurate with the nature and circumstances of the violation, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.”</li> </ul> </li> </ul> <p>115.76(d):</p> <ul style="list-style-type: none"> <li>ED 72 states: <ul style="list-style-type: none"> <li>“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.”</li> </ul> </li> </ul> <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
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>FLCI PAQ</li> <li>Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>DAI Policy 309.06.03 Non-DOC Personnel, Business &amp; Professional Visitors, dated 08/20/24</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>Warden</li> </ul> <p>Findings:</p>

	<p>115.77(a-b):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• The FLCI PAQ reported that there have been no incidents in which a contractor or volunteer were reported to law enforcement agencies or relevant licensing bodies.</li> <li>• There were no investigations or complaints regarding any contractors or volunteers in the past 12 months so there were no investigations to review.</li> <li>• DAI policy 309.06.03 states: <ul style="list-style-type: none"> <li>◦ “The Division of Adult Institutions establishes consistent, orderly and efficient procedures for screening, training and record-keeping of persons entering correctional facilities who are not Department employees or PIOC personal visitors.”</li> </ul> </li> <li>• Interview with the Warden: <ul style="list-style-type: none"> <li>◦ He stated that contractors or volunteers would not be allowed into the facility if they violated agency sexual abuse or sexual harassment policies.</li> </ul> </li> </ul> <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
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• Department of Corrections, Chapter DOC 303.01, Discipline</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Warden</li> <li>• Mental health staff</li> </ul>

Findings:

115.78(a):

- ED 72 states:
  - “PIOCs who have committed PIOC-on-PIOC sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.”
- The FLCI PAQ reported that in the past 12 months, there has been 1 administrative finding of inmate-on-inmate sexual abuse and zero criminal findings of guilt for inmate-on-inmate sexual abuse

115.78(b):

- ED 72 states:
  - “Sanctions shall be commensurate with the nature and circumstances of the violation, the PIOC’s disciplinary history and the sanctions imposed for comparable offenses by other PIOCs with similar histories.”
- Interview with the Warden:
  - He stated that if a PIOC violates policy they would be subject to a conduct report depending on the circumstances and may be moved if needed and flagged to keep separate from the victim.

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 PIOCs 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 the suspect could be offered PSU services or a referral to PAVE, the outside advocacy agency. They confirmed that participation is not required.

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.”

	<p>115.78(f):</p> <ul style="list-style-type: none"> <li>ED 72 states: <ul style="list-style-type: none"> <li>“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.”</li> </ul> </li> </ul> <p>115.78(g):</p> <ul style="list-style-type: none"> <li>ED 72 states: <ul style="list-style-type: none"> <li>“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.”</li> </ul> </li> <li>Department of Corrections, Chapter DOC 303.01, Discipline, outlines the infractions for inmates for sexual conduct.</li> </ul> <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
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>FLCI PAQ</li> <li>Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>DAI Policy 500.70.01 Mental Health Screening, Assessment and Referral, dated 04/01/24</li> <li>DAI Policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, dated 05/24/21</li> <li>Screenshot of the Agency Electronic Medical Record (blank and completed examples)</li> <li>Screenshot of the Agency Risk Screening Referral</li> <li>Non-Health Disclosure Form - DOC-1163 (blank)</li> <li>Confidentiality Form -DOC-1923 (blank)</li> <li>PHI Disclosure Form - DOC-1163A (blank)</li> </ul>

- DOC-2781B PREA Screening Tool – Adult Male Facility
- DOC-3473E PSU PREA Follow-Up Note (blank)

#### Interviews Conducted:

- Inmates who Disclosed Sexual Victimization at Risk Screening
- Staff Responsible for Risk Screening
- Medical Staff and mental health staff

#### Site Review Observations

#### 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 if 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 if 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.
- DOC-3473E PSU PREA Follow-Up Note shows what notes PSU can leave during a follow-up meeting with a PIOC.
- The FLCI PAQ reports that 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with medical or mental



health. A list of PSU referrals for accepted referrals for the past 12 months was reviewed that showed 38 PIOC that were victims in either the community or confinement accepted the referral.

- Site review observations:
  - During the site review the audit team observed that most records are kept electronically.
- Interviews with inmates who disclosed victimization during risk screening:
  - Four PIOC were interviewed who disclosed victimization during risk screening and three of them stated they accepted a referral to PSU and one stated they were not offered one. For the one who stated it was not offered, records were reviewed that verified a referral was put in for PSU.
- Interviews of staff responsible for risk screening:
  - A staff member who completes the screening was interviewed and verified that if a PIOC indicates they have either experienced sexual victimization (either in the community or an institutional setting) or if they have previously perpetrated sexual abuse, she offers a follow up meeting with PSU.

115.81(c): Not applicable as the facility is not a jail.

115.81(d):

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.”

During the site review security staff were asked if they had access to medical or mental health records and all stated they did not.

115.81(e):

- ED 72 states:
  - “Medical and mental health practitioners shall obtain informed consent from PIOC before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the PIOC is under the age of 18.”
- 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.
- Interviews with medical and mental health staff:
  - Two medical staff and two mental health staff were interviewed and they confirmed that FLCI does not hold inmates under the age of 18 and that they are mandatory reporters so they would report to security staff.

	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.
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115.82	Access to emergency medical and mental health services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 500.30.19 Sexual Abuse-Health Services Unit Procedure in the Event of Sexual Abuse, dated 11/21/23</li> <li>• DAI Policy 500.70.01 Mental Health Screening, Assessment and Referral, dated 04/01/24</li> <li>• DAI 316.00.01-Inmate Co-Payment for Health Services (attachment)</li> <li>• DOC-3001 Off-Site Service request and report (blank)</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Medical and mental health staff</li> <li>• Inmates who reported sexual abuse</li> </ul> <p>Site Review Observations</p> <p>Findings:</p> <p>115.82(a):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• DAI policy 500.30.19 outlines services for sexual abuse including: <ul style="list-style-type: none"> <li>◦ “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 evidentiarily 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.”</li> </ul> </li> </ul>

- 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 and mental health staff:
  - Two medical staff and two mental health staff were interviewed and stated that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. They also stated that the nature and scope of services are determined according to their professional judgment.
- Interviews with Inmates who reported sexual abuse:
  - Four PIOC who reported sexual abuse and three stated they were offered referrals to medical or mental health.

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:
  - Four staff who may/have acted as first responders were interviewed and all stated that they would separate the victim from the suspect, secure the crime scene and make appropriate notifications.

115.82(c):

- ED 72 states:
  - “The DOC’s medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis.”
- 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.
- 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.

115.82(d):

- ED 72 states:
  - “All medical and mental health treatment services shall be provided to

	<p>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> <ul style="list-style-type: none"> <li>• 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.</li> <li>• DAI policy 500.70.01 states: <ul style="list-style-type: none"> <li>◦ “PSU staff shall attempt to conduct a mental health evaluation of all known PIOC-on-PIOC abusers within 60 days when DOC staff first learn of the abuse history.”</li> </ul> </li> </ul> <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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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 500.30.19 Sexual Abuse-Health Services Unit Procedure in the Even of Sexual Abuse, dated 11/21/23</li> <li>• DAI Policy 500.70.01 Mental Health Screening, Assessment and Referral, dated 04/08/19</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Medical and mental health staff</li> <li>• Inmates who reported sexual abuse</li> </ul> <p>Site Review Observations</p> <p>Findings:</p>

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:
  - Two medical staff and two mental health staff were interviewed. They detailed what the evaluation and treatment of PIOC’s who have been victimized would entail including providing any urgent medical care or follow up as needed and counseling or assessments for mental health needs.
- Interviews with Inmates who reported sexual abuse:
  - Three of the PIOC who reported sexual abuse stated that mental health provided counseling services All confirmed they were not charged for any of these services.

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:
  - All four staff interviewed stated they feel that the medical and mental health services offered are consistent with community level of care to the best of their knowledge.

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

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

115.83(f):

- 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.

115.83(h):

	<ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ " 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."</li> </ul> </li> <li>• DAI policy 500.70.01 states: <ul style="list-style-type: none"> <li>◦ "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."</li> </ul> </li> </ul> <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	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> <li>• DAI Policy 300.00.70 Assault by Inmate, Reporting and Tracking, dated 05/15/20</li> <li>• DAI Policy 410.50.01 Sexual Abuse Incident Review, dated 05/29/24</li> <li>• DOC-2683 Sexual Abuse Incident Review (SAIR) Form (blank and completed examples)</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• Warden</li> <li>• PREA Compliance Manager</li> <li>• Incident Review team</li> </ul> <p>Site Review Observations</p> <p>Findings:</p> <p>115.86(a-c):</p> <ul style="list-style-type: none"> <li>• The FLCI PAQ reported that there were eleven criminal and/or administrative investigations of alleged sexual abuse completed at the facility during the</li> </ul>

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 auditor requested and received ten complete investigation files that included the SAIR on applicable cases. Of the ten selected seven were sexual abuse cases with 6 of them being either unsubstantiated or substantiated which require a SAIR be completed. The auditor reviewed all the SAIR forms they show who the review team consists of, including their full name and title and that all applicable items were reviewed. All were completed within 30 days of the investigation completion.
- Interview with the Warden:
  - The Warden said that FLCI does have an incident review team and that it includes himself and upper-level management.

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

	<p>enable abuse;</p> <ul style="list-style-type: none"> <li>■ 4. Assess the adequacy of staffing levels in that area during different shifts;</li> <li>■ 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees; and</li> <li>■ 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.”</li> </ul> <ul style="list-style-type: none"> <li>• Interview with the PREA Compliance Manager: <ul style="list-style-type: none"> <li>◦ He stated that all incidents are reviewed by the facility, including himself, then sent to the PREA office for review. He has not seen any trends in the past 12 months and if any issues are found he would meet with the Warden and Deputy Warden to present the findings.</li> </ul> </li> <li>• Interview with a member of the incident review team: <ul style="list-style-type: none"> <li>◦ The incident review team member was interviewed and reported that they considered all required elements during an incident review including examining the area of the facility where the incident allegedly occurred, access staffing level and evaluating monitoring technology. SHe further stated that the area where the incident was reported to have happened in is often reviewed as the reports come in.</li> </ul> </li> </ul> <p>115.86(e):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “The facility shall implement the recommendations for improvement, or shall document its reason for not doing so.”</li> </ul> </li> </ul> <p>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.</p>
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115.87	Data collection
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> </ul>



	<ul style="list-style-type: none"> <li>• Survey of Sexual Victimization (SSV) 2017-2023</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• PREA Director</li> </ul> <p>Findings:</p> <p>115.87(a-f):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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.”</li> </ul> </li> <li>• The SSV forms were reviewed that show they were completed from 2017-2023.</li> <li>• The auditor reviewed the agency's website and it includes the PREA annual reports from 2010-2023 and the SSV from 2012-2023.</li> <li>• Interview with the PREA Director: <ul style="list-style-type: none"> <li>◦ She stated that the SSV is completed annually and that the contract agency information is included in the agency's annual report.</li> </ul> </li> </ul> <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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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual</li> </ul>

Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22

- Agency Annual PREA Reports, 2018-2023
- Screenshot of PREA annual reports on agency's public website

Interviews Conducted:

- Agency Head
- PREA Director

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 signed by the Secretary.
- Interview with the PREA Director:
  - 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

	<p>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.</p> <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
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> <li>• FLCI PAQ</li> <li>• Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>• PREA Director</li> </ul> <p>Site Review Observations</p> <p>Findings:</p> <p>115.89(a, d):</p> <ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ "All data shall be securely retained and maintained for at least 10 years after the date of initial collection."</li> </ul> </li> <li>• Interview with the PREA Director: <ul style="list-style-type: none"> <li>◦ She stated that all data collected is securely retained in their SINC database.</li> </ul> </li> <li>• Site review observations: <ul style="list-style-type: none"> <li>◦ During the site review no paper files regarding the PREA standards were observed, everything was maintained electronically.</li> </ul> </li> </ul> <p>115.89(b-c):</p>

	<ul style="list-style-type: none"> <li>• ED 72 states: <ul style="list-style-type: none"> <li>◦ “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 PLOCs, 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.”</li> </ul> </li> </ul> <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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401(a-b):</p> <ul style="list-style-type: none"> <li>• The auditor reviewed the agency's website at <a href="https://doc.wi.gov/Pages/-AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/-AboutDOC/PrisonRapeEliminationAct.aspx</a> and verified the agency has posted the final PREA audit reports for all facilities.</li> </ul> <p>115.401(h):</p> <ul style="list-style-type: none"> <li>• During the on-site portion of the audit the audit team was able to access and view all areas of the facility.</li> </ul> <p>115.401(i):</p> <ul style="list-style-type: none"> <li>• FLCI provided all requested documents in a timely manner and was able to view the electronic system onsite where documents are stored.</li> </ul> <p>115.401(m):</p> <ul style="list-style-type: none"> <li>• FLCI provided areas 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.</li> </ul>

	<p>115.401(n):</p> <ul style="list-style-type: none"> <li>The auditor received no letter from FLCI inmates. The audit notice was observed to be posted throughout the facility. Photos of the audit notice postings were received via email six weeks before the onsite portion of the audit.</li> </ul> <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
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.403(f):</p> <ul style="list-style-type: none"> <li>The auditor reviewed the agency's website at <a href="https://doc.wi.gov/Pages/-AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/-AboutDOC/PrisonRapeEliminationAct.aspx</a> and verified the final audit reports for all facilities are posted.</li> </ul> <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
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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**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
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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**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
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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
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**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
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**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
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	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for 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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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



<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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



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

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

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

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity 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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes



	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	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
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	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
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes



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

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

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

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

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	



(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>