



WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Jared Hoy

July 13, 2026

Re: Milwaukee Secure Detention Facility Audit

The Wisconsin Department of Corrections remains committed to the Prison Rape Elimination Act (PREA) and our responsibility to provide safe, secure, and respectful environments for all individuals who live and work in our facilities. Preventing, detecting, and responding to sexual abuse and sexual harassment in confinement is a daily commitment and a fundamental part of our mission.

The PREA audit process is an important element of that commitment. Independent audits provide valuable oversight, strengthen accountability, and help ensure that our practices continue to evolve in support of the safety and wellbeing of those entrusted to our care.

The recently completed PREA audit of Milwaukee Secure Detention Facility identified one area of non-compliance with PREA Standard 115.63, which requires timely notification between facilities when an allegation of sexual abuse is reported by an individual who has transferred from one facility to another. While the facility demonstrated compliance with all other applicable standards, we take this finding seriously and appreciate the auditor's thorough review.

The Wisconsin Department of Corrections has successfully completed dozens of PREA audits across our institutions, reflecting years of dedicated work by facility staff, investigators, PREA professionals, and agency leadership. At the same time, we recognize that maintaining compliance requires continuous evaluation and improvement.

Although the corrective action period has concluded, the Department and Milwaukee Secure Detention Facility have continued efforts to strengthen compliance with this standard. These measures include revisions to agency policy and facility procedures, targeted staff training regarding notification requirements and documentation expectations, enhanced supervisory oversight, and improvements to our allegation tracking database to better monitor notifications and ensure accountability.

These actions are intended not only to address the specific finding identified during this audit but also to strengthen and support long-term compliance throughout the Department. While rooted in zero tolerance, we will continue to learn from every audit, implement best practices, and move forward a culture of safety, dignity, and accountability for all who live and work within our institutions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jared Hoy", is written over a horizontal line.

Jared Hoy
Secretary

PREA Facility Audit Report: Final

Name of Facility: Milwaukee Secure Detention Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/07/2025

Date Final Report Submitted: 05/27/2026

Auditor Certification

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



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



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



Auditor Full Name as Signed: Amanda van Arcken

Date of Signature: 05/27/2026

AUDITOR INFORMATION

Auditor name: van Arcken, Amanda

Email: amanda@nwaudits.com

Start Date of On-Site Audit: 09/30/2025

End Date of On-Site Audit: 10/03/2025

FACILITY INFORMATION

Facility name: Milwaukee Secure Detention Facility

Facility physical address: 1015 North 10th Street, Milwaukee, Wisconsin - 53233

Facility mailing address:

Primary Contact

Name:	Heather Paulsen
Email Address:	Heather.Paulsen@wisconsin.gov
Telephone Number:	414-212-4998

Warden/Jail Administrator/Sheriff/Director

Name:	Steve Johnson
Email Address:	StevenR.Johnson@wisconsin.gov
Telephone Number:	414-212-6822

Facility PREA Compliance Manager

Name:	Heather Paulsen
Email Address:	heather.paulsen@wisconsin.gov
Telephone Number:	414 212-4998
Name:	Ryan Ackerman
Email Address:	ryan.ackerman@wisconsin.gov
Telephone Number:	(414) 212-3535

Facility Health Service Administrator On-site

Name:	Dwilette Archer
Email Address:	Dwilette.Archer@wisconsin.gov
Telephone Number:	414-212-5666

Facility Characteristics

Designed facility capacity:	1140
Current population of facility:	1035
Average daily population for the past 12 months:	986

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18 - 82
Facility security levels/inmate custody levels:	Maximum, Medium, Minimum, Minimum Community
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	299
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1373
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	120

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

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

Agency-Wide PREA Coordinator Information**Name:** Leigha Weber**Email Address:** leigha.weber@wisconsin.gov**Facility AUDIT FINDINGS****Summary of Audit Findings**

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

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

Number of standards exceeded:

0

Number of standards met:

44

Number of standards not met:

1

- 115.63 - Reporting to other confinement facilities

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-30
2. End date of the onsite portion of the audit:	2025-10-03

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International Aurora Healing & Advocacy Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1140
15. Average daily population for the past 12 months:	986
16. Number of inmate/resident/detainee housing units:	1068
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1068
25. 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:	54
26. 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:	0
27. 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:	4
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	4
29. 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:	82
30. 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:	10

31. 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:	4
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	16
33. 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:	26
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. 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):	As noted in the November 2022 edition of the PREA Auditor Handbook, the PREA Management Office and the PREA Resource Center have shifted the way they identify people who are incarcerated by using person-first language, recognizing the humanity of all people. The PREA Standards use the term <i>inmates</i> to refer to people confined in prisons and jails to reflect the most common language used to describe people confined in those institutions themselves. The Wisconsin Department of Corrections has made the shift to using the term <i>Person/s in Our Care (PIOC/s)</i>. This auditor has adopted that language in this report, except when directly quoted from a source or when referencing the PREA Standards. Additionally, the gender-inclusive pronouns they/them/their have been used to be inclusive of people who may be non-binary or who do not otherwise use he or she pronouns.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

36. 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:	299
37. 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:	120
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1373
39. 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 additional comments

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	24
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41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Using a roster sorted by housing unit, this auditor selected the first name in the third cell for each housing unit. If that name had previously been identified as a member of a targeted interview category, this auditor selected the first name in the next cell that did not also house a member of a targeted interview category.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No additional comments
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2

52. 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:	3
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
54. 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:	3
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported there were no PIOC's with characteristics required for this targeted category. This auditor did not identify any PIOC's who may qualify for this targeted category while reviewing the facility's documentation prior to the onsite review. The audit team did not observe any PIOC's who may qualify for this targeted category while onsite at the facility. When appropriate, this auditor asked random staff and random PIOC's if they were aware of anyone who may have characteristics for the targeted category.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No additional comments
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	16
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No additional comments
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	29
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Grievance Coordinator PIOC Disciplinary Officer Mailroom Staff Maintenance Staff Food Services Staff
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☒ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No additional comments
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.	
71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. 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

73. 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
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No additional comments
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	When interviews with staff or PIOC's referenced information relevant to the audit or processes by the facility, this auditor requested follow up documentation.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	13	0	13	0
Staff-on-inmate sexual abuse	4	0	4	0
Total	17	0	17	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	8	0	8	0
Staff-on-inmate sexual harassment	7	0	7	0
Total	15	0	15	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	10	2
Staff-on-inmate sexual abuse	2	0	2	0
Total	2	1	12	2

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	8	0
Staff-on-inmate sexual harassment	1	1	4	1
Total	1	1	12	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

4

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	6
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

3

99. 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)

100. 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)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No additional comments

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. 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

a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:

1

Non-certified Support Staff

103. 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

AUDITING ARRANGEMENTS AND COMPENSATION

108. 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:

The Oregon Department of Corrections

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

☒ Yes

☐ No

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.11 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC Organizational chart Interview with the PREA Director Interview with the PREA Compliance Manager (a) DOC Executive Directive 72 states on page four, <i>"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."</i> This policy outlines the agency's comprehensive and coordinated approach to preventing, detecting, and responding to sexual abuse and

	sexual harassment, including definitions of prohibited behaviors and consequences for those found to have participated in prohibited behaviors. (b) DOC employs an upper-level, agency-wide PREA Coordinator. This position is titled "PREA Director". The PREA Director reports to the Assistant Deputy Secretary. This position is reflected in agency organizational charts. When interviewed, the PREA Director indicated that they have the time, resources, and authority required to manage their responsibilities. (c) MSDF has designated an Institution Unit Supervisor as the facility PREA Compliance Manager, who reports directly to a deputy warden. When interviewed, the facility PCM indicated that they have the time to manage all their PREA-related responsibilities. A captain has been designated as the back-up PCM. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the agency and facility are in full compliance with the standard of zero-tolerance of sexual abuse and sexual harassment, and employment of the PREA Coordinator, as it relates to PREA.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.12 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy 410.00.01, <i>PREA Compliance Review of Contracted Facilities</i> Contracts for the 13 contracted facilities noted Interview with agency contract monitor (a-b) DOC Executive Directive 72 states on page four, <i>"The Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-</i>

related retaliation in its facilities, including those with which it contracts for the confinement of PIOC's." Division of Adult Institutions Policy 410.00.01 directs how the agency will review its contracted facilities for the confinement of PIOC's to ensure compliance with PREA.

Over the 12 months preceding the audit, Wisconsin DOC contracted with 13 jails. Each facility received a federal audit during Cycle Three. Each facility agreement contains language around the contracted facility's compliance with PREA, timely completion of the Bureau of Justice Statistics Annual Survey on Sexual Victimization, compliance reviews, and DOC's requirement to report all sexual abuse and sexual harassment allegations within 24 hours.

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

7. DOC's Memorandum of Agreement with Ozaukee County was executed on January 1, 2019 and ended on December 31, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
8. DOC's Memorandum of Agreement with Jefferson County was executed on January 1, 2019 and ended on December 31, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
9. DOC's Memorandum of Agreement with the Milwaukee County Community Reintegration Center was executed on April 25, 2023, and ended on April 30, 2024. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
10. DOC's Memorandum of Agreement with Racine County was executed on January 1, 2019 and ended on December 31, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Page seven of the contract contains the required PREA-related information.
11. DOC's Memorandum of Agreement with Rock County was executed on June 1, 2018 and ended on June 1, 2019. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Pages nine and ten of the contract contains the required PREA-related information.
12. DOC's Memorandum of Agreement with Marquette County was executed on July 14, 2021 and ended on June 30, 2022. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year. Page seven of the contract contains the required PREA-related information.
13. DOC's Memorandum of Agreement with Lincoln County was executed on September 6, 2024 and ends on July 31, 2025. In the absence of a new or modified agreement, the terms and costs of the original agreement are automatically renewed for the next consecutive calendar year, in perpetuity. Pages seven and eight of the contract contain the required PREA-related information.

Division of Adult Institutions (DAI) Policy 410.00.01 states that contract compliance will be monitored annually, except during the year in which the facility has a federal PREA audit. If the compliance reviewer is not a certified PREA auditor, they must complete compliance review training with the DOC PREA Officer prior to reviewing a contracted facility. The contracted facility completes a self-report, which is evaluated by the compliance reviewer during the site review. The compliance reviewer makes determinations using observation, policy review, documentation review, staff

	interviews, and PIOC interviews. All information is documented on the Contract Compliance Review Report (form DOC-2845). The contracted facility is required to document any follow-up or remedial actions taken to comply with any unsatisfactory determinations. An interview with the agency contract monitor indicated they conduct site visits annually and checks to ensure signs are posted, PIOC's are receiving required PREA education, and reporting mechanisms are operational. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the agency is in full compliance with the standard of contracting with other entities for the confinement of PIOC's, as it relates to PREA.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #410.40.01, <i>Unannounced Supervisory Rounds</i> March 2025 Staffing Plan for MSDF Interview with the facility head Interview with the PREA Director Interview with the PREA Compliance Manager Interview with intermediate or higher-level facility staff Supervisor Shift reports Staff duty rosters Observation of facility operations while onsite (a, c) DOC Executive Directive 72 states on page six, <i>"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."</i> MSDF is a medium-security facility with a designed facility capacity of 1140 adult PIOC's. The facility averaged 986 people in custody over

the 12 months preceding the audit.

The Milwaukee Secure Detention Facility (MSDF) is a medium-security institution that houses both Division of Community Corrections (DCC) PIOC accused of violating community supervision and Division of Adult Institution (DAI) PIOC who are nearing the end of their sentence or awaiting transfer. MSDF accommodates male and female PIOC across all custody levels.

The facility's population fluctuates daily. Admissions come from county jails, law enforcement agencies, interstate compact transfers, and probation and parole drop-offs. Releases occur to the same entities, as well as to the community for those completing their sentences or supervision.

MSDF serves a diverse and dynamic population, spanning various ages, genders, races, and ethnicities. The facility prioritizes identifying PIOC with unique needs who may be especially vulnerable to physical or sexual abuse, including those who are transgender or intersex. These individuals are housed in general population units with similarly classified PIOC and receive appropriate accommodation.

All PIOC are screened upon intake to assess risk and determine housing assignments. Those with mental health conditions, psychological impairments, or physical disabilities—who may be more susceptible to predatory behavior—may be placed in a special needs unit staffed by trained personnel and supported with enhanced psychological and medical services. PIOC identified as having predatory or assaultive tendencies are flagged, and that information is shared with institutional and unit staff to support safety and control.

MSDF is a 15-story high-rise located in a downtown metropolitan area. It includes 12 two-tier housing units—each divided into two pods for PIOC living quarters—and one single-tier unit. The facility operates a 24-hour intake unit and provides essential services such as food service, warehouse operations, health services (HSU), laundry, professional visitation, and administrative support.

MSDF is designed for direct supervision, ensuring PIOC are closely monitored by staff when out of their cells. While in their cells, staff conduct regular rounds, which are documented in both the electronic unit logbook and the PIPE system.

To enhance safety and oversight, all PIOC-accessible areas are equipped with cameras that record to a Digital Video Recorder with playback and archiving capabilities. At the time of the onsite review, MSDF had 245 cameras with 120-day retention. The physical layout minimizes blind spots, with housing units monitored by multiple cameras in dayrooms and recreation areas. Common spaces like the law library and recreation rooms feature large door windows for clear visibility. MSDF continues to invest in updated video monitoring technology and has installed mirrors throughout housing units to further reduce blind spots.

In 2024, there were a total of 11 sexual abuse allegations at MSDF. Following an investigation, two allegations were substantiated, seven allegations were unsubstantiated, and one was unfounded. MSDF has not observed a trend in sexual abuse incidents that would indicate a need to adjust staffing patterns.

Whenever necessary, but no less than once each year each facility, in collaboration with the agency PREA Director, will review the staffing plan, the deployment of monitoring technology and the allocation of facility resources to commit to the staffing plan to ensure compliance. Any adjustments are documented. This auditor reviewed documentation from the most recent staffing plan meeting, held in March 2025. The overall staffing plan remained unchanged with the primary method of PIOC supervision remaining direct staff supervision, augmented using surveillance equipment.

MSDF is subject to staffing allocations as determined through the Wisconsin State biennial budget and legislative process. MSDF is permitted 170 correctional officers, in addition to 76 sergeants and 17 security supervisors (nine captains and eight lieutenants). There is always a minimum of two security supervisors on duty. MSDF has three security-based shifts: first shift operating from 0600 to 1400 hours; second shift operating from 1400 to 2200 hours; and third shift operating from 2200 to 0600 hours. Non-uniform staff and their supervisors are on duty Monday through Friday from 0745 to 1630 hours, except for food services and the Health Services Unit (HSU). Food service and HSU supervisors are staggered to provide coverage later into the evening. Staff assignments are based upon programming, PIOC movement, and behavioral needs. The number of staff on each housing unit varies according to the demographic needs and number of PIOC on the unit.

MSDF has not had any judicial findings of inadequacy, or findings of inadequacy from Federal investigative agencies, internal or external oversight bodies.

(b) DOC Executive Directive 72 states on page six, *"In circumstances where the*

staffing plan is not complied with, the facility shall document in written form and justify all deviations from the plan."

MSDF utilizes an electronic scheduling program to assist with planning, which is overseen by a designated supervisor. When a security shift vacancy occurs, overtime is hired. Only in an emergency is a post vacant. As soon as the emergency is concluded, the vacancy is filled.

In the event of a staff shortage, overtime is hired following these guidelines: each Tuesday, MSDF offers pre-scheduled overtime to employees who sign up for the following week. If a position remains vacant at the completion of hiring of pre-scheduled overtime, an officer/sergeant from another shift is ordered/forced to fill the remaining vacant position(s) on a rotating basis. If positions become vacant after a Tuesday hiring process, those positions are hired using the unscheduled overtime list.

Unanticipated absences are hired for on the day of the needed vacancy 1-1/2 hours prior to the start of the shift. If no employees accept to work overtime, then the least senior employee from the previous shift is ordered/forced to fill the vacant position. If there are no staff eligible to force, other posts are collapsed, programming is shut down, and housing units are filled prior to other positions. MSDF's forced overtime system ensures that no post goes unfilled.

(d) DAI Policy 410.40.01 states on pages one and two, *"Supervisory staff members shall conduct unannounced rounds. Rounds shall be conducted at random times across all shifts and days of the week. Staff are prohibited from alerting other staff members that supervisory rounds are occurring, unless such announcement is essential to avoid creating additional danger during exigent circumstances."* The term exigent circumstances is defined by the policy as any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Rounds are conducted no less than once per hour by security staff in each general population housing unit, every 30 minutes in restricted housing, and every 40 minutes on the Intake & Orientation Unit. At least two of these rounds are to be completed by a unit sergeant. Unannounced rounds are conducted by security supervisors a minimum of once per shift and documented in each housing unit's logbook, on the daily shift report, and via the PIPE system.

DOC Executive Directive 72 states on page six, *"Supervisory staff shall conduct and document unannounced rounds, covering all shifts to identify and deter employee sexual abuse and sexual harassment. The DOC employees are prohibited from alerting other employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."*

Interviews with the warden and security supervisors indicated they conduct

	unannounced rounds on all shifts to detect and deter any staff misconduct, including staff sexual abuse and sexual harassment. Upon being interviewed, one security supervisor stated they are required to do a radio check prior to commencing their rounds. This radio check alerts staff that the security supervisor is beginning their rounds, defeating the purpose of the round being unannounced. As part of corrective action, the facility will be required to implement a process that meets the security need of ensuring the security supervisor has a working radio while also preventing staff from becoming aware rounds are commencing. On February 20, 2026 this auditor was provided with documentation of a written procedure to conduct radio checks outside of the time supervisors conduct unannounced rounds. The email sent by the Deputy Warden to all staff stated, <i>“Beginning Monday, February 23rd, and applying to all three shifts, there will be an important update to the radio check procedure. This adjustment helps ensure we continue meeting our PREA standards and maintaining consistent facility-wide practices. During radio checks, you will now need to include the following: ‘Unit Sergeants, please have staff perform the opposite-gender notification tone and light at this time. Perform your duress test when your radio number is called.’ Your full transmission will be: ‘K51 Control to all K51 listening units, stand by for radio checks, body alarm, and duress tests. Unit Sergeants, please have staff perform the opposite-gender notification tone and light at this time. Perform your duress test when your radio number is called.’”</i> With this change in procedure, the facility is now compliance with this provision of the standard. This auditor checked the unannounced rounds logbooks to ensure unannounced rounds take place as required. Unannounced rounds occurred on all shifts. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of supervision and monitoring, as it relates to PREA.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.14

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

MSDF Pre-Audit Questionnaire (PAQ) responses

DOC Executive Directive 72

DAI Policy #302.00.20, *Placement of Juveniles in Adult Correctional Sites*

MSDF population reports

Interview with the PREA Compliance Manager

Interviews with random staff and random PIOC

(a-c) DOC Executive Directive 72 states on pages 10-11, *"Youthful inmates shall not be placed in a housing unit in which they have sight, sound, or ED 72 Page 11 of 20 physical contact with any adult PIOC through use of a shared dayroom or other common space, shower area or sleeping quarters. In areas outside of housing units, DOC shall either: maintain sight and sound separation between youthful inmates and adult PIOC or provide direct staff supervision when youthful inmates and adult PIOC have sight, sound, or physical contact. Adult facilities shall make best efforts to avoid isolating youthful inmates to comply with this provision. Absent exigent circumstances, adult facilities shall not deny youthful inmates daily large muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. Such exigent circumstances leading to the denial of large-muscle exercise, legally required education services and/or other programming shall be documented [§115.14]."*

In December 2016, the Division of Adult Institutions Administrator issued written direction that all youthful PIOC who were previously housed in some DOC facilities be moved to Division of Juvenile Corrections facilities. No youthful PIOC were permitted to be housed at any DAI facilities after December 2016.

DAI Policy #302.00.20 states on page two, *"Adjudicated juveniles who are less than 18 years of age shall not be admitted to a DAI facility or the WRC [Wisconsin Resource Center]. Juveniles sentenced as adults shall be...transferred to a DAI facility on or after their 18th birthday to account for birthdays that fall on a weekend or a holiday."*

This auditor reviewed MSDF population reports and did not find any PIOC under the age of 18 listed. No interviews of staff or PIOC indicated a youthful PIOC may have been housed at MSDF.

Conclusion:

	Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of youthful PIOC's, as it relates to PREA.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #410.40.02, <i>Opposite Gender Viewing & Announcing</i> DAI Policy #306.17.02, <i>Searches of PIOC's</i> DAI Policy #500.70.24, <i>Clinical Observation</i> DAI Policy #306.16.01, <i>Use of Body Cameras</i> Lesson Plan for <i>Introduction to Searches of PIOC's</i> MSDF PIOC Handbook Interviews with random staff and random PIOC's Interviews with transgender PIOC's Observation of facility operations while onsite (a) Frequent, unannounced searches of PIOC's, their living quarters and other areas of the facility are necessary to maintain the safety, security, and orderly operations of prisons. All unclothed searches of compliant PIOC's in DOC must be conducted by two staff members unless there is an emergency or other exigent circumstances. (Unclothed searches of non-compliant PIOC's require a minimum of four staff, including a supervisor.) One staff member directly observes the PIOC during the search, while the second staff member observes the first staff member to ensure proper search procedures are followed. DAI Policy #306.17.02 states on page three, "<i>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.</i>" Page five states, "<i>Cross gender strip searches of PIOC's are prohibited, except in exigent circumstances or when performed by medical practitioners.</i>" This directive is articulated again in DOC Executive Directive 72 on page seven. This auditor reviewed the MSDF lesson plan and training curriculum for <i>Introduction to Searches of PIOC's</i>. Pages three and four of the lesson plans reiterate the policy

directives.

(b) Because MSDF does not house female PIOC's, this provision of the standard is not applicable. DAI Policy #306.17.02 states on page five, "[Transgender PIOC's] assigned to a male facility shall be strip searched by male staff members. [Transgender PIOC's] assigned to a female facility shall be strip searched by female staff members."

(c) DAI Policy #306.17.02 states on page three, "PIOC searches shall be documented utilizing DOC-1523. Documentation of all searches shall be kept in locations designated by the Warden/designee. Documentation of exigent circumstances where cross-gender pat-down searches of female PIOC by male staff are conducted shall be maintained. Documentation of exigent circumstance where cross-gender strip, body cavity or body contents searches are performed shall be maintained. Records shall be readily accessible for audit purposes."

The PAQ indicated no cross-gender unclothed searches or cross-gender visual cavity searches occurred during the audit documentation period. Interviews with staff and PIOC's did not indicate that cross-gender unclothed searches have occurred, nor did the audit team observe any cross-gender unclothed searches while onsite at MSDF.

(d) DOC Executive Directive 72 states on pages six and seven, "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 ED 72 Page 7 of 20 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 [§115.15(d), §115.315(d)]."

DAI Policy #500.70.24 states on page four, "Cross gender constant observation may be conducted when privacy accommodations are provided for toileting, showering, and changing clothing. Exceptions are allowed in exigent circumstances. Privacy accommodations may be accomplished through a variety of means, including but not limited to:

1. Ensuring the individual has a smock, paper gown, etc., to maintain privacy while toileting.
2. Providing a shower with a partial curtain or other privacy shields which still allow

staff to observe the patient and ensure his/her wellbeing.

3. Having staff of the same gender provide the constant observation or at minimum, substituting staff of the same gender during these activities.

4. Exigent circumstances shall be documented.”

DAI Policy #410.40.02 states on page one, “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.”

MSDF utilizes an audible tone/doorbell to make opposite gender announcements. Staff are responsible for initiating the tone upon entering the housing unit. There is also a blue light turned on in the housing units while female staff are on duty. While onsite, this auditor observed appropriate opposite gender announcements with the tour group, but noted the blue light was always on in housing units even if no female staff were seen in the area.

During interviews, most PIOC's reported that opposite-gender staff do not consistently utilize the doorbell when entering housing units. Additionally, interviews with randomly selected staff revealed that some acknowledged not making opposite-gender announcements as required by policy and standard. Given these findings, it is evident that opposite-gender announcements are not being made consistently, and corrective action is necessary to ensure compliance and uphold safety standards.

On December 17, 2025, the facility provided documentation of training briefs sent to all staff by the Deputy Warden. The first written directive was sent to MDSF staff on December 12, 2025, stating in part, *“To minimize cross gender exposure, persons in our care are notified when an opposite gender person is on the housing unit. This is done through audible notification using the ‘doorbell’ located outside of the officer station and the visual notification blue light activated in the officer station. The presence of cross gender staff shall be announced at the beginning of shift or when there is a change of staff or visitor on the housing unit. If there is a cross-gender staff*

assigned to the housing unit, the announcement is made at the beginning of the shift. If another opposite gender staff/visitor enters the housing unit there is no need for an additional announcement. If staff of the opposite gender is not present at the start of shift, and an opposite gender staff/ visitor enters the housing unit, then the staff/ visitor must announce their presence by pressing the doorbell outside of the officer station and the unit Sergeant or Officer in the station will turn on the blue light. When the opposite gender staff/visitor leaves the housing unit the light is turned off. On all units other than 6B, anytime a female staff/visitor enters a unit, and no other female staff is on the unit, the blue light should be turned on and the doorbell activated. When female staff/visitor leave the unit, the blue light is turned off. In the same manner, when male staff/visitor enter and are on 6B, the blue light should be turned on and the doorbell activated upon entry. The blue light should be turned off when opposite gender staff/visitors leave the unit."

The DAI policy related to opposite gender viewing and announcing was attached to the written directive.

Training briefs related to the visual and audio notifications and process for the use of the blue light were also attached. The training brief for visual notifications stated, *"In addition to the audible tone, a visual notification is required when a cross-gender staff member, volunteer, or contractor, enters the unit (not the pod) and there isn't already a cross-gender staff member working. This is for those who are deaf or hard of hearing, and as a constant reminder that a cross-gender staff member is on unit. For example, if a female social worker enters through the 9 North slider, the blue light must be turned on if a female staff member is not already present. The light should be turned on in the pod where the cross-gender staff member is working. Uniformed staff must also ensure the light is on to reflect cross gender staffing at each shift change. When entering a housing unit as a cross-gender staff member, stop at the bubble to verify if any other cross gender staff are on the unit. If none are present, ensure the blue light is turned on for the pod you are entering. If remaining in the bubble, ensure both pods have the light on. If uncertain any are present, best to be cautious and ensure the blue light is on for the pod you are entering. If remaining in the bubble, ensure both pods have the light on. Light switches for the blue lights are located in the bubble, often near the computer monitor. [sic]"* The training brief included pictures of the light, and the switch used to operate the light.

The training brief for audible notifications stated, *"To maintain compliance with the Department of Correction's (DOC) PREA standards, outlined in Executive Directive 72, it's important to use the cross-gender announcement tone and light to notify Persons in Our Care (PIOC) a cross, or opposite, gender staff member is on the unit. The audible notification is required when a cross-gender staff member, volunteer, or contractor, enters the unit (not the pod) and there isn't already a cross-gender staff member working. The tone is played by pressing the 'doorbell,' located outside the*

entrance to each bubble. For example, if a female social worker enters through the 9 North slider, the notification must be sounded if a female staff member is not already present on that unit. However, if she goes from A to B pod, the audible notification is not necessary. Uniformed cross gender staff must also sound the notification at each shift change, regardless if a cross-gender staff member was working the unit during the prior shift. This is to ensure PIOC understand that oncoming staff are also of the opposite gender. When entering a housing unit as a cross-gender staff member, stop at the bubble to verify if any other cross gender staff are on the unit. If none are present, press the doorbell button on the side of the pod you are planning to enter. If entering and remaining in the bubble, press both doorbells. If uncertain any are present, best to be cautious and press the doorbell button for the pod you are planning to enter. If entering and remaining in the bubble, press both doorbells. [sic]" The training brief included pictures of the doorbells as an example.

Photographic documentation of these training briefs posted on the housing unit was provided to this auditor on February 20, 2026.

On February 20, 2026, this auditor was provided with a copy of an optional PREA Knowledge "pop quiz" sent to all staff to be returned to management by March 4, 2026. The quiz had questions related to first responder duties and opposite gender announcements. The answers to the quiz were sent to all staff on 03.05.2026.

On November 30, 2020, the PREA Management Office issued temporary guidance permitting auditors to conduct certain components of the onsite phase of a PREA audit remotely due to the operational impacts of the COVID-19 pandemic. This guidance authorized remote interviews with supervisory staff and remote review of documentation. However, it explicitly required that the site review, as well as interviews with inmates and nonsupervisory staff, be conducted in person. The scope of this guidance was limited to the onsite phase only. To date, the PREA Management Office has not issued any guidance addressing whether interviews conducted during the corrective action phase may be completed remotely.

On April 14, 2026, during the corrective action period, this auditor conducted remote interviews with randomly selected staff and randomly selected PIOC in the absence of a return visit to the facility. All interviews were conducted via video with the individual visible on camera in a room without the use of artificial or blurred backgrounds. Prior to initiating each interview, the interviewee confirmed that staff had left the room and were not within hearing range.

This auditor independently verified privacy to the extent possible before proceeding

with questions. Male PIOC interviews were conducted in the facility's hearings room. Due to the configuration of the space and camera placement, this auditor was unable to visually observe the entirety of the room during those interviews. Female PIOC interviews were conducted in a unit manager's office, where the full office space was visible on camera. In these interviews, this auditor was able to visually confirm staff exiting the room and ensure that no staff remained present or within hearing distance. Staff interviews were conducted in a conference room. During these interviews, this auditor was able to see most of the room.

These measures were implemented to preserve the integrity of the interview process, ensure privacy to the greatest extent feasible in a remote format, and maintain alignment with PREA standards in the absence of corrective-action-phase-specific guidance from the PREA Management Office.

During this audit, the auditor interviewed ten PIOC's regarding opposite-gender announcements, including eight males and two females. Of the eight males interviewed, five denied that the doorbell was being used to announce the presence of female staff. One male PIOC appeared to be clearly untruthful in his response, one reported that verbal announcements were being made in lieu of the doorbell, and one indicated that the blue light was being used for this purpose. Among the five who denied doorbell usage, four acknowledged that the announcement system may in fact be occurring but stated that they either do not pay attention to it or have not observed women working in their units.

Both female PIOC's confirmed that male staff consistently use the doorbell to announce their presence prior to entering the unit. All five staff interviewed—three women and two men—reported that they make opposite-gender announcements as required by facility policy and PREA standards.

When considering the documentation provided by the facility regarding the supplemental training issued to staff, along with the results of the follow-up interviews conducted during this review, the auditor finds the facility in compliance with this provision of the standard.

The *MSDF PIOC Handbook* states on page 35, "To be notified when a staff member of the opposite gender enters your housing unit to perform daily job duties, MSDF utilizes a 'blue light' display; except in an emergency when any staff may enter without prior notification." There is no information about the audible tone. This auditor recommends the information be added at the next revision.

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

- Staff restrooms and janitorial closets throughout the facility were left unlocked, providing the ability for others to enter and secure the door behind them. On December 17, 2025, this auditor was provided with documentation of a written notice issued to staff on October 8, 2025, reminding them of the importance of securing doors when not in use and ensuring they remain locked and never propped open. On March 16, 2026, this auditor was provided with documentation of an email sent to all staff reiterating the importance of keeping security doors closed, locked, and never propped open when not in use.
- In some areas of the facilities, papers have been posted on windows that reduce visibility into those spaces. During the Corrective Action Period, supervisory staff were sent reminders to check their areas while conducting rounds to ensure papers are not posted on windows.
- In Intake, toilets could be viewed from the room windows by opposite gender staff in 149 and 120. On February 20, 2026, this auditor was provided with photographic documentation that an opaque curtain had been installed on hooks across the opening to the toilet in cells 149, 120, and 155, resolving this element of corrective action.
- In Food Services, a mirror was needed to view into a blind spot behind the dishwasher where PIOC's were gathered. In CAP meetings held on December 17, 2025, January 27, 2026, and February 26, 2026, it was noted the mirror had not yet been installed. On March 24, 2026, this auditor was provided with photographic documentation that the mirror was installed, resolving this element of corrective action.
- In Food Services, all walk in refrigerators and freezers were unlocked while not actively being used. In a CAP meeting held on January 27, 2026, this auditor was advised that supervisory staff were checking the area during their rounds to ensure doors were locked when not actively being used.
- In Laundry/Warehouse, a mirror was needed to view down the rear wall of 170A. In CAP meetings held on December 17, 2025, January 27, 2026, and February 26, 2026, it was noted the mirror had not yet been installed. On March 24, 2026, this auditor was advised that the mirrors were ordered. On April 13, 2026, this auditor was provided with photographic documentation of the mirror's installation, resolving this element of corrective action. A second mirror was added to the loading dock for additional coverage.
- In HSU, window blinds needed removed from 302, 305, 320, and 328 to allow at least one way to see into the rooms. In CAP meetings held on December 17, 2025, January 27, 2026, and February 26, 2026, it was noted that blinds had not yet been

removed from the noted office windows. On March 24, 2026, the facility provided this auditor with photographic documentation that blinds were removed from rooms 320 and 328 and advised that an additional request to remove the blinds on rooms 302 and 305 were made. Frosting was added to the windows from which window blinds were removed about halfway up to address privacy concerns. On April 7, 2026, the facility provided this auditor with photographic documentation that blinds were removed from rooms 302 and 305, resolving this element of corrective action.

- In HSU, a mirror was needed in 327 (a janitorial closet) to look around a corner towards the right. In CAP meetings held on December 17, 2025, January 27, 2026, and February 26, 2026, it was noted the mirror had not yet been installed. On March 24, 2026, this auditor was provided with photographic documentation that the mirror had been installed, resolving this element of corrective action.

- On the fourth floor North, opposite gender staff were able to see into the lower-level showers from the stairwell. In CAP meetings held on December 17, 2025, January 27, 2026, and February 26, 2026, it was noted that no mitigating action had yet been taken. On 03.10.2026, this auditor was provided with photographic documentation of dividers placed in the 4A showers to prevent opposite gender viewing. On March 24, 2026, this auditor was advised that additional shower curtains were expected to arrive on March 26. On April 13, 2026, this auditor was provided with photographic documentation that additional barriers were installed across all 4N showers, resolving this element of corrective action.

- On the sixth floor North, the toilet in 6B15 can be viewed from the officer's station and not only when incidental to a tier check. In CAP meetings held on December 17, 2025, January 27, 2026, and February 26, 2026, it was noted that no mitigating action had yet been taken. On March 24, 2026, this auditor was advised frost for the window had been ordered. On April 7, 2026, this auditor was provided with photographic documentation that frost had been applied to the windows of 6B15 to prevent opposite gender viewing, resolving this element of corrective action.

- On the fifth floor, opposite gender staff were able to see in the lower-level showers from the stairwell and from the upper tier. In CAP meetings held on December 17, 2025, January 27, 2026, and February 26, 2026, it was noted that no mitigating action had yet been taken. On March 24, 2026, this auditor was advised that additional shower curtains were expected to arrive on March 26. On April 13, 2026, this auditor was provided with photographic documentation that additional barriers were installed across the showers, resolving this element of corrective action.

DAI Policy #306.16.01 states on page two, *"Staff shall activate their body camera when...conducting a strip search or participating in a staff assisted strip search."* Staff are permitted to turn off their BWC when observing or supervising a PIOC receiving medical treatment, unless under exigent circumstances, or when observing or supervising a PIOC showering or using the restroom. Page three states, *"A DOC-2466 shall be completed when a staff member of the opposite gender of the inmate*

reviews BWC footage which reveals the breasts, buttocks, or genitalia. Such viewing shall be related to an exigent circumstance or active investigation.” Unless expressly authorized, staff are not authorized to view any footage recorded by a BWC.

(e) DOC Executive Directive 72 states on page seven, “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 [§115.15(e), §115.315(e)].”

This auditor reviewed the MSDF lesson plan and training curriculum for *Introduction to Searches of PIOCs*. Page five of the lesson plan reminds staff of the prohibition to search or physically examine a transgender or intersex PIOC for the sole purpose of determining genital status. Interviews with random staff indicated they are aware that searches to determine genital status are prohibited by standard and agency policy.

There were four transgender PIOCs at MSDF at the time of the onsite review and all four were interviewed by this auditor. None of the transgender PIOCs interviewed believed they had been subjected to a search solely for determining genital status.

The information noted for this provision was gathered prior to December 2, 2025. On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum to all DOJ-certified PREA auditors noting the Department of Justice was currently updating the PREA Standards to align with the requirements of E.O. 14168. Until those updates are finalized, and further guidance is provided, all PREA auditors were instructed to immediately pause from making compliance determinations for this provision of the standard, until further notice.

Although the auditor is currently prohibited from making a compliance determination related to this provision, it remains important to underscore that the broader purpose of the PREA Standards is to support safe, respectful, and dignified practices within confinement settings. This includes ensuring that transgender and intersex people are not subjected to searches conducted solely for the purpose of determining their genital status. While formal evaluation of this provision is paused, the auditor encourages the facility to continue adhering to trauma-informed, respectful search practices that protect the privacy, safety, and well-being of transgender and intersex individuals, and to maintain procedures that reflect the principles of professionalism and humane treatment.

(f) It is the policy of the Wisconsin Department of Corrections to conduct all searches in a professional, respectful, and least intrusive manner as possible, consistent with security needs. DOC Executive Directive 72 states on page eight, *"All security staff shall be trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex PIOC's to ensure professionalism and to utilize the least intrusive manner possible consistent with security needs [§115.15(f), §115.315(f)]."*

This auditor reviewed the MSDF lesson plan and training curriculum for *Introduction to Searches of PIOC's*. The lesson plan reiterates policy directives about professionalism and respect. This auditor reviewed staff training records to verify training was completed as required. All but one employee completed the training.

Interviews with random staff indicated they were not knowledgeable of proper pat search techniques. While some acknowledged receiving training, they were still uncertain about the proper procedure and unable to articulate how they would complete a cross-gender search.

The information noted for this provision was gathered prior to December 2, 2025. On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum to all DOJ-certified PREA auditors noting the Department of Justice was currently updating the PREA Standards to align with the requirements of E.O. 14168. Until those updates are finalized, and further guidance is provided, all PREA auditors were instructed to immediately pause from making compliance determinations for this provision of the standard, until further notice.

Although the auditor is currently prohibited from making a compliance determination related to this provision, it remains important to underscore that the broader purpose of the PREA Standards is to support safe, respectful, and dignified practices within confinement settings. This includes ensuring that security staff are trained to conduct cross-gender clothed searches in a professional and trauma-informed manner, using the least intrusive methods possible while still meeting legitimate security needs. Even while formal evaluation under this subsection is paused, the auditor encourages the facility to continue strengthening staff training and search practices that prioritize respect, minimize intrusiveness, and uphold the safety and well-being of all individuals in custody.

Conclusion:

	Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of limits to cross-gender viewing and searches, as it relates to PREA.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.16 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 71, <i>Language Assistance Policy & Implementation for Addressing Needs of Offenders with Limited English Proficiency (LEP)</i> DOC Executive Directive 72 DAI Policy #300.00.61, <i>Language Assistance for Limited English Proficiency (LEP)</i> PIOCs DAI <i>Sexual Abuse & Sexual Harassment Prevention & Intervention</i> handbook Interview with the PREA Director Interview with the PREA Compliance Manager Interviews with random staff and random PIOC Interviews with PIOC with disabilities (a-b) DOC Executive Directive 72 states on page eight, <i>“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 [§115.16(a, b), §115.316(a, b), §115.33(d), §115.333(d)].”</i> DOC utilizes contracts procured by the Wisconsin Department of Administration and facilities are authorized to use any of the contracts. There are seven contract options

for in-person American Sign Language; four contracts for American Sign Language/ Limited-English Proficiency services by video; three contracts for in-person Limited-English Proficiency services; and five contracts for written Limited-English Proficiency services.

This auditor noted that page five of DAI Policy #300.00.61 recognizes that some PIOC's may inaccurately report English-language skills and/or may not request language assistance for many reasons, and language assistance may be needed even if the PIOC lists English as their primary language. The "I Speak" cards developed by the US Census Bureau are required by policy to be posted in facility lobbies, visiting areas, HSU/DSU/PSU waiting rooms, property rooms, intake/reception areas, near forms bins, in libraries and educational areas, mailrooms, housing areas, and any other area deemed appropriate by the facility. Once determined, the PIOC's primary language is documented in the Wisconsin Integrated Corrections System (WICS) database.

While onsite, the auditor observed PREA postings in both English and Spanish. The DAI *Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook for PIOC's is available in English, Spanish, and large print.

(c) DOC Executive Directive 72 states on page 14, *"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 [§115.16(c), §115.316(c)]."*

DOC Executive Directive 71 states on page three, *"DOC shall evaluate and determine what interpretation services shall be provided based on identified needs. Each Division shall: Not rely upon fellow offenders to provide language services in situations with potentially significant consequences involving LEP offenders unless an emergency arises. Situations in which another offender may not be used include, but are not limited to, medical and psychological appointments or treatment; information or hearings associated with the Prison Rape Elimination Act (PREA); parole hearings, disciplinary and grievance proceedings and filings, and Program Review Committee (PRC) hearings."*

At the time of the onsite review there were 82 people in custody with limited English proficiency; 54 people in custody with physical disabilities; four people in custody with hearing impairments; four people in custody with impairments to their vision;

and none listed with cognitive disabilities. Some of the PIOC's appeared across multiple lists. Six targeted PIOC interviews were conducted, including:

- Two PIOC's with a physical disability
- One PIOC with limitations to their vision
- Two PIOC's with limited-English proficiency
- One PIOC with a cognitive disability (as determined by auditor upon interviewing)

All interviews with targeted populations other than LEP indicated they were able to receive information in a format they were able to understand. No interviews indicated another PIOC had been used to assist in their comprehension. Interviews with PIOC's with limited-English proficiency indicated they were unable to have access to all aspects of the agency's PREA program, requiring corrective action.

On April 8, 2026, this auditor was provided with verification of training provided to all intake staff regarding the use of translation services to provide required PREA education for any PIOC's with limited-English proficiency, resolving this element of corrective action. A copy of the training document was provided to this auditor, with the following written direction: *If an inmate has a known limitation that inhibits their ability to understand PREA education via the video (LEP and/or disability), please ensure that they are provided the information from the video in an alternate format in accordance with division/facility policy and procedure. **If staff must provide PREA education in an alternate format from the video due to LEP status, they shall read the information under "video alternative discussion" and the POC-0041D out loud to the inmate.*** The document contained the telephone number and instructions for use of the authorized translation service.

Interviews with random staff indicated they were aware of translation services and would not use another PIOC to translate.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of PIOC's with disabilities and PIOC's who are limited-English proficient, as it relates to PREA.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.17 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 42, <i>Police Contact, Arrest, and Conviction Policy for Current Employees</i> DOC Executive Directive 72 DOC Human Resources Procedures, Background Check Procedure DOC Human Resources Policy #200.30.507, <i>Reference Checks</i> DAI Policy #309.06.03, <i>Volunteers, Pastoral Visitors, Program Guests & Interns</i> DAI Volunteer Application DOC-1098D form, <i>Background Check Authorization</i> DOC-1098R form, <i>Candidate Reference Check</i> Employee, contractor, and volunteer file reviews Interview with the facility head Interview with Human Resource staff Interview with agency PREA Director (a) DOC Executive Directive 72 states on page five, <i>"The DOC shall not hire, promote, or enlist the services of 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."</i> DOC Human Resources Background Check Procedure states on page five, <i>"In addition to the criteria set forth in WHRH Ch. 246, and in accordance with the PREA standards, DOC will not hire or promote an applicant, or enlist the services of a contractor for a position which may have contact with PIOC's, offenders or juveniles who has:</i> 1. <i>Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention.</i> 2. <i>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.</i> 3. <i>Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above."</i>

DOC's Background Check Authorization form was last revised in February 2021 and includes the required questions about misconduct. This audit team was required to submit authorizations prior to being admitted to the facility to conduct the audit.

DOC Executive Directive 42 reiterates the requirements of DOC Executive Directive 72 and the DOC Human Resource procedure quoted above.

(b) DOC Executive Directive 72 states on page five, *"The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any staff member [§115.17(a, b), §115.317(a, b)]."* DOC Human Resources Background Check Procedure states on page five, *"...the agency will consider incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with PIOCs, offenders, or juveniles."*

Interviews with the facility head and Human Resource staff indicated the policy is implemented in practice. The facility head indicated they would not enlist the services of a contractor who had allegations of sexually harassing PIOCs.

(c) DOC Executive Directive 72 states on page five, *"Prior to hiring new employees and enlisting the services of any staff member who may have contact with PIOCs, the DOC shall perform a criminal background records check [§115.17(c, d), §115.317(c, d)]. 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 [§115.17(c, h), §115.317(c, h)]."*

DOC utilizes a standardized form for reference checks, *Candidate Reference Check*. The form guides supervisors to ask about workplace sexual abuse and sexual harassment, as well as if the candidate has ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, other institution, or place of detention.

Human Resource staff are tasked with collecting the *Candidate Reference Check* and ensuring the background check is completed through their portal and the Circuit Court Access Program (CCAP) to check for any convictions or pending litigation.

Human Resource staff are also tasked with obtaining information about prior institutional employers and contacting them for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This responsibility was confirmed through interview with Human Resource staff.

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

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

Human Resource staff utilize the same process for volunteers and contractors as they do for permanent employees, with the exception that Health Services and Religious Services staff manage their own contractor/volunteer background checks. This auditor verified background checks for 15 contractors.

(e) DOC Executive Directive 72 states on page five, *"The DOC shall conduct a criminal background record check every five years for current staff members [§115.17(e), §115.317(e)]."* DOC Human Resources Background Check Procedure states on page seven, *"To maintain compliance with PREA as well as the FBI's CJIS security policies, fingerprints must be retaken at least once every five years."* Fingerprints may be taken no earlier than one week prior to when the individual will report to the worksite.

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

This auditor requested and reviewed the files for 15 MSDF employees. The facility was unable to provide this auditor with the requested files prior to the submission of the interim report, requiring corrective action. During the Corrective Action Period, this

auditor was provided with the requested files and confirmed the required information.

This auditor requested and reviewed the files for 15 contractors, who all had background checks completed as required.

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

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

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

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

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

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

DOC Executive Directive 72 states on page five, *“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 [§115.17(f, g), §115.317(f, g)].” Failure to make the notification, providing false information related to convictions, and failure to cooperate with the background check process is met with disciplinary action up to and including termination. An interview with Human Resource staff indicated disciplinary action, including termination, is taken when material omissions are discovered.

Employees of DOC do not conduct self-evaluations. DOC Human Resource Policy #200.30.306 is applicable to all permanent and probationary employees and guides performance reviews. Employee performance reviews are conducted annually, based on the job-related requirements and performance for the previous year. Performance reviews are completed by the employee’s supervisor.

(h) DOC Executive Directive 72 states on page five, *“The DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation [§115.17(c, h), §115.317(c, h)].*” When a facility requests information pertaining to a former DOC employee, human resource staff will contact the agency PREA Director to determine if there are allegations associated with the former employee.

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

Conclusion:

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

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.18 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC-2635 form, <i>Maintenance Project Request for Approval</i> Interview with agency head/designee Interview with agency PREA Director Interview with the facility head Interview with the PREA Compliance Manager Observation of facility operations while onsite (a) DOC Executive Directive 72 states on page six, “<i>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 [115.18(a), §115.318(a)].</i>” Maintenance project requests must be submitted on a DOC-2635 form, <i>Maintenance Project Request for Approval</i>. The project initiator is required to describe how the proposed project will enhance the facility’s ability to protect inmates from sexual abuse. Interviews with the agency head/designee, agency PREA Director, and facility head/PREA Compliance Manager confirmed the agency has not designed or acquired any new facilities. During the site review, the audit team did not observe any other areas that appeared to be under construction for a substantial expansion or modification. (b) DOC Executive Directive 72 states on page six, “<i>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 [§115.18(b), §115.318(b)].</i>” Interviews with the facility head and facility head/PREA Compliance Manager confirmed that the prevention of sexual abuse and sexual harassment was a factor in

	determining camera placement and if an upgrade for a specific camera was necessary to aid in detection. MSDF currently has 245 cameras. Cameras are monitored by staff. Areas of the facility that have been identified as vulnerable have cameras and security staff conduct increased rounds. Cameras can be moved or augmented upon request by the facility PCM or agency PREA Director. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of upgrades to facilities and technologies, as it relates to PREA.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.21 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #500.30.19, <i>Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse</i> DOC Agency Healthcare Manual DAI <i>Sexual Abuse & Sexual Harassment Prevention & Intervention</i> handbook Memorandum of Understanding with Aurora Healing & Advocacy Services Interview with the PREA Compliance Manager Interview with Victim Services Coordinator Interview with SAFE/SANE Interview with confidential, community-based advocate Interviews with medical staff Interview with investigations staff Interviews with random staff and random PIOC (a, f) DOC Executive Directive 72 states on page 16, <i>“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.</i>

Such protocol shall be developmentally appropriate for youth, where applicable, and adapted from a comprehensive and authoritative protocol developed after 2011 [§115.21(a, b), §115.321(a, b)]. When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e) and §115.321(a-e) [§115.21(f), §115.321(f)].”

The agency provided this auditor with documentation of their request of the Milwaukee Police Department to follow the requirements outlined in §115.21(a-e) and §115.321(a-e).

(b) Per the *DOC Agency Healthcare Manual*, “*Wisconsin Department of Corrections (DOC) healthcare clinicians do not conduct SANE examinations. PIOC’s alleging sexual abuse are transported to a local community hospital for treatment and evidence collection. As such, DOC does not implement a forensic medical examination protocol, which is developmentally appropriate or based upon ‘A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents’ or similarly comprehensive and authoritative source. Rather, DOC conforms to healthcare standards in [Standards for Health Services in Prisons (2014 ed)].*” MSDF does not house youthful PIOC’s.

(c) DOC Executive Directive 72 states on page 15, “*Further, all victims shall be offered access to forensic medical examinations at an offsite medical facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed at an offsite medical facility by other qualified medical practitioners. The facility shall document its efforts to provide SANEs [§115.21(c), §115.321(c)].*”

DAI Policy #500.30.19 states on page four, “*The medical plan of care shall include timely and unimpeded access to emergency medical treatment without cost to the PIOC patient.*”

Forensic medical examinations of incarcerated survivors at MSDF are offered at Aurora Sinai Medical Center in Milwaukee, Wisconsin.

The *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention* handbook educates PIOC’s on page four of their right to “*receive free medical and mental health*

care and ongoing support following an incident of sexual abuse or sexual harassment". Page 12 states, "With your consent, the investigation may include a physical exam by a qualified medical professional in a local hospital; this free and confidential exam is conducted to ensure your health and to collect any evidence."

All forensic medical exams are provided offsite by Sexual Assault Nurse Practitioners (SANE), as verified through interview. The PAQ indicated there were no forensic medical exams provided by a SANE during the audit period. Interviews with medical staff verified PIOC's are not financially responsible for forensic medical exams.

(d, e, h) DOC Executive Directive 72 states on page 14, *"The facility shall attempt to make available to the victim an advocate from a local sexual assault service provider. As requested by the victim, such a person shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall 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 staff member (i.e., VSC) who has been screened for appropriateness to serve in this role and has received education concerning general sexual assault and forensic examination issues. Facilities shall document efforts to secure services from a local sexual assault service provider [§115.21(d, e, h), §115.321(d, e, h)]."*

DOC has written and signed Memorandums of Understanding (MOU) with Aurora Healing & Advocacy Services that were executed on August 19, 2019. Through the agreements, Aurora Healing & Advocacy Services 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. Aurora Healing & Advocacy Services will provide emotional support services, to include crisis intervention, information, and referral. These services may be conducted by mail, in person, by telephone, or other approved telecommunications method.

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

	The <i>DAI Sexual Abuse & Sexual Harassment Prevention & Intervention</i> handbook states, “Support from outside sexual assault agencies and advocates are free and not connected to DOC. They may provide support during a forensic medical examination; accompany victim(s) during investigative interview(s); and/or provide emotional support, crisis intervention, information and referral(s).” PIOC’s are provided with an addendum form that states, “In addition to on-site support (i.e. medical/mental health staff), victims of sexual abuse may also receive additional support from their community’s local sexual assault service provider. Sexual assault service providers are dedicated to helping victims. Their services are free and not connected to DOC. At a victim’s request, they may: • Provide support at the hospital during a forensic medical examination; • Accompany victim(s) during investigative interview(s); and/or • Provide emotional support, crisis intervention, information and referral(s).” Educational posters for PIOC’s state, “This community has a sexual assault service provider. Sexual assault service providers are trained to provide confidential support after sexual abuse. They will listen and provide information and education. Their services are free and not connected to WI Department of Corrections.” One of the 40 PIOC’s interviewed, few could identify information about advocacy or articulate their right to an advocate during any investigatory interview. This auditor recommends the facility require investigators to inform PIOC’s of their rights related to advocacy prior to asking questions during an investigation of sexual abuse. (g) Auditor is not required to audit this provision. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of evidence protocols and forensic medical examinations, as it relates to PREA.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.22

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

MSDF Pre-Audit Questionnaire (PAQ) responses

DOC Executive Directive 72

DAI Policy #303.00.05, *Law Enforcement Referrals*

DOC Webpage

Interview with agency head/designee

Interviews with investigative staff

(a-c) DOC Executive Directive 72 states on page 15, *"The DOC shall ensure 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 [§115.22(a, d), §115.322(a, d), [§115.71(a), §115.371(a)]."*

Page one of DAI Policy #303.00.05 states that law enforcement referrals must be made for allegations of sexual abuse or sexual harassment (as defined in DOC Executive Directive 72) that involve potentially criminal behavior, and sexual assault (as defined in Wisconsin Statutes). The PAQ indicated there were 17 referrals made to law enforcement during the audit documentation period, as confirmed through this auditor's review of investigational documents.

The DOC PREA policy (DOC Executive Directive 72) is available on the DOC website at ED 72 Final 9.22.2022.pdf (wi.gov). It reiterates the agency's zero-tolerance policy and outlines the process for investigations and referrals.

Interviews with investigative staff confirmed they are knowledgeable of the process for case referral. The interview of the agency head/designee indicated the agency is committed to creating a sexually safe environment for all PIOC's and has an established relationship with agency investigators to ensure allegations are investigated and referred properly.

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

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

	Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of policies to ensure referrals of allegations for investigations, as it relates to PREA.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.31 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 Wisconsin Statute 301.28, <i>Training of Correctional Officers</i> DOC Executive Directive 33, <i>Pre-service Training Requirements for Correctional Officers, Correctional Sergeants, Supervising Officer 1 & 2</i> DOC Staff Training curriculum Agency Newsletters DOC-1158 form, <i>Employment Statement of Acknowledgement</i> Staff training reports Interviews with random staff (a-c) To ensure a professionally trained and competent security force, Wisconsin statute requires that all security staff hired by DOC successfully complete the WI DOC Pre-Service Training program regardless of the level at which they are hired. This requirement does not include any correctional officer appointed prior to July 31, 1981. The pre-service training includes 2.5 hours of PREA-related instruction, 2.5 hours of training related to DOC's zero-tolerance policy for staff sexual misconduct, and two hours of victims' rights. DOC Executive Directive 72 states on page seven, <i>"The DOC shall train all new employees on the department's zero-tolerance policy for sexual abuse and sexual harassment. All employees shall receive training every two years; in years in which an employee does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies. The</i>

training shall include but is not limited to the subparts listed below.” The subparts referenced in policy language are the ten elements required by the standards, as well as relevant laws regarding the applicable age of consent, instruction tailored to male and female PIOC’s, and instruction specific to the unique needs and attributes of juveniles.

This auditor reviewed all curriculum to ensure a comprehensive training program that provides detailed information on all ten required elements. DOC’s training is tailored for male, female, and transgender PIOC’s, as verified through curriculum review by this auditor. All new staff complete this training upon being hired. All existing staff were required to complete it in 2015.

Employees are provided refresher information between trainings regarding sexual abuse and sexual harassment using Agency Newsletters that are published multiple times each year. This newsletter includes data related to the total sexual abuse and sexual harassment allegations in the agency, standard highlights, and reminders about professionalism. Knowledge checks are spaced throughout the module with an understanding assessment at the end.

Staff completed refresher training modules in the fall of 2017, 2019, 2021, and 2023. The refresher training for 2025 was assigned to staff in the fall of 2025.

(d) DOC Executive Directive 72 states on page seven, *“Each employee shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received [§115.31, §115.331].”*

New employees are required to read and acknowledge their understanding of several agency policies, including Executive Directive 72. Employees attest to their responsibility to read, understand, and abide by all DOC policies and procedures by signature on form DOC-1558. The agency training module for all staff requires a score of 80% or higher on a final exam for successful completion. Refresher training included knowledge checks that are spaced throughout the module with an understanding assessment at the end.

This auditor reviewed staff training reports for all employees at MSDF to confirm training as required. At the time the interim report was submitted, 47 staff had not completed the 2025 PREA refresher training. Due to most staff having difficulty articulating key components of their PREA training during interviews with the audit

team, this standard will be reassessed for compliance once all staff have completed the 2025 PREA refresher training and the auditor has conducted follow-up interviews.

On January 30, 2026, the facility provided this auditor with an updated training report documenting a 99% completion rate for the 2025 PREA refresher training.

On February 20, 2026, this auditor was provided with a copy of an optional PREA Knowledge “pop quiz” that had been distributed to all staff, with instructions to return completed responses to management by March 4, 2026. The quiz included questions addressing first responder responsibilities and opposite-gender announcement requirements. The answer key was subsequently disseminated to all staff on March 5, 2026.

On March 4, 2026, the facility provided this auditor with a PowerPoint documenting *MSDF PREA Refresher & Audit Recap* training held the same day, attended by 47 staff members.

On March 12, 2026, the facility provided the auditor with a training brief that had been disseminated to all staff. The brief outlined the facility’s procedures for using the risk screening tool to obtain information necessary for making appropriate housing assignments and program or work placements. It also reiterated staff responsibilities related to safeguarding confidential information.

On November 30, 2020, the PREA Management Office issued temporary guidance permitting auditors to conduct certain components of the onsite phase of a PREA audit remotely due to the operational impacts of the COVID-19 pandemic. This guidance authorized remote interviews with supervisory staff and remote review of documentation. However, it explicitly required that the site review, as well as interviews with inmates and nonsupervisory staff, be conducted in person. The scope of this guidance was limited to the onsite phase only. To date, the PREA Management Office has not issued any guidance addressing whether interviews conducted during the corrective action phase may be completed remotely.

On April 14, 2026, during the corrective action period, this auditor conducted remote interviews with randomly selected staff in the absence of a return visit to the facility. All interviews were conducted via video with the individual visible on camera in a room without the use of artificial or blurred backgrounds. Prior to initiating each interview, the interviewee confirmed that staff facilitating the interview had left the

	room and were not within hearing range. This auditor independently verified privacy to the extent possible before proceeding with questions. Staff interviews were conducted in a conference room. During these interviews, this auditor was able to see most of the room. These measures were implemented to preserve the integrity of the interview process, ensure privacy to the greatest extent feasible in a remote format, and maintain alignment with PREA standards in the absence of corrective-action-phase-specific guidance from the PREA Management Office. Staff were asked to confirm completion of their PREA training, articulate key elements of that training, and describe their responsibilities as first responders. All five staff interviewed were able to do so successfully, thereby resolving this element of the corrective action plan. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of employee training as it relates to PREA.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.32 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #309.06.03, <i>Volunteers, Pastoral Visitors, Program Guests & Interns Sexual Abuse & Sexual Harassment in Confinement: A Guide for Volunteers & Contractors</i> brochure Volunteer & Contractor Training curriculum, revised February 2018

DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation Manual
 DAI Brief Volunteer Orientation, revised May 2019
 Agency Volunteer Orientation Presentation
 DOC-2786 form, *PREA Sexual Abuse & Sexual Harassment in Confinement Training Contractor Statement of Acknowledgment*
 DOC-2809 form, *Volunteer Orientation Roster Attendance Record PREA Acknowledgment*
 DOC-0080 form, *DAI Brief Volunteer Orientation*
 Email from the Religious Practices Coordinator & DAI LEP Coordinator, dated March 2, 2018 re Documenting Volunteer PREA Compliance
 Volunteer & Contractor training records
 Interview with facility head
 Interviews with volunteers and contractors

(a-c) DOC Executive Directive 72 states on page eight, *“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 [§115.32, §115.332].”*

All contractors and volunteers are provided with a *Sexual Abuse & Sexual Harassment in Confinement: A Guide for Volunteers & Contractors* brochure, providing written information about establishing and maintaining professional relationships; PREA definitions; reporting and response duties; indicators of abuse; and characteristics of vulnerable offenders.

Per DAI Policy #309.06.03, volunteers are required to complete an orientation prior to facility entry and PIOC interaction, based upon the type, frequency, and level of PIOC contact. The minimum expectations have been established by policy for all DAI volunteers:

- Full orientation for any volunteer entering any one or combination of facilities five or more times a year
- Brief orientation for any volunteer entering any facility four or less times a year
- Any volunteer increasing facility entry to five or more times a year must complete full orientation

The facility head or their designee can require full orientation for any volunteer on a

case-by-case basis, may limit a volunteer's one-to-one contact with PIOC's, or provide direct staff supervision.

This auditor reviewed the *Agency Volunteer Orientation* presentation, used in conjunction with *DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation Manual*. The curriculum includes information and directives about boundaries, a reminder that PIOC's cannot consent to any sexual contact, the agency's zero-tolerance policy, and information on reporting.

Volunteers and contractors complete *Volunteer & Contractor Training* prior to providing service in a facility. The training covers the elements required by this standard provision.

Contractors sign a statement of acknowledgment indicating they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures; have received training based on the services they provide and the level of contact they have with PIOC's; and acknowledge receipt and understanding of such training.

Volunteers sign an orientation roster attendance record indicating they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures; and have received training based on the services they provide and the level of contact they have with PIOC's. Volunteers began signing these forms in March 2018 as directed through an email by the Religious Practices Coordinator & DAI LEP Coordinator to all volunteer coordinators. Once the forms are signed, they are scanned into an electronic database, and the original is provided to the facility PCM. The email directive has been codified in DAI Policy #309.06.03.

An interview with the facility head confirmed they would immediately discontinue the services of any volunteer that they believed engaged in sexual abuse and/or sexual harassment. Interviews with one volunteer and one contractor confirmed they are aware of the agency's zero-tolerance policy and their reporting responsibilities.

At the time of the onsite review, there were 1373 contractors, and 120 volunteers approved to enter MSDF. This auditor reviewed training records for 15 contractors and

	ten volunteers to verify compliance with training requirements. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of volunteer and contractor training as it relates to PREA.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.33 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Sexual Abuse & Sexual Harassment Prevention & Intervention handbook MSDF PIOC Handbook DAI Policy #410.20.01, PIOC PREA Education POC-41B, Sexual Abuse in Confinement – A Resource for Offenders form Sexual Abuse & Sexual Harassment Prevention & Intervention video POC-0041C, PIOC PREA Education Facilitator Guide DOC PIOC postings within the facility PIOC file reviews Interview with intake staff Interviews with PIOC's having limited-English proficiency or disabilities Interviews with random PIOC's (a-c, e) DOC Executive Directive 72 states on page eight, "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 [§115.33(a), §115.333(a)]." The DAI Sexual Abuse & Sexual Harassment Prevention & Intervention handbook

states on page three, "The Wisconsin Department of Corrections has zero tolerance for sexual abuse and sexual harassment within its facilities."

DAI Policy #410.20.01 directs that upon arrival at an intake facility, each PIOC will receive a copy of the *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention handbook* and a copy of form POC-41B. Form POC-41B provides additional support information for victims of sexual abuse, including the name, address, and telephone number for the local sexual assault service provider.

Pages 35 through 38 of the *MSDF PIOC Handbook* provide detailed information about PREA, including a PIOC's right to be free from sexual abuse, sexual harassment, and retaliation for reporting; the requirement to be notified when opposite-gender staff enter their housing unit (except in emergencies); available reporting methods; access to support services and law enforcement; the investigative process; and definitions related to sexual abuse and harassment. Prior to the onsite review, the facility identified inconsistencies in the process for issuing and retaining documentation confirming PIOC's receipt of the handbook. Of the 45 records requested, documentation for 34 were missing. This gap requires corrective action to ensure compliance and accountability.

On December 19, 2025, the facility provided this auditor with documentation of education provision for the 45 PIOC's requested, resolving this element of corrective action.

In January 2016, as part of DOC's compliance efforts with the standards, each facility was directed to provide all PIOC's with PREA education. On the first day of the onsite review, there were no PIOC's at MSDF who were admitted to the facility prior to August 20, 2012.

Effective December 19, 2018, the agency's zero tolerance statement and reporting methods were printed on the reverse side of new and reissued PIOC identification cards. The identification card states, "*WI DOC has ZERO TOLERANCE for sexual abuse, sexual harassment and retaliation related to reporting. You have the right to remain safe. To report sexual abuse or sexual harassment use any of these methods:*

1. *Tell or write any staff member.*
2. *Dial 777 or 888.*
3. *Submit a grievance.*

4. *Tell a family member or friend to report at www.doc.wi.gov.*

5. *Write to law enforcement."*

This auditor believes this practice exceeds the requirement for this provision of the standard.

DOC Executive Directive 72 states on page eight, *"Within 30 days of intake at adult facilities and within 10 days at juvenile facilities, the facility shall provide comprehensive education to PIOC's either in person or through video regarding [§115.33(b), (§115.333(b))]:*

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.

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 [§115.33(c), §115.333(c)]."

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

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

	(d) DOC Executive Directive 72 states on page eight, <i>“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 [§115.16(a, b), §115.316(a, b), §115.33(d), §115.333(d)].”</i> There are nine versions of the video available, depending on the needs of the intended audience – three versions for male PIOCs, female PIOCs, and youth. The three versions for each audience include one in English, one with English subtitles, and one in Spanish. The facilitator guide directs staff to provide the information in an alternate format if a PIOC has a known limitation that inhibits their ability to understand PREA education. The <i>DAI Sexual Abuse & Sexual Harassment Prevention & Intervention</i> handbook and PIOC posters are available in English, Spanish, and large print. (f) The <i>DAI Sexual Abuse & Sexual Harassment Prevention & Intervention</i> handbook is provided to each PIOC upon arrival at an intake facility. Information is readily available on the reverse side of their PIOC identification card. Pages 35-38 of the <i>MSDF PIOC Handbook</i> contains information about the Prison Rape Elimination Act, including reporting options. Key information is continuously and readily available on posters throughout the facility, as observed by the audit team, and on the electronic tablets. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of PIOC education as it relates to PREA.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.34

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

MSDF Pre-Audit Questionnaire (PAQ) responses

DOC Executive Directive 72

DOC Human Resources Policy #200.30.304, *Employee Disciplinary Investigations*

DOC Sexual Abuse & Sexual Harassment Investigations training curriculum

DOC Sexual Abuse & Sexual Harassment Investigations Resource Guide

Investigative staff training records

Interviews with investigative staff

(a-c) DOC Executive Directive 72 states on page eight, *“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 [§115.34, §115.334, §115.71(b), §115.371(b), §115.371(b)].”*

DOC Human Resources Policy #200.30.304 states on page four, *“In investigations regarding conduct which could constitute a criminal offense, pursuant to the United States Supreme Court's decision in Garrity v. New Jersey, 385 U.S. 493 (1967), a public employee's refusal to answer cannot be used as grounds for discharge where he/she is required to answer the questions unless he/she has been warned that the statements cannot be used against the employee in criminal proceedings. Therefore, the investigators must give a Garrity Warning to the subject of the investigation. Investigators will utilize the Employee Investigation Reports —Investigations Involving Criminal Matters (DOA 15807 — G) form to document which of the following two options were read to the employee prior to starting an investigatory interview.”* The “following two options” noted in the policy are to either require answers from the employee and withhold any statements from a criminal proceeding, or to allow the employee the option of remaining silent or answers questions without withholding any statements from a criminal proceeding.

Facility and agency investigators conduct administrative investigations. Investigations involving potentially criminal behavior are referred to the Milwaukee Police Department.

This auditor reviewed the *DOC Sexual Abuse & Sexual Harassment Investigations* training curriculum and accompanying *Resource Guide*. The training includes

	instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training on Miranda, Garrity and Wisconsin's Oddsen warnings take place on day three of the investigator training. Interviews with investigative staff indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations. DOC has a total of 688 trained investigators, including 24 MSDF facility investigators. The PREA Director's office maintains a spreadsheet noting all trained investigators employed by the agency. This auditor reviewed training dates for all 24 MSDF staff to ensure the required training was received. (d) This provision is not required to be audited. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of specialized training for investigations as it relates to PREA.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.35 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC PREA for Healthcare Staff curriculum Staff training records Interviews with medical and mental health staff

(a, c) DOC Executive Directive 72 states on page eight, *"All medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on the subparts below. The DOC shall maintain documentation that such training has been received [§115.35, §115.335].*

a. How to detect and assess signs of sexual abuse and sexual harassment;

b. How to preserve physical evidence of sexual abuse;

c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and

d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."

This auditor reviewed the curriculum to ensure a comprehensive training program that provides detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The PAQ indicated there were 37 medical or mental health practitioners subject to this standard during the audit review period, but only 68% of the staff had completed their specialized training, requiring corrective action. Interviews were conducted with one medical and one mental health staff; one of the two staff were unable to articulate the required elements of the specialized training.

On November 19, 2025, an email was sent to all medical and mental health supervisors reminding them to have their staff complete the required training. At that time, there were nine staff missing training. At the CAP meeting on January 27, 2026, there were four staff missing training. At the CAP meeting on February 26, 2026, there were three staff missing training and they had been given a directive to complete training by March 1, 2026. In an update sent on March 6, 2026, this auditor was advised that one of the three staff members had completed the required training. On March 24, 2026, this auditor was advised that one of the two remaining staff members was no longer employed by the facility. On April 2, 2026, this auditor was provided with evidence that the remaining staff member had completed training, resolving this element of corrective action.

(b) As the agency does not employ medical staff to conduct forensic medical examinations, this subsection of the standard does not apply.

	(d) In addition to the PREA training provided to all employees, medical and mental health staff receive additional training specific to their responsibilities with PREA. This auditor reviewed the training curriculum to ensure it provided detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of specialized training, medical and mental health care as it relates to PREA.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.41 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #410.30.01, <i>Screening for Risk of Sexual Abusiveness & Sexual Victimization</i> DOC-2863, <i>Sexual Abuse Incident Review (SAIR) Form - PREA</i> DOC PREA Admission – Adult Male Facility risk screening form DOC PREA Admission – Adult Female Facility risk screening form DOC WICS User Guide – <i>Special Handling (SH) PREA</i> Interview with PREA director Interview with PREA compliance manager Interviews with staff responsible for conducting risk screening Interviews with randomly selected PIOC's PIOC file reviews (a-e) DOC Executive Directive 72 states on page nine, <i>"PIOCs shall be assessed during an intake screening within 72 hours of arrival at the facility, and again within</i>

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 [§115.41(a-e), §115.341(a-c)]:

- 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."*

DOC has created a WICS [Wisconsin Integrated Corrections System] User Guide that outlines the purpose of the screening: "PREA Standard 115.41 requires that the Wisconsin Department of Corrections screen all PIOC's for risk of being sexually abused by other PIOC's or sexually abusive towards other PIOC's with the goal of keeping those at high risk separated from one another."

DAI Policy #410.30.01 states on page three, "Inmates shall be screened within 72-hours of admission to any DAI facility for risk of being sexually abused by other inmates or sexually abusive towards other inmates." Screenings have been documented in WICS since 2017. Screenings prior to 2017 were completed in paper format. If the electronic system is not available, a paper format for the screening is completed, and responses are transferred to WICS as soon as possible.

DOC uses a different screening form for male and female PIOC's. Sections A and B of the electronic PREA screening form contain all ten considerations to assess a PIOC's risk for sexual victimization as described in the standard. The PREA screening form also assesses a PIOC's aggressive/predatory factors. Section C will be completed if the screener believes an override of automatic scoring is necessary. Section D is used for the 30-day follow up risk screening.

On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum to all DOJ-certified PREA auditors noting the Department of Justice was currently updating the PREA Standards to align with the requirements of E.O. 14168. Until those updates are finalized, and further guidance is provided, all PREA auditors were instructed to immediately pause from making compliance determinations for this provision (d)(7) of this standard, until further notice.

While the auditor is currently restricted from making a compliance determination on this provision, it is important to recognize that the overarching purpose of the PREA Standards remains unchanged—to promote sexual safety for all individuals in confinement. This includes efforts to identify people who may be particularly vulnerable to victimization, including those who identify as LGBTI. Although formal assessment under this provision is paused, the auditor encourages the facility to continue practices that support sexual safety, risk identification, and the protection of all individuals in custody.

This auditor reviewed the 72-hour screenings completed at MSDF for each month in the audit documentation period. There was a total of 945 admissions during that time. Six 72-hour screenings were conducted late, for an overall on-time percentage of 99.36. This auditor reviewed the 72-hour screenings completed for every PIOC selected for a targeted or random interview. Two 72-hour screenings were conducted late, for an overall on-time percentage of 95.5.

While onsite, it was determined that the risk screening does not always take place in an area where other PIOC's and staff cannot overhear the conversation, requiring corrective action. During the CAP meeting on December 17, 2025, it was noted the screening was moved to a private office in Intake, resolving this element of corrective action.

(f) DOC Executive Directive 72 states on page nine, *"In addition to the intake screenings 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 [§115.41(f)]."*

This auditor reviewed the 30-day screenings completed at MSDF for each month in the audit documentation period. There was a total of 941 admissions during that time. All 30-day screenings were conducted on time.

This auditor reviewed the 30-day screenings completed for every PIOC selected for a targeted or random interview. All 45 screenings were completed on time.

During interviews of random and targeted PIOC, it was determined that not all the required questions are asked during the 30-day screening, requiring corrective action.

On November 30, 2020, the PREA Management Office issued temporary guidance permitting auditors to conduct certain components of the onsite phase of a PREA audit remotely due to the operational impacts of the COVID-19 pandemic. This guidance authorized remote interviews with supervisory staff and remote review of documentation. However, it explicitly required that the site review, as well as interviews with inmates and nonsupervisory staff, be conducted in person. The scope of this guidance was limited to the onsite phase only. To date, the PREA Management Office has not issued any guidance addressing whether interviews conducted during the corrective action phase may be completed remotely.

On April 14, 2026, during the corrective action period, this auditor conducted remote interviews with a risk screener and randomly selected PIOC in the absence of a return visit to the facility. All interviews were conducted via video with the individual visible on camera in a room without the use of artificial or blurred backgrounds. Prior to initiating each interview, the interviewee confirmed that staff had left the room and were not within hearing range.

This auditor independently verified privacy to the extent possible before proceeding with questions. Male PIOC interviews were conducted in the facility's hearings room. Due to the configuration of the space and camera placement, this auditor was unable to visually observe the entirety of the room during those interviews. Female PIOC interviews were conducted in a unit manager's office, where the full office space was visible on camera. In these interviews, this auditor was able to visually confirm staff exiting the room and ensure that no staff remained present or within hearing distance. The staff interview was conducted in a conference room. During this interview, this auditor was able to see most of the room.

These measures were implemented to preserve the integrity of the interview process, ensure privacy to the greatest extent feasible in a remote format, and maintain alignment with PREA standards in the absence of corrective-action-phase-specific guidance from the PREA Management Office.

During these interviews, the auditor asked PIOC's about their 30-day screening. Of the ten PIOC's interviewed, six had arrived at MSDF since the beginning of the year. All six confirmed they were asked the full set of screening questions—consistent with their initial intake screening—and were not simply asked whether anything had changed. The risk screener also verified that they had been trained to administer all required questions during the 30-day reassessment, resolving this element of corrective action.

(g) DOC Executive Directive 72 states on page nine, *"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 [§115.41(g)]."*

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

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

(h) DOC Executive Directive 72 states on page nine, *"PIOCs may not be disciplined for refusing to answer or for failing to disclose information in regards to the screening questions [§115.41(h)]."*

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

Interviews with staff who conduct risk screening indicated that if the PIOC refused to answer questions, they would complete the screening with information otherwise available to them. Staff are permitted to review and record a minimum amount of

	protected health information to determine the PIOC's risk. There were no interviews with PIOC's that indicated they had been disciplined for refusing to answer screening questions. (i) DOC Executive Directive 72 states on page ten, <i>"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 [§115.41(i), §115.341(e)]."</i> Interviews with screening staff indicated they are aware that information obtained during the screening process is to remain confidential unless there is a legitimate need to know. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for risk of sexual victimization and abusiveness as it relates to PREA.
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115.42 Use of screening information	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.42 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #306.00.72, <i>Screening for Risk of Sexual Abusiveness & Sexual Victimization</i> DAI Policy #500.70.27, <i>Transgender Management & Care</i> DOC-3793 form, <i>Transgender Housing Evaluation</i> DOC-2570 form, <i>PIOC Offsite Review</i> Interview with PREA director Interview with PREA compliance manager Interview with staff responsible for risk screening Interview with PIOC's who identify as gay, bisexual, transgender and/or intersex PIOC file reviews Observation of facility operations while onsite

(a) DOC Executive Directive 72 states on page ten, *“Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health practitioners and other staff members, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law [§115.81(d), §115.381(c)].”*

DAI Policy #306.00.72 states on pages three and four, *“Screening information shall be used to inform staff making housing and bed assignments. The expectation is to keep inmates who score as a high risk of being sexually victimized separate from those scoring as a high risk for being sexually abusive.”*

Screening information shall be used to inform staff making work, education, and program assignments. The expectation is to supervise or separate inmates who score as a high risk of being sexually victimized from those scoring as a high risk for being sexually abusive.

Depending upon each inmate’s responses and history, the screening tool categorizes each as being designated a ROV [Risk of Victimization], ROA [Risk of Abusiveness], or none. ROV and ROA categorizations shall be recorded as a security special handling type and security housing recommendation in WICS.”

Information from the screening form is considered in the final determination of the PIOC’s housing and program assignments. Those at risk of abusiveness may participate in programming and work assignments with those at risk of victimization if there is adequate staff supervision. A PREA status review is part of all offsite work requests and noted on form DOC-2570.

(b) DAI Policy #306.00.72 states on page four, *“Individualized determinations about how to ensure the safety of each inmate shall be made.”* This auditor reviewed the March 2025 Staffing Plan, which shows the facility takes care to identify those PIOC’s with unique needs who may be especially vulnerable to any form of abuse, including sexual.

The screening tool has an additional Section C at the bottom of the form for the risk screener to document other factors related to aggressive/vulnerability that may be significant, but not otherwise addressed in the scored questions, that warrant an override. There may be special circumstances indicated by the PIOC’s behavior,

criminal history, needs, or medical/mental health status that have not been addressed adequately and warrant placement in a living unit other than what has been indicated. Staff are instructed to provide detailed information. Overrides can be requested to change an PIOC's housing consideration from a lower or a higher level. Overrides are encouraged when a PIOC's score does not seem to be an accurate reflection of their actual risk of sexual victimization or abusiveness. This auditor reviewed risk screenings that had been overridden to ensure someone at risk of being victimized or at risk of being abusive were properly identified.

(c-g) DOC Executive Directive 72 states on page 11, *"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 [§115.42(c), §115.342(d)], in addition to serious consideration of the PIOC's own views with respect to their own safety [§115.42(e), §115.342(f)]."*

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

- 1. An inmate is not placed in a dedicated facility, unit, or wing solely on the basis of such identification or status.*
- 2. Housing and programming assignments are made on a case-by-case basis. Such placement decisions shall ensure the inmate's health and safety, which includes giving serious consideration to the inmate's own view of safety and any management or security problems."*

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

specialize in the evaluation and treatment of GD to make recommendations regarding medically necessary treatment and will make recommendations as needed regarding management issues, allowed property, and accommodations.

All facilities are approved for transgender or intersex PIOC's except Gordon Correctional Center, McNaughton Correctional Center, Chippewa Valley Correctional Treatment Facility, Flambeau Correctional Center, Prairie du Chien Correctional Institution, and St. Croix Correctional Center. Placement may occur at any approved site. PIOC's who have completed gender affirming surgery *"...shall be placed in a facility consistent with the reassignment treatment."*

MSDF had four transgender PIOC's at the time of the onsite review; all four were interviewed by this auditor.

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

The policy implements 11 specific guidelines to be considered after a person in custody requests placement at a facility consistent with their gender identity. The policy implementation includes form DOC-3793, *Transgender Housing Evaluation*, for use when a transgender person in custody requests new placement. The form captures each guideline, benchmarks, comments from the psychological services unit, and transgender housing committee notes. Reasons for the ultimate decision and any recommended follow up are documented and moved forward to the agency head, who ultimately approves, denies, or defers the decision.

DAI Policy #500.70.27 states on page six, *"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 experienced by the PIOC. The assigned OCS [Offender Classification Specialist] shall document in the WICS current offense description box: DAI Policy 500.70.27 applies to the management of this PIOC with the requirement for classification review every six months."*

DAI Policy #300.00.72 states on page four, *"In accordance with DAI policy 500.70.27, placement and programming assignments for each transgender or intersex inmate shall be reviewed at a reclassification hearing a minimum of every six months to*

review any threats to safety experienced by the inmate.”

MSDF had four transgender PIOC at the time of the onsite review; all four were interviewed by this auditor. MSDF houses both Division of Community Corrections (DCC) PIOC accused of violating community supervision and Division of Adult Institution (DAI) PIOC who are nearing the end of their sentence or awaiting transfer. The biannual review of transgender PIOC normally occurs during their classification hearing. Because DCC PIOC do not have classification hearings, they may be lodged at MSDF for more than six months without receiving a review, requiring corrective action.

This auditor requested and reviewed the last three bi-annual classifications for seven transgender PIOC who had been housed at MSDF in the last 12 months. Only one of the transgender PIOC had been housed at MSDF for more than six months. During their classification hearing they were not asked the required questions, to include if they had experienced any threats to their safety, requiring corrective action.

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

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

MSDF had four transgender PIOC at the time of the onsite review; all four were interviewed by this auditor. All four stated they had no issues with the showers.

According to the PREA Director, MSDF is not subject to a consent decree, legal settlement, or legal judgment for protecting LGBTI PIOC, and does not place those PIOC in dedicated facilities, units, or wings solely based on such identification. A review of housing for four trans PIOC and ten gay or bisexual PIOC confirmed they are housed in units throughout the facility and not in one dedicated unit or wing. No gay, bisexual, transgender, or intersex PIOC indicated in their interviews that they

	had been housed in dedicated facilities, units, or wings based on their gender identity or sexual orientation. The information noted for provisions c-g was gathered prior to December 2, 2025. On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum to all DOJ-certified PREA auditors noting the Department of Justice was currently updating the PREA Standards to align with the requirements of E.O. 14168. Until those updates are finalized, and further guidance is provided, all PREA auditors were instructed to immediately pause from making compliance determinations for this provision of the standard, until further notice. While the auditor is currently restricted from making a compliance determination on this provision, it is important to recognize that the overarching purpose of the PREA Standards remains unchanged—to promote sexual safety for all individuals in confinement. This includes ensuring that decisions regarding the housing of transgender and intersex individuals, as well as their access to programs, services, and activities are made in a manner that prioritizes their safety, dignity, and well-being. Even during the pause in formal compliance assessment, the auditor encourages the facility to continue applying individualized, case-by-case assessments and to consider threats to safety when making housing and programming assignments for transgender and intersex people, consistent with PREA’s foundational principles of protection and respect for vulnerable populations. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of use of screening information as it relates to PREA.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.43 The auditor gathered, analyzed, and retained the following evidence related to this standard:

MSDF Pre-Audit Questionnaire (PAQ) responses
DOC Executive Directive 72
DAI Policy #306.05.01, *Protective Confinement*
DAI Policy #306.00.72, *Screening for Risk of Sexual Abusiveness & Sexual Victimization*
DOC-30 form, *Review of PIOC in Restrictive Housing*
PIOC housing records
Interview with facility head
Interviews with random PIOCs

(a) DOC Executive Directive 72 states on page ten, *“Adult PIOCs 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 [§115.43(a)].”*

DAI Policy #306.05.01 states on page two, *“Inmates at high risk for sexual victimization shall not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made there is no available alternative means of separation from likely abusers. An inmate shall not be held for more than 24 hours pending this assessment.”*

DAI Policy #306.00.72 states on pages four and five, *“Inmates at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has likely been made there are no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the facility may separate the inmate involuntarily from the general population for less than 24 hours while complete the assessment. If an inmate is voluntarily separated from the general population the facility shall document the basis for the facility’s concern for the inmate’s safety and the reason an alternate placement cannot be arranged.”*

(b) DOC Executive Directive 72 states on page ten, *“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 [§115.43(b)].”*

	(c) DOC Executive Directive 72 states on page ten, <i>“Involuntary separation of adult PIOC’s from the general population shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days [§115.43(c)].”</i> (d) DOC Executive Directive 72 states on page ten, <i>“If a PIOC is involuntarily separated from the general population the facility shall document the basis for the facility’s concern for the PIOC’s safety and the reason an alternate placement cannot be arranged [§115.43(d)].”</i> (e) DOC Executive Directive 72 states on page ten, <i>“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 [§115.43(e)].”</i> DAI Policy #306.05.01 states on page three, <i>“Ensure inmate’s protective confinement placement is reviewed every 30 days to determine if placement remains necessary. Document reviews of existing protective confinement placement on DOC-30.”</i> The PAQ stated that MSDF has not used involuntary segregation as a means of separation or protection for PIOC’s at high risk for sexual victimization. No PIOC’s interviewed indicated they had been placed in involuntary segregation as a means of protection from being sexually victimized. All staff interviewed confirmed they would utilize a move to a different housing unit or move an alleged perpetrator, prior to utilizing involuntary segregation. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for risk of protective custody as it relates to PREA.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.51

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

MSDF Pre-Audit Questionnaire (PAQ) responses

DOC Executive Directive 72

DOC PIOC posters within the facility

DOC "Third Party" posters within the facility

DAI Sexual Abuse & Sexual Harassment Prevention & Intervention handbook

Interview with PREA Compliance Manager

Interviews with random staff

Interviews with random contractors and volunteers

Interviews with random PIOCs

(a) DOC Executive Directive 72 states on pages 11-12, *"The DOC shall provide multiple ways for PIOCs to privately report sexual abuse and sexual harassment, retaliation by other PIOCs or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents."*

Internal and external reporting options are readily available to PIOCs on the PREA signs (in English and Spanish) posted throughout the facility. PIOCs are encouraged to tell any staff person, write any staff person, dial an internal or external telephone number, file a grievance, tell a third party, or write to local law enforcement.

(b) DOC Executive Directive 72 states on page 12, *"In addition, the DOC shall provide at least one way for PIOCs to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC [§115.51(a, b), §115.351(a, b)]."* PIOCs are notified of the external reporting option on the PREA signs throughout the facility. A PIN is not needed to make an external report.

MSDF has an agreement with the Wisconsin State Capitol Police in Madison, Wisconsin as an external reporting mechanism. Any PIOC can make a report to them by dialing #888 on the PIOC telephone system. Calls made on this line are provided to the agency PREA office and then to the facility.

Interviews with random PIOCs confirmed they were aware of available reporting mechanisms. MSDF does not house PIOCs detained solely for civil immigration purposes.

	(c) DOC Executive Directive 72 states on page 12, <i>“Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports...”</i> Staff are trained on the expectation to immediately report during PREA-related training, as verified by curriculum review and through interviews with random staff. (d) MSDF staff, volunteers, and contractors can report sexual abuse and sexual harassment privately to any supervisor. Interviews with staff and contractors did not indicate that any person had concerns with regards to private reporting mechanisms, and all stated that they felt comfortable reporting. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for PIOC reporting as it relates to PREA.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.52 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #310.00.01, <i>Inmate Complaints Regarding Staff Misconduct</i> Agency Administrative Code, Chapter 310.08, <i>PREA Complaint Procedure</i> MSDF PIOC Handbook Interview with the agency PREA Director Interview with Institution Complaint Examiner

(a) DOC Executive Directive 72, states on page 13, *“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. See Investigations (section XVII.) for guidelines. PIOC’s 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.”*

DAI Policy #310.00.01 states on page two, *“Complaints regarding staff sexual misconduct shall be handled according to provisions of Executive Directive 72. Upon review of an inmate complaint that has an allegation of any action which may appear to be sexual harassment or sexual abuse, the ICE [Institution Complaint Examiner] shall forward the inmate complaint to the PCM/PCM backup to determine if the allegations meet the definition of sexual abuse or sexual harassment under PREA, and to determine if the allegation has been previously reported. Upon receiving an inmate complaint from an ICE, the PCM/PCM backup shall review to determine if the allegation meets the definition of sexual abuse or sexual harassment under PREA and whether the allegation has been previously reported. The PCM/PCM backup shall inform the ICE if the allegation meets the definition and if it has been reported. If the allegation meets the definition of sexual abuse or sexual harassment and has previously been reported but not investigated, the ICE shall dismiss the complaint per ED 72 and refer for investigation.”*

The *MSDF PIOC Handbook* has information about the PIOC Complaint Review System on pages 17 and 18. The only information related to PREA notes a PIOC may not file more than one complaint per calendar week except for complaints regarding the PIOC health and personal safety or complaints made under PREA. This auditor strongly recommends that information related to how complaints related to PREA are addressed be added in the next revision of the handbook.

(b) DOC Executive Directive 72 states on page 13, *“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 [§115.52(b), §115.352(b)].”*

DOC 310.08 states, *“Notwithstanding s. DOC 310.07(2), an inmate may file a complaint regarding sexual abuse or sexual harassment at any time. If a portion of the complaint alleges an issue that does not related to sexual abuse or sexual*

harassment, the time limits under s. DOC 310.07 apply. Notwithstanding s. DOC 310.07(1) or (8), an inmate is not required to attempt to resolve the issue with the staff member who is the subject of the complaint or to file a complaint regarding sexual abuse or sexual harassment with the staff member who is the subject of the complaint. The inmate may use an alternative method of filing, including submission of the complaint directly to the warden. Complaints filed under this section will be referred for a PREA investigation. Department policy shall address the requirements that investigations regarding allegations of sexual abuse or sexual harassment be completed within established time frames.”

The *MSDF PIOC Handbook* has information about the PIOC Complaint Review System on pages 17 and 18. The only information related to PREA notes a PIOC may not file more than one complaint per calendar week except for complaints regarding the PIOC health and personal safety or complaints made under PREA. This auditor strongly recommends that information related to how complaints related to PREA are addressed be added in the next revision of the handbook.

MSDF received one allegation of sexual abuse during the audit documentation period, but upon further review, it was determined the allegation did not meet the definition of sexual abuse.

(c) DOC Executive Directive 72 states on page 13, “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 [§115.52(c), §115.352(c)].”

The *MSDF PIOC Handbook* has information about the PIOC Complaint Review System on pages 17 and 18. The only information related to PREA notes a PIOC may not file more than one complaint per calendar week except for complaints regarding the PIOC health and personal safety or complaints made under PREA. This auditor strongly recommends that information related to how complaints related to PREA are addressed be added in the next revision of the handbook.

(d) DOC Executive Directive 72, states on page 13, “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. See Investigations (section XVII.) for guidelines. PIOC’s 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.”

The *MSDF PIOC Handbook* has information about the PIOC Complaint Review System on pages 17 and 18. The only information related to PREA notes a PIOC may not file more than one complaint per calendar week except for complaints regarding the PIOC health and personal safety or complaints made under PREA. This auditor strongly recommends that information related to how complaints related to PREA are addressed be added in the next revision of the handbook.

MSDF received one allegation of sexual abuse during the audit documentation period, but upon further review, it was determined the allegation did not meet the definition of sexual abuse.

(e) DOC Executive Directive 72 states on page 13, *“Third parties, including fellow PIOCs, staff, family members, attorneys, and outside advocates, shall be permitted to assist a PIOC in filing complaints related to allegations of sexual abuse or sexual harassment. A parent or legal guardian of a juvenile shall be permitted to file a grievance regarding allegations of sexual abuse on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on their behalf. Complaints filed shall be referred for sexual abuse and/or sexual harassment investigation [§115.52(e), §115.352(e)].”*

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

The *MSDF PIOC Handbook* has information about the PIOC Complaint Review System on pages 17 and 18. The only information related to PREA notes a PIOC may not file more than one complaint per calendar week except for complaints regarding the PIOC health and personal safety or complaints made under PREA. This auditor strongly recommends that information related to how complaints related to PREA are addressed be added in the next revision of the handbook.

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

(f) DOC Executive Directive 72 states on page 13, *“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 (section XIV. C.) [§115.52(f), §115.352(f)].”*

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

The *MSDF PIOC Handbook* has information about the PIOC Complaint Review System on pages 17 and 18. The only information related to PREA notes a PIOC may not file more than one complaint per calendar week except for complaints regarding the PIOC health and personal safety or complaints made under PREA. This auditor strongly recommends that information related to how complaints related to PREA are addressed be added in the next revision of the handbook.

No emergency grievances were filed during the audit review period.

(g) DOC Executive Directive 72 states on page 13, *“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 [§115.52(g), §115.352(g)].”*

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

	There is no information about filing complaint of sexual abuse or sexual harassment in the <i>MSDF PIOC Handbook</i>. This auditor strongly recommends this information be added in the next revision of the handbook. MSDF did not discipline any PIOC's for filing a grievance in bad faith during the audit review period. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for exhaustion of administrative remedies as it relates to PREA.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.53 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #410.50.04, <i>Support Services & Retaliation Monitoring</i> DOC Memorandum of Understanding with Family Support Center DAI <i>Sexual Abuse & Sexual Harassment Prevention & Intervention</i> handbook Form POC-41B, <i>Sexual Abuse in Confinement: A Resource for Offenders</i> DOC-2937 form, <i>Advocacy Request</i> Interview with PREA Compliance Manager Interview with confidential, community-based advocate Interviews with random PIOC's (a-c) DAI Policy #410.20.01 directs that upon arrival at an intake facility, each PIOC will receive a copy of the <i>DAI Sexual Abuse & Sexual Harassment Prevention & Intervention</i> handbook and a copy of form POC-41B. Form POC-41B provides additional support information for victims of sexual abuse, including the name, address, and telephone number for the local sexual assault service provider. The information is provided again at any subsequent facilities. The bottom of the form

includes information about the extent to which communications will be monitored – “Every effort will be made to ensure that your communication with the local sexual assault service provider remain confidential. Your PIN is not needed to make this call. These calls are not recorded or monitored. Written correspondence may be opened or inspected and may be read with the written approval of the Security Director. In person communication will be arranged in as private and confidential manner as possible.”

DOC Executive Directive 72 states on page 15, “...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 [§115.53, §115.353(a-c)].”

DOC has written and signed Memorandums of Understanding (MOU) with Aurora Healing & Advocacy Services that were executed on August 19, 2019. Through the agreements, Aurora Healing & Advocacy Services 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. Aurora Healing & Advocacy Services will provide emotional support services, to include crisis intervention, information, and referral. These services may be conducted by mail, in person, by telephone, or other approved telecommunications methods.

PREA postings within MSDF state, “Even if you choose not to report you can still receive support. This community has a sexual assault service provider. Sexual assault service providers are trained to provide confidential support after sexual abuse. They will listen and provide information and education. Their services are free and not connected to WI Department of Corrections.” The posting identifies Aurora Healing & Advocacy Services, providing an internal telephone number, and their mailing address. It notes that written correspondence may be opened or inspected and may be read with the written approval of the security director.

DAI Policy #410.50.04 states on page two, “For every alleged victim of sexual abuse, the VSC [Victim Services Coordinator] is tasked with the following responsibilities, which are described in greater detail below: victim accompaniment, facilitating

support services, and monitoring for retaliation.” Page four states, “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 VSC shall refer to internal supports (i.e. PSU, HSU, Chaplain, etc.) and/or facilitate contact with the 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 the 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.

During periodic retaliation monitoring status checks described below, the VSC shall ask the alleged victim about the individual’s perceived degree of wellness. Support services shall be modified, as needed. If the alleged victim declines support services initially, but requests support at a later date, the VSC shall make accommodations.”

After a reported experience of sexual abuse, PIOC’s are provided with an *Advocacy Request* form. The form outlines the assistance available from the community’s local sexual assault service provider, in addition to the on-site facility-related support. If requested by the incarcerated survivor, the facility’s victim services coordinator will share their name with Aurora Healing & Advocacy Services and indicate their interest in receiving support services. The form notes that PIOC’s are free to reach out on their own by calling #999 from any PIOC phone. The original is maintained by the facility’s victim services coordinator, with a copy provided to the incarcerated survivor.

Aurora Healing & Advocacy Services provides counseling for survivors, families, and friends; assistance with medical help; legal advocacy; safety planning; emergency shelter; outreach and awareness; operates a 24-hour crisis line; and accompaniment at forensic medical examinations. An advocate at Family Services advised this auditor they do not have much contact from incarcerated survivors at MSDF.

	Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of PIOC access to outside confidential support services as it relates to PREA.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.54 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC postings within the facility DAI Sexual Abuse & Sexual Harassment Prevention & Intervention handbook MSDF PIOC Handbook DOC website DOC Executive Directive 72 states on page 12, <i>"The DOC shall provide a method for third parties to report sexual abuse and sexual harassment on behalf of a PIOC. Information on how to report sexual abuse and sexual harassment on behalf on a PIOC shall be posted publicly [§115.54, §115.354]."</i> The DOC website states, <i>"To notify DOC on behalf of an PIOC or youth, a third party may report by email. Please provide as much detail as possible, including...Reports may be discussed with the victim named in the report. Information related to the report will only be shared with those who need to know to ensure the victim's safety and begin an administrative investigation."</i> The passage includes a link to send an email to docsecosopreainvestigations@wisconsin.gov. Page ten of the DAI Sexual Abuse & Sexual Harassment Prevention & Intervention handbook states, <i>"If you experience, witness, or suspect sexual abuse or sexual harassment you can report in ANY of these ways: Tell ANY staff person. Send a request to ANY staff person. Call the PREA Reporting Hotline. Tell a family member, friend, or outside support person; they may report on your behalf by telling any staff</i>

	person or submitting a report at www.doc.wi.gov (click on 'Prison Rape Elimination Act'). File a complaint. Contact local law enforcement." The DAI Sexual Abuse & Sexual Harassment Prevention & Intervention handbook is available to the public on the agency's website at PIOCPREAHandbook.pdf (wi.gov). The <i>MSDF PIOC Handbook</i> is available to the public on the facility's website at MSDFInmateHandbookEnglish.pdf (wi.gov). DOC has created a Third-Party poster (in English and Spanish) for the entrance and in visiting areas of the facility with the following information: <i>"Wisconsin Department of Corrections has ZERO TOLERANCE for sexual abuse and sexual harassment. To report on behalf of an PIOC: Tell ANY staff person. Go to www.doc.wi.gov. Click on Prison Rape Elimination Act. Contact local law enforcement."</i> Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of third-party reporting as it relates to PREA.
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.61 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #410.50.04, <i>Support Services & Retaliation Monitoring</i> DOC PREA training curriculum DOC First Responder cards Interview with facility head

Interview with PREA director
Interviews with random staff
Interviews with medical and mental health staff

(a) DOC Executive Directive 72 states on page 12, *"Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports [§115.51(c), §115.351(c)]; and immediately report [§115.61(a), §115.361(a)]:*

a. Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC;

b. Any incidents of retaliation against PLOCs or staff who reported such an incident; and/or

c. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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 [§115.51(d), §115.351(e)]."

DOC staff training directs that all employees *"...must accept reports made verbally, in writing, anonymously, and from third parties"* and *"...must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is a part of the DOC"*. They are required to *"...report any incidents of retaliation against offenders or employees who reported an incident, and report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."* The reports must be immediately provided to a supervisor who is not the subject of the allegation, unless reporting compromises the safety of the alleged victim, any witnesses, or the reporter. In those cases, the report shall be made to the PREA Office, local law enforcement, or submitted electronically via the DOC's website.

Interviews with random staff confirmed they are aware of their responsibility to immediately report, as required by agency policy, staff training, and the standard.

During the Corrective Action Period, additional training information was sent to all staff at the facility to reinforce their reporting responsibilities. On January 30, 2026,

this auditor received documentation sent by the Deputy Warden to all MSDF staff, stating, "What do you do if you have knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at MSDF? What if you have knowledge that another staff member was negligent in their duties and as such contributed to an incident of sexual abuse, sexual harassment, or retaliation? You **REPORT IT!** Staff are required to immediately report to a security supervisor any knowledge, suspicion, or information of an inmate sexual abuse, sexual harassment or incident of retaliation. What if an someone in our care reports to you that they have been sexually abused, harassed, or retaliated against? You **take their report.** All employees are required to accept reports made by those in our care - including reports that are verbal, in writing, anonymous, or through a third party such as a family or friend. We should not be directing people to make a PREA call. When receiving a report of sexual abuse, sexual harassment, or retaliation:

- Ask the reporter basic questions: who, what, where, when and what happened.
 - Immediately report the information to a Security Supervisor
 - Complete a DOC-2666D and complete an Incident Report in WICS.
 - If there is imminent harm – act to protect the alleged victim by separating them from the alleged abuser.
 - If sexual abuse occurred within a time period [typically within 120 hours) that still allows for the collection of physical evidence:
 - o REQUEST that the victim not take any action that could destroy physical evidence. including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
 - o ENSURE 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.
- Anytime you have information related to inmate sexual abuse, harassment, or retaliation that information should only be shared with supervisors, investigators or other designated officials. That information should not be discussed as informational or noted in log books. The information is confidential and shared on a need to know basis. [sic]"

(b) DOC Executive Directive 72 states on page 12, "Staff members shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators, and designated officials. Such information shall be limited to information necessary to make treatment, investigation and other security and management decisions [§115.61(b), §115.361(c)]."

DAI Policy #410.50.04 states on page three, *“When working with an alleged victim, the VSC shall maintain an appropriate degree of confidentiality at all times. Apart from discussing with designated supervisors, staff may not reveal any information related to a sexual abuse incident to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.”*

DOC staff training directs, *“Apart from reporting to designated supervisors, staff shall not reveal any knowledge, suspicion, or information related to sexual abuse other than to the extent necessary to make treatment, investigation, and other security and management decisions.”*

DOC has created a series of First Responder cards based on position – Community Corrections staff, Healthcare staff, Youth Counselor, Non-Security staff, and Security staff. The card has a notice of confidentiality as a reminder – *“Apart from reporting to designated supervisors, staff shall not reveal any knowledge, suspicion, or information related to sexual abuse other than to the extent necessary to make treatment, investigation, and other security and management decisions.”*

Interviews with random staff confirmed they are aware of their responsibility to keep information related to sexual abuse confidential, as required by agency policy, staff training and the standard.

(c) DOC Executive Directive 72 states on page 12, *“Medical and mental health practitioners shall be required to report sexual abuse and to inform PIOC’s of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services [§115.61(c), §115.361(d)].”*

DOC-mandated training for all staff directs, *“Professionals, including correctional officers, teachers, medical and mental health clinicians, are mandated reporters.”*

DOC medical and mental health staff are required to report information regarding sexual abuse and sexual harassment. Interviews with those staff indicated they are aware of their responsibility. DOC PIOC’s sign an informed consent form prior to receiving services that states medical and mental health staff will report if PIOC’s disclose that they have been sexually assaulted or harassed by other PIOC’s or staff.

(d) DOC Executive Directive 72 states on page 12, *“If the alleged victim is under the*

	<i>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 [§115.61(d), §115.361(b)].”</i> There were no reports of this nature during the audit review period. (e) DOC Executive Directive 72 states on page 15, <i>“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.”</i> Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of staff and agency reporting duties as it relates to PREA.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.62 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC First Responder cards Interview with facility PREA Compliance Manager Interviews with random staff (a) DOC Executive Directive 72 states on pages 13-14, <i>“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 [§115.62, §115.362].”</i>

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

(a-d) DOC Executive Directive 72 states on pages 12-13, *“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 [§115.63(a, b), §115.363(a, b)]. In the event the alleged victim is a juvenile, facility staff shall also notify the appropriate investigative agency [§115.363(a)]. All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated [§115.63(c, d), §115.363(c, d)].”*

DOC has developed a template to be sent from the facility head where the allegation was received to the facility head where the allegation was reported to have occurred. The template reflects the language in the standard, and includes the reporting PIOC's name, date of incident and incident details. The template is completed in the electronic database, which automatically notifies a list of recipients at the location where the allegation was reported to have occurred. If the report has not previously been responded to, the PCM notifies their warden, who notifies the warden at the facility where the report was alleged to have occurred.

The PAQ indicated that the facility received six reports that a PIOC was abused while confined at another facility during the audit documentation period. Four of the six were completed outside of the 72-hour requirement, requiring corrective action. This issue was identified by the auditor prior to the onsite review, and the facility was notified of the compliance issue on September 17, 2025.

On January 9, 2026, the facility provided this auditor with documentation of a prior confinement notification that was completed within the required period.

On February 20, 2026, the facility provided this auditor with documentation of a prior confinement notification that was completed within the required period.

On February 27, 2026, the facility provided this auditor with documentation of two prior confinement notifications that were not completed within the required period. Both notifications were made 11 days after the PIOC reported sexual abuse in a prior confinement facility to MSDF.

On March 20, 2026, the facility provided this auditor with documentation of two prior confinement notifications that were not completed within the required period. Both notifications were made more than one month after the PIOC's reported sexual abuse

in a prior confinement facility to MDSF.

After the late notifications in March, the facility sent additional information to all staff on how to properly complete the process, in the form of a written training brief. The training brief noted the following information: *“Any DOC employee shall initiate a PREA report when a resident reports any allegation of sexual abuse or harassment verbally, in writing, or if a concern is discovered through staff’s own observation. Staff member receiving the report shall document in two ways:*

- *Complete an Incident Report in WICS*
- *Complete a DOC-2666D (PREA Reporting Form)*

If a DOC-2666D is not submitted, MSDF’s PREA Compliance Managers (PCMs) are not notified of the allegation until the incident report is finalized. This can create a delay in response. Once a DOC-2666D is submitted, a report is automatically created in on our PREA tracking system (SINC) for review by the PCMs.

How to submit a DOC-2666D:

- *Search for ‘2666D’ within “Find a Form” on the MyDOC homepage.*
- *Complete the form by ensuring all fields with a red (*) asterisk are filled in.*
- *Click “submit” at the bottom of the form once all information is entered.*

Important Notes:

For incident/distribution location ALWAYS put the institution where the report was received (MSDF); NOT where the incident happened. This ensures it gets to MSDF’s PREA Compliance Manager first. They will send it to the appropriate institution, if needed.

If you receive a PREA report about an allegation that occurred at a different institution (other DOC facility, county jail, etc.), send an email to PCM Heather Paulsen in addition to completing DOC-2666D. MSDF has 72-hours to notify the incident location, and this ensures proper notification can be made promptly.”

During the documentation review conducted prior to the onsite portion of the audit, the auditor identified that the facility was not completing required notifications as

	outlined in the standard. During the corrective action period, the facility submitted documentation of six notifications. Of these, the four most recent were completed outside the required 72-hour timeframe. On April 20, 2026, the facility provided this auditor with documentation of a prior confinement notification that was completed within the required period. On April 29, 2026, the facility provided this auditor with documentation of a prior confinement notification that was completed within the required period. During the documentation review period, this auditor found that four of six prior confinement notifications were not completed within the required timeframe. During the corrective action period, two notifications were completed in a timely manner; however, this was followed by four additional noncompliant notifications. Although the facility implemented additional training and demonstrated two timely notifications in April, the overall lack of sustained compliance over time indicates the process has not been institutionalized. As such, compliance with this standard cannot be found at this time. Interviews with the facility head/PCM and investigative staff confirmed they are aware of these requirements. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is not fully compliant with this standard of reporting to other confinement facilities as it relates to PREA.
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115.64 Staff first responder duties	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.64 The auditor gathered, analyzed, and retained the following evidence related to this

standard:

MSDF Pre-Audit Questionnaire (PAQ) responses
DOC Executive Directive 72
DOC PREA Training Curriculum
DOC First Responder cards
Interviews with random staff

(a) DOC Executive Directive 72 states on page 14, *“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 [§115.64(a), §115.364(a)]:*

a. Separate the alleged victim and abuser;

b. Preserve and protect any crime scene until appropriate steps can be taken to collect any

evidence;

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

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

DOC Staff PREA training curriculum explains first responder actions may be different based on the employee’s position and may need to be adjusted based on the incident or reported information. The training states, *“For example, in an emergency situation you may have to separate the alleged victim and suspect or respond to acute medical needs, before notifying a supervisor or asking questions. Or, if the alleged incident happened long ago there may be no need to ask the victim to refrain from actions that could destroy or damage physical evidence.”*

To ensure staff are aware of their role as a first responder, DOC has created a series of First Responder cards based on position – Community Corrections staff, Healthcare staff, Youth Counselor, Non-Security staff, and Security staff.

The Security staff First Responder card reminds staff to ask basic questions; notify their supervisor immediately; separate the alleged victim and suspect; notify HSU/PSU; preserve and protect any crime scene; maintain custody of evidence; and

document the incident and response.

During the audit review period there were 17 allegations of sexual abuse reported; none were reported within time to collection physical evidence. Interviews with random security staff confirmed they understood their responsibilities.

(b) DOC Executive Directive 72 states on page 14, *"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 [§115.64(b), §115.364(b)]."*

The Non-Security First Responder card reminds staff to ask basic questions; notify their supervisor immediately; request that the alleged victim not take any actions that could destroy physical evidence; and document the incident and response.

During the audit review period there were 17 allegations of sexual abuse reported; none were reported within time to collection physical evidence. Interviews with random non-security staff indicated they understood their responsibilities.

During the Corrective Action Period, additional training was provided to all staff related to first responder responsibilities. The facility provided this auditor with copies of the training rosters from the first training held on December 3, 2025, documenting attendance by 17 staff.

More additional training information was sent to all staff at the facility to reinforce their reporting responsibilities and first responder duties. On January 30, 2026, this auditor received documentation sent by the Deputy Warden to all MSDF staff, stating, *"What do you do if you have knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at MSDF? What if you have knowledge that another staff member was negligent in their duties and as such contributed to an incident of sexual abuse, sexual harassment, or retaliation? You **REPORT IT!** Staff are required to immediately report to a security supervisor any knowledge, suspicion, or information of an inmate sexual abuse, sexual harassment or incident of retaliation. What if an someone in our care reports to you that they have been sexually abused, harassed, or retaliated against? You **take their report.** All employees are required to accept reports made by those in our care - including reports that are verbal, in writing, anonymous, or through a third party such as a family or friend. We should not be directing people to make a PREA call. When*

	<i>receiving a report of sexual abuse, sexual harassment, or retaliation:</i> • <i>Ask the reporter basic questions: who, what, where, when and what happened.</i> • <i>Immediately report the information to a Security Supervisor</i> • <i>Complete a DOC-2666D and complete an Incident Report in WICS.</i> • <i>If there is imminent harm – act to protect the alleged victim by separating them from the alleged abuser.</i> • <i>If sexual abuse occurred within a time period [typically within 120 hours) that still allows for the collection of physical evidence:</i> <i>REQUEST that the victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</i> <i>ENSURE 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.</i> <i>Anytime you have information related to inmate sexual abuse, harassment, or retaliation that information should only be shared with supervisors, investigators or other designated officials. That information should not be discussed as informational or noted in log books. The information is confidential and shared on a need to know basis. [sic]"</i> On February 20, 2026, this auditor was provided with a copy of an optional PREA Knowledge “pop quiz” sent to all staff to be returned to management by March 4, 2026. The quiz had questions related to first responder duties and opposite gender announcements. The answers to the quiz were sent to all staff on 03.05.2026. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with this standard of staff first responder duties as it relates to PREA.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	115.65 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 MSDF Coordinated Response Plan, March 2025 (a) DOC Executive Directive 72 states on page 13, <i>“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 [§115.65, §115.365].”</i> DOC provides a template for facilities to be used as a guide during the construction of a facility-specific coordinated response plan. MSDF last revised their facility-specific plan March 2025, and it outlines the actions taken by facility staff in response to an incident of sexual assault. The response includes when the initial disclosure is within 120 hours of a sexual assault incident, investigative actions, the forensic examination, after action and follow-up care, court referral/presentation and the after-action review. The plan includes a flow chart for the process from report through investigation and a list of critical contacts for notification purposes. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of coordinated response as it relates to PREA.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.66 The auditor gathered, analyzed, and retained the following evidence related to this standard:

	DOC Executive Directive 72 Interview with agency head/designee Interview with facility head (a) DOC Executive Directive 72 states on page five, <i>“Neither the DOC nor any other governmental entity responsible for collective bargaining on the DOC’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the DOC’s ability to remove alleged staff sexual abusers from contact with any PLOCs pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted [§115.66(a), §115.366(a)].”</i> Interviews with the agency head and facility head confirmed they do not engage in any form of collective bargaining. (b) Auditor is not required to audit this provision. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of protecting people in custody from contact with abusers as it relates to PREA.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.67 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #410.50.04, <i>Support Services & Retaliation Monitoring</i> DOC-2805 form, <i>Sexual Abuse Allegation Staff Retaliation Monitoring</i> DOC-2767 form, <i>Sexual Abuse & Sexual Harassment Incident VSC Response Checklist</i> Interview with PREA Compliance Manager Review of investigative files

(a) DOC Executive Directive 72 states on pages 17, *“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 [§115.67(a), §115.367(a)].”*

DAI Policy #410.50.04 states on page four, *“Following a report of sexual abuse, the VSC [Victim Services Coordinator] 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. In addition to monthly conversations with the reporter and victim, items to monitor include any inmate disciplinary reports, housing, or program changes. The VSC shall work with appropriate supervisors to promptly remedy retaliation concerns and document actions taken.”*

The facility PCM is tasked with monitoring staff members involved in the reporting or investigation of sexual abuse, using the DOC-2805 form. The facility Victim Services Coordinator is tasked with monitoring any PIOC’s involved in the reporting or investigation of sexual abuse, using the DOC-2767 form.

(b, e) DOC Executive Directive 72 states on page 17, *“For PIOC’s or staff members who express fear of retaliation, the facility shall take appropriate protective measures. [§115.67(b, e), §115.367(b, e)].”*

An interview with the facility PCM indicated there are multiple protective measures that can be taken for staff or PIOC’s who express fear of retaliation. For staff, it could include a change of job assignment, shift, or transfer to another facility. For PIOC’s, it could include a move to another unit, a change in programming or work assignment, or transfer to another facility.

(c-d) DOC Executive Directive 72 states on page 17, *“For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the staff member(s) who reported the sexual abuse to determine if retaliation occurred. Monitoring shall be documented and may include reviews, performance evaluations or work reassignments. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need [§115.67(c), §115.367(c)].”*

	The facility PCM (for staff members) and the facility Victim Services Coordinator (for PIOC's) monitor retaliation for at least 90 days or beyond when there is an ongoing need. Any status checks and follow-up action steps are documented. MSDF did not receive any allegations of retaliation during the audit documentation period, as documented on the PAQ. An interview with the facility warden and the VSC indicated they are knowledgeable of the requirements associated with retaliation monitoring. This auditor reviewed three PIOC-to-PIOC sexual abuse investigative files and one staff-to-PIOC sexual abuse investigative file to verify retaliation monitoring took place as required. (f) DOC Executive Directive 72 states on page 17, <i>"The DOC's obligation to monitor shall terminate if DOC determines that the allegation is unfounded [§115.67(f), §115.367(f)]."</i> Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of agency protection against retaliation as it relates to PREA.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.68 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses

	DOC Executive Directive 72 Interview with PREA Compliance Manager Interviews with targeted PIOC's Review of investigative files (a) DOC Executive Directive 72 states on page 14, <i>"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.) [§115.68, §115.368]."</i> The facility PREA Compliance Manager reported that MSDF did not use segregated housing to protect a PIOC who was alleged to have suffered sexual abuse during the audit period. There were 17 allegations of sexual abuse reported at MSDF during the audit documentation period. On the first day onsite, there were three PIOC's at MSDF who had reported sexual abuse during the audit period. Two of the three were interviewed by this auditor, and one refused to be interviewed. Neither of the PIOC's interviewed reported they were placed in restricted status housing after alleging to have suffered sexual abuse. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of post-allegation protective custody as it relates to PREA.
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.71 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC Sexual Abuse & Sexual Harassment Investigations training curriculum DOC Sexual Abuse & Sexual Harassment Investigations Resource Guide DAI Policy #306.00.15, Inmate Investigations

DOC Human Resources Policy #200.30.304, *Employee Disciplinary Investigations*
Interview with PREA Compliance Manager
Interviews with investigative staff
Review of administrative and criminal investigations

(a) DOC Executive Directive 72 states on page 15, *"The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigations [§115.22(a, d), §115.322(a, d), [§115.71(a), §115.371(a)]."*

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

The Internal Affairs Office (IAO) was expanded in July 2021 to enhance the agency's ability to provide fair, impartial, thorough, and timely investigations into allegations of misconduct. IAO investigates all new allegations of sexual harassment and sexual abuse where a staff member is the subject.

Per DOC Human Resources Policy #200.30.304, all PREA investigations are retained in the PREA Office.

A review of investigative files indicated there were four allegations of staff sexual abuse, 13 allegations of PIOC-to-PIOC sexual abuse, seven allegations of staff sexual harassment, and eight allegations of PIOC-to-PIOC sexual harassment reported during the audit documentation period. This auditor reviewed investigations for allegations of three PIOC-to-PIOC sexual abuse, one staff-to-PIOC sexual abuse, three PIOC-to-PIOC sexual harassment, and three staff-to-PIOC sexual harassment to ensure investigations took place as required.

(b) DOC Executive Directive 72 states on page eight, *"Employees who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Garrity/Oddsden warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion [§115.34, §115.334, §115.71(b), §115.371(b), §115.371(b)]."*

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

DOC Human Resources Policy #200.30.304 states on page four, *"In investigations regarding conduct which could constitute a criminal offense, pursuant to the United States Supreme Court's decision in Garrity v. New Jersey, 385 U.S. 493 (1967), a public employee's refusal to answer cannot be used as grounds for discharge where he/she is required to answer the questions unless he/she has been warned that the statements cannot be used against the employee in criminal proceedings. Therefore, the investigators must give a Garrity Warning to the subject of the investigation. Investigators will utilize the Employee Investigation Reports —Investigations Involving Criminal Matters (DOA 15807 — G) form to document which of the following two options were read to the employee prior to starting an investigatory interview."*

The "following two options" noted in the policy are to either require answers from the employee and withhold any statements from a criminal proceeding, or to allow the employee the option of remaining silent or answers questions without withholding any statements from a criminal proceeding.

DOC has a total of 688 trained investigators, including 24 MSDF facility investigators. The PREA Director's office maintains a spreadsheet noting all trained investigators employed by the agency. This auditor reviewed training dates for all 24 facility staff to ensure the required training was received.

(c) DOC Executive Directive 72 states on page 16, *"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 [§115.71(c), §115.371(c)]."*

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

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

(e) DOC Executive Directive 72 states on page 16, *"The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as 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 [§115.71(e), §115.371(f)]."*

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

(f-g) DOC Executive Directive 72 states on page 16, *"Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse [§115.71(f), §115.371(g)]... Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings [§115.71(f, i), §115.371(g, j)]."*

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

(h) DOC Executive Directive 72 states on page 16, *"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 [§115.22(b, c), §115.322(b, c), §115.71(h), §115.371(i)]."*

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

	During the audit documentation period, MSDF did not have any allegations for prosecution. (i) DOC Executive Directive 72 states on page 16, <i>“Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years.”</i> (j) DOC Executive Directive 72 states on page 16, <i>“The departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation [§115.71(j), §115.371(d, k)].”</i> (k) Auditor is not required to audit this provision. (l) DOC Executive Directive 72 states on page 16, <i>“When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigation [§115.71(l), §115.371(m)].”</i> Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of criminal and administrative agency investigations as it relates to PREA.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.72 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72

	DOC Human Resources Policy #200.30.304, <i>Employee Disciplinary Investigations</i> DAI Policy #306.00.15, <i>Inmate Investigations</i> Interview with the facility head Interview with investigative staff Review of administrative investigations (a) DOC Executive Directive 72 states on page 16, <i>"The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated [§115.72, §115.372]."</i> DOC Human Resources Policy #200.30.304 defines preponderance of evidence on page two as more likely than not. It is the evidentiary standard when determining if an allegation of sexual abuse or sexual harassment is substantiated. DAI Policy #306.00.15 defines preponderance of evidence on page two as more likely than not; a burden of proof, which requires more than 50% of the evidence supports a specific outcome. Interviews with the facility head and investigative staff indicated they are aware of this standard in determining if allegations of sexual abuse or sexual harassment are substantiated, unsubstantiated, or unfounded. This auditor's review of ten administrative investigations indicated determinations are appropriately made. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of evidentiary standard for administrative investigations as it relates to PREA.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.73

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

MSDF Pre-Audit Questionnaire (PAQ) responses

DOC Executive Directive 72

DOC forms 2768, 2768A, 2768B and 2768C – Investigative Finding

DAI Sexual Abuse & Sexual Harassment Prevention & Intervention handbook

Review of administrative and criminal investigations

Notifications to PIOC

Interview with PREA Compliance Manager

Interview with investigative staff

(a-b) DOC Executive Directive 72 states on pages 16-17, *“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 *DAI Sexual Abuse & Sexual Harassment Prevention & Intervention handbook* states on page 13, *“Following an investigation, a report will be determined substantiated, unsubstantiated, or unfounded. You will be notified in writing of the outcome.”*

DOC and MSDF utilize a series of form letters to make notifications to PIOC. The information on the form includes the victim’s name and identification number, identification numbers assigned to the case, the date the case was closed, and the outcome of each allegation. Interviews with the agency PREA Director, facility PCM, and investigative staff indicated they obtain the appropriate information from investigative agencies to inform PIOC. This auditor reviewed notification letters for ten investigations; one notification could not be made, as the PIOC released from custody prior to the conclusion of the investigation.

(c, e) DOC Executive Directive 72 states on page 17, *“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 [§115.73(c, e), §115.373(c, e)].”*

	The DOC 2768 forms include checkboxes to indicate if the alleged staff member is no longer posted in the PIOC's assigned living unit; is no longer employed at the facility; has been indicted on a charge related to sexual abuse committed within the facility; has been convicted on a charge related to sexual abuse within the facility; and not applicable. (d) DOC Executive Directive 72 states on page 17, <i>"Following an allegation of PIOC-on-PIOC sexual abuse, the DOC shall inform the alleged victim, and document such notification, whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse [§115.73(d, e), §115.373(d, e)]."</i> The DOC 2768 forms include checkboxes to indicate if the alleged PIOC suspect has been indicted or convicted on a charge related to sexual abuse committed within the facility. There were not any notifications of this nature required during the audit documentation period. (f) Auditor is not required to audit this provision. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of reporting to PIOC's as it relates to PREA.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.76 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses

DOC Executive Directive 2, *Employee Discipline*
DOC Executive Directive 72
Review of criminal and administrative investigations

(a) DOC Executive Directive 72 states on page 17, *"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 [115.76(a), §115.376(a)]."*

MSDF had no substantiated cases of staff/PIOC sexual abuse during the audit documentation period.

(b, d) DOC Executive Directive 72 states on page 18, *"Termination is the presumptive sanction for an employee who engaged in sexual abuse. All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies [§115.76(b, d), §115.376 (b, d)]."*

MSDF had no substantiated cases of staff/PIOC sexual abuse during the audit documentation period.

(c) DOC Executive Directive 72 states on pages 17-18, *"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 [§115.76(c), §115.376(c)]."*

DOC Executive Directive 2 states on page five, *"If it is determined a work rule violation has occurred, the appointing authority will consider all of the following factors in determining the appropriate level of Discipline: aggravating or mitigating circumstances surrounding the violation; progression schedule; just cause for Discipline; and, department policies and procedures."*

Conclusion:

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

	sanctions for staff as it relates to PREA.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.77 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 Interview with the facility head/PREA Compliance Manager Interview with Agency PREA Director Interviews with contractors and volunteers (a) DOC Executive Directive 72 states on page 18, <i>“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.”</i> The PAQ indicated that MSDF did not have any contractors or volunteers who engaged in the sexual abuse of a PIOC during the audit documentation period. (b) DOC Executive Directive 72 states on page 18, <i>“Appropriate remedial measures shall be taken by the facility to ensure the safety of PIOC’s in contact with volunteers and contractors [§115.77, §115.377)].”</i> The PAQ indicated during interview that MSDF did not have any instances of remedial measures with contractors or volunteers during the audit documentation period. Interviews with the facility head, agency PREA Director, and facility PCM indicated that any contractor suspected of engaging in any prohibited activity is immediately removed from the facility and prohibited from contact with PIOC’s. Interviews with contractors and volunteers indicated they are aware of the agency’s zero-tolerance policy and action the agency will take if they engage in prohibited conduct.

	Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of corrective action for contractors and volunteers as it relates to PREA.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.78 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 Agency Administrative Code Chapter 303, <i>Discipline</i> Interviews with medical and mental health staff Interview with PIOC disciplinary officer (a) DOC Executive Directive 72 states on page 18, <i>"PIOCs who have committed PIOC-on-PIOC sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process [§115.78(a), §115.378(a)]."</i> The PAQ indicated that MSDF had 11 substantiated occurrences of PIOC-on-PIOC sexual abuse during the audit documentation period. (b) DOC Executive Directive 72 states on page 18, <i>"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 [§115.78(b), §115.378(b)]."</i> (c) DOC Executive Directive 72 states on page 18, <i>"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</i>

be imposed [§115.78(c), §115.378(c)].”

If there are concerns about the PIOC’s mental health, the PIOC disciplinary officer may request psychological input as appropriate regarding the mental health status of seriously mentally ill PIOCs at the time of the behavior. At MSDF, the PIOC disciplinary officer for major infractions is a captain.

(d) DOC Executive Directive 72 states on page 18, *“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 [§115.78(d)].”*

(e) DOC Executive Directive 72 states on page 18, *“A PIOC may only be Disciplined for sexual contact with a staff member upon a finding that the staff member did not consent to such contact [§115.78(e), §115.378(e)].”*

The PAQ indicated that no instances of sexual contact with a staff member of this nature occurred during the audit documentation period. MSDF PIOCs who are victims of staff sexual misconduct are not disciplined.

(f) DOC Executive Directive 72 states on page 18, *“Reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence to substantiate the allegation [§115.78(f), §115.378(f)].”*

MSDF did not discipline any PIOCs for a report of sexual abuse made in good faith during the audit period. Interviews with the agency PREA Director and facility PCM confirmed allegations are determined to be in bad faith only when there is conclusive evidence that the allegation did not occur, such as through video surveillance records.

(g) DOC Executive Directive 72 states on page 18, *“While consensual sexual activity between PIOCs 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 [§115.78(g), §115.378(g)].”*

Agency Administrative Code 303.14 states, *“An inmate who does any of the following is guilty of sexual conduct:*

- a) Requests, hires, or tells another person to have sexual intercourse, sexual contact, or engage in sexual conduct.*
- b) Exposes the inmate’s own intimate parts to another person for the purpose of sexual arousal or gratification.*
- c) Has contact with or performs acts with an animal that would be sexual intercourse or sexual contact if with another person.*
- d) Clutches, fondles, or touches the inmate’s own intimate body parts, whether clothed or unclothed, while observable by another.*
- e) Simulates a sexual act while observable by another.*
- f) Kissing, hand holding, hugging, stroking, or other physical displays of affection except for that allowed under department policy.*
- g) Engages in sexual harassment including repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature.”*

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

- a) Has sexual intercourse.*
- b) Has sexual contact.*
- c) Commits an act of sexual gratification with another person.”*

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

Conclusion:

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

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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.81 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #410.30.01, <i>Screening for Risk of Sexual Abusiveness & Sexual Victimization</i> DAI Policy #500.70.01, <i>Mental Health Screening, Assessment & Referral</i> DOC-1923 form, <i>Limits of Confidentiality of Health Information</i> Interviews with staff responsible for risk screening Interviews with medical and mental health staff Interviews with PIOC who disclosed sexual victimization at risk screening Review of PIOC files (a-c) DOC Executive Directive 72 states on pages nine-ten, <i>"If the intake screening, transfer screening or rescreening indicates a PIOC has previously experienced prior sexual victimization, whether it occurred in an institutional or community setting, staff shall ensure the PIOC is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. If the screening indicates a PIOC has previously perpetrated sexual abuse, whether in an institutional or community setting, staff shall ensure the PIOC is offered a follow-up meeting with a mental health practitioner within 14 days of the screening [§115.81(a, b), §115.381(a, b)]."</i> DAI Policy #410.30.01 states on page five, <i>"If the screening indicates an inmate has experienced prior sexual victimization and/or previously perpetrated sexual abuse, whether it occurred in a confinement setting or in the community, the inmate shall be offered a follow-up meeting with a medical or mental health practitioner. If accepted, the screener shall make a prompt referral to PSU or HSU. A follow-up meeting shall be held within 14 days of the intake screening."</i> If the screening indicates the PIOC has experienced prior sexual victimization or perpetrated sexual abuse, the PIOC is asked if they would like a follow up meeting.

Their answer is documented on the screening form. If they indicate they do wish to have a follow up meeting, and electronic medical record note is automatically sent to PSU staff. There were 26 PIOC's who indicated they previously experienced sexual victimization; three of them indicated they wanted a follow up meeting with mental health. This auditor was unable to interview any of the three PIOC's for this targeted category as one refused, one transferred, and the third was interviewed for another targeted category. No PIOC's indicated they perpetrated sexual abuse and wanted a follow up meeting. This auditor reviewed screening records to ensure referrals took place for the three PIOC's who requested follow up meetings.

(d) DOC Executive Directive 72 states on page ten, *"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 [§115.41(i), §115.341(e)]. Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health practitioners and other staff members, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments or as otherwise required by law [§115.81(d), §115.381(c)]."*

Interviews with staff indicated they are aware of and adhere to the requirements around confidentiality.

(e) DOC Executive Directive 72 states on page ten, *"Medical and mental health practitioners shall obtain informed consent from PIOC's before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the PIOC is under the age of 18 [§115.81(e), §115.381(d)]."*

DAI Policy #410.30.01 states on page five, *"Medical and mental health practitioners shall obtain informed consent from inmates and document such consent on a DOC-1163A before reporting information about prior sexual victimization that did not occur in a confinement setting, unless the inmate is under the age of 18."*

DOC medical and mental health staff utilize form DOC-1923 to obtain informed consent from PIOC's. The form states, *"Health care providers must report otherwise confidential information to the appropriate DOC authorities if it raises concern about a threat to you, a DAI or DJC correctional facility, community corrections operations, and/or public safety. This may include...reports of confinement-based sexual abuse, sexual harassment, or retaliation related to reporting either."*

	Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of medical and mental care as it relates to PREA.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.82 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DAI Policy #500.30.19, <i>Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse</i> DAI Policy #316.00.01, <i>PIOC Co-Payment for Health Services</i> Interviews with medical and mental health staff (a-c) DOC Executive Directive 72 states on page 14, <i>"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 [§115.82(a), §115.382(a)]. 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) [§115.82(b), §115.352(b)]."</i> Page 15 states, <i>"The DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis."</i> DAI Policy #500.30.19 states on page four, <i>"The medical plan of care shall include...timely and unimpeded access to emergency medical treatment without cost to the inmate patient [and] transfer to offsite for a SANE assessment when determine</i>

	<i>evidentiarily or medically appropriate by health care staff in consultation with the SANE."</i> The PAQ indicated no PIOC's at MSDF received a forensic medical exam during the audit period. Interviews with medical staff confirmed that incarcerated survivors are offered sexually transmitted infection prophylaxis medication and treatment during the forensic medical exam and upon their return to the facility. Medical and mental health referrals are documented in the investigation reports for each incident. (d) DOC Executive Directive 72 states on page 14, <i>"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 [§115.82(d), §115.382(d), §115.83(c, g), §115.383(c, g)]."</i> An attachment DAI Policy #316.00.01 shows that crisis intervention, evaluation, and treatment related to sexual abuse in confinement are provided without co-payment by the PIOC patient. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of access to emergency medical and mental health services as it relates to PREA.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.83 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72

DAI Policy 500.70.01, *Mental Health Screening, Assessment & Referral*

Review of PIOC files

Interviews with medical and mental health staff

Interviews of PIOC who disclosed sexual victimization at risk screening

(a-c, f) DOC Executive Directive 72 states on page 15, *"The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all PIOC who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody [§115.83(a, b), §115.383(a, b)]. Victims of sexual abuse shall be offered tests for sexually transmitted infections."*

Files for each PIOC selected for a targeted or random interview were reviewed.

Referrals to mental health were completed as required when an PIOC indicated they wished to speak with someone. There were 26 PIOC who indicated they previously experienced sexual victimization; three of them indicated they wanted a follow up meeting with mental health. This auditor was unable to interview any of the three PIOC for this target category as one refused, one transferred, and the third was interviewed for another targeted category.

Interviews with medical and mental health services staff members indicated ongoing treatment is provided to victims of sexual abuse, as well as to known PIOC-on-PIOC abusers.

Interviews with medical staff indicated initial testing for sexually transmitted infections would occur at the hospital during the forensic medical examination, but any follow up testing would occur at the facility. Incarcerated survivors who declined to receive a forensic medical examination would have any testing conducted at the facility, upon their request.

(d-e) DOC Executive Directive 72 states on page 15, *"Victims of sexually abusive vaginal penetration shall be offered pregnancy tests, in addition to timely and comprehensive information about and timely access to lawful pregnancy related medical services [§115.83(d-f), §115.383(d-f)]."*

MSDF did not have any female PIOC or transgender PIOC who required pregnancy-related services at the time of the onsite review or since their last audit.

	(g) DOC Executive Directive 72 states on page 15, <i>“Victims of sexual abuse shall be offered tests for sexually transmitted infections.”</i> Page 14 states, <i>“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 [§115.82(d), §115.382(d), §115.83(c, g), §115.383(c, g)].”</i> The PAQ indicated no PIOC at MSDF received a forensic medical exam during the audit period. Interviews with medical staff indicated the usual PIOC co-pay for medical exams is waived for these circumstances. (h) DOC Executive Directive 72 states on page 15, <i>“Further, facilities shall attempt to conduct a mental health evaluation of all known PIOC on- PIOC abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners [§115.83(h), §115.383(h)].”</i> DAI Policy 500.70.01 states on page four, <i>“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.”</i> PSU staff are generally informed of PIOC-on-PIOC abusers through risk screenings or after a current investigation has substantiated sexual abuse. DOC staff are required to refer the PIOC to PSU within two business days. Treatment is offered when deemed appropriate. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of ongoing medical and mental health care for sexual abuse victims and abusers as it relates to PREA.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.86

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

MSDF Pre-Audit Questionnaire (PAQ) responses

DOC Executive Directive 72

DAI Policy #410.50.01, *Sexual Abuse Incident Review*

DOC-2863 form, *Sexual Abuse Incident Review (SAIR) Form – PREA*

Two SAIRs completed at MSDF during the audit documentation period

Interview with the facility head/PREA Compliance Manager

Interview with an incident review team member

(a-c) DOC Executive Directive 72 states on page 18, *“All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The team shall consist of upper-level management officials with input from supervisors, investigators, and medical and mental health practitioners [§115.86(a-c), §115.386(a-c)].”*

DAI Policy #410.50.01 states the facility head and facility PCM will determine the composition of the committee, based on the nature of the incident, but at a minimum the team will include the deputy facility head/superintendent, security direction, PCM, PSU Supervisor/designee, HSU Supervisor/designee, Victim Services Coordinator, and investigator.

As reported on the PAQ, there were nine sexual abuse incident reviews completed by MSDF during the audit documentation period. This auditor reviewed two incident reviews in connection with investigative files. Both were conducted within 30 days of investigational outcome.

(d) DOC Executive Directive 72 states on pages 18-19, *“The review team shall [§115.86(d), §115.386(d)]:*

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;

2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

4. Assess the adequacy of staffing levels in that area during different shifts;

5. *Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff members; and*
6. *Prepare a report of its findings, including but not necessarily limited to determinations made in the above items, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.”*

Notes about these considerations are made on form *DOC-2863*.

The information noted for this provision was gathered prior to December 2, 2025. On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum to all DOJ-certified PREA auditors noting the Department of Justice was currently updating the PREA Standards to align with the requirements of E.O. 14168. Until those updates are finalized, and further guidance is provided, all PREA auditors were instructed to immediately pause from making compliance determinations related to the provision element that requires auditors to assess whether an incident or allegation was motivated by an inmate’s actual or perceived LGBTI status or gender identity.

Although auditors have been directed to pause compliance determinations related to whether an incident was motivated by an inmate’s actual or perceived LGBTI status or gender identity, it remains critically important for the facility to continue evaluating these factors internally. These characteristics can significantly influence an inmate’s vulnerability, shape the dynamics between involved individuals, and affect the facility’s ability to prevent, detect, and respond to sexual abuse. Considering these elements supports sound operational decision-making, reinforces trauma-informed practices, and ensures that risk assessments remain accurate and meaningful. Continuing to incorporate these considerations—despite their temporary non-auditable status—helps protect vulnerable populations, strengthens overall PREA compliance, and maintains alignment with the intent of the standards.

(e) DOC Executive Directive 72 states on page 19, *“The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so [§115.86(e), §115.386(e)].”*

Recommendations for improvement or reasons improvement cannot be made are noted on the reverse of form *DOC-2863*. The PCM modifies *DOC-2863* with applicable updates, as improvements are discussed or implemented.

	As reported on the PAQ, there were nine sexual abuse incident reviews completed by MSDF during the audit documentation period. This auditor reviewed two incident reviews in connection with investigative files. Neither incident reviews included recommendations from the review team to address identified concerns. Interviews with the facility head, facility PCM and other potential members of the incident review team indicated they were aware of the required considerations. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with and exceeds this standard of sexual abuse incident reviews as it relates to PREA.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.87 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC website DOC PREA Annual Reports (a-f) DOC Executive Directive 72 states on page 19, <i>“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 [§115.87,</i>

	<i>§115.387, §115.89(b, c), §115.389(b, c)].”</i> The annual reports for 2010 through 2024 are available on the agency website at DOC Prison Rape Elimination Act (wi.gov). The website also provides the public with access to the BJS Summary forms for years 2012-2023. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data collection as it relates to PREA.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.88 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC website DOC PREA Annual Reports (a-d) DOC Executive Directive 72 states on page 19, <i>“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 [§115.88, §115.388)].”</i>

	DOC collects and reviews data to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training to identify problem areas, take corrective action on an ongoing basis, compare the current year's data/corrective action with data/corrective action from previous years, and assess the agency's progress in addressing sexual abuse within its facilities. The report is prepared by the agency PREA Director and signed by the DOC Secretary. The annual reports for 2010 through 2024 are available on the agency website at DOC Prison Rape Elimination Act (wa.gov). Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data review for corrective action as it relates to PREA.
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115.89 Data storage, publication, and destruction	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.89 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC Executive Directive 72 DOC website DOC PREA Annual Reports Interview with Agency PREA Director Interview with PREA Compliance Manager (a, d) DOC Executive Directive 72 states on page 19, <i>"All data shall be securely retained and maintained for at least 10 years after the date of initial collection [§115.89(a, d), §115.389(a, d)]."</i> The agency and facility utilize an electronic database to collect and secure data, and includes all available incident-based documents,

	including reports, investigation files, and sexual abuse incident reviews. (b-c) DOC Executive Directive 72 states on page 19, <i>“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 [§115.87, §115.387, §115.89(b, c), §115.389(b, c)].”</i> Data from the agency’s public and privately-operated facilities is maintained in an electronic database. The annual reports for 2010 through 2024 are available on the agency website at DOC Prison Rape Elimination Act (wi.gov). The reports on the website do not contain any personal identifiers. The website also provides the public with access to the BJS Summary forms for years 2012-2023. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data storage, publication, and destruction as it relates to PREA.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC website Interview with Agency PREA Director

	(a) DOC operates oversees 36 adult prisons. The agency began receiving audits in the first year of the first cycle. All audits were completed by DOJ-certified auditors, and all final audit reports have been posted on DOC's website, available to the public at DOC Prison Rape Elimination Act (wi.gov). During the prior three-year audit period, Cycle Three, the agency was unable to ensure that each facility under their control was audited at least once. Due to the COVID-19 pandemic, no facilities were audited in Cycle Three, Year Two. (b) This is the first year of Cycle Five (h, l, m, n) While onsite at MSDF, this auditor was provided with access to, and the ability to observe, all areas of the facility. The auditor was permitted to conduct private interviews with staff and PIOC. PIOC were permitted to send confidential correspondence to the auditor, prior to the onsite review. There were no barriers to conducting the audit. Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 The auditor gathered, analyzed, and retained the following evidence related to this standard: MSDF Pre-Audit Questionnaire (PAQ) responses DOC website Interview with Agency PREA Director

(f) DOC operates oversees 36 adult prisons. The agency began receiving audits in the first year of the first cycle. All audits were completed by DOJ-certified auditors, and all final audit reports have been posted on DOC's website, available to the public at [DOC Prison Rape Elimination Act \(wi.gov\)](#).

Conclusion:

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

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

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

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

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

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

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

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

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	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)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	no
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	no
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

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

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

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

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

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

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

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

	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?	
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

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

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

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

	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.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	yes

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	

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

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401	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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	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.)	
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