

PREA Facility Audit Report: Final

Name of Facility: Oregon Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/21/2025

Date Final Report Submitted: 02/09/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Michelle Duncan	Date of Signature: 02/09/2026

AUDITOR INFORMATION	
Auditor name:	Duncan, Michelle
Email:	miduncan@doc1.wa.gov
Start Date of On-Site Audit:	09/08/2025
End Date of On-Site Audit:	09/08/2025

FACILITY INFORMATION	
Facility name:	Oregon Correctional Center
Facility physical address:	5140 County Highway M, Oregon, Wisconsin - 53575
Facility mailing address:	

Primary Contact

Name:	Jonathan Bussie
Email Address:	jonathan.bussie@wisconsin.gov
Telephone Number:	608-444-6966

Warden/Jail Administrator/Sheriff/Director	
Name:	Clinton Bryant
Email Address:	Clinton.Bryant@wisconsin.gov
Telephone Number:	608-240-5378

Facility PREA Compliance Manager	
Name:	Jonathan Bussie
Email Address:	jonathan.bussie@wisconsin.gov
Telephone Number:	608 835-1294
Name:	James Wirth
Email Address:	james.wirth@wi.gov
Telephone Number:	608 835-3233

Facility Health Service Administrator On-site	
Name:	Kera Haase
Email Address:	kera.haase@wi.gov
Telephone Number:	16082287653

Facility Characteristics	
Designed facility capacity:	134
Current population of facility:	134
Average daily population for the past 12 months:	134

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18-84
Facility security levels/inmate custody levels:	Minimum- Minimum Community
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	23
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	15
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	2

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:

1	<ul style="list-style-type: none"> 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
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Number of standards met:

44

Number of standards not met:

0

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:	2025-09-08
2. End date of the onsite portion of the audit:	2025-09-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Dane County Rape Crisis Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	134
15. Average daily population for the past 12 months:	134
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	135
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:	11
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:	0
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:	11
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:	0
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:	2

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>7</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>23</p>
<p>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:</p>	<p>5</p>

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>18</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility provided a list of all the current PIOC's housed at the facility, which was 131. The list provided by the facility did not include the PIOC's race, age, or ethnicity. The auditor divided that number by 20 giving me 6.55 and randomly selected every seventh name until they reached 20. Age and race was later reviewed onsite to ensure a diverse selection.</p>

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> 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 information
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	13
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
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:	8
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:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported that there were no PIOC's with characteristics required for this targeted category. The auditor did not identify any PIOC's who may qualify for this targeted category while reviewing the facility documentation prior or the onsite review. The audito team did not observe any PIOC's who may qualify for this targeted category while onsite at the facility.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported that there were no PIOC's with characteristics required for this targeted category. The auditor did not identify any PIOC's who may qualify for this targeted category while reviewing the facility documentation prior or the onsite review. The audito team did not observe any PIOC's who may qualify for this targeted category while onsite at the facility.</p>

<p>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:</p>	<p>7</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported that there were no PIOC's with characteristics required for this targeted category. The auditor did not identify any PIOC's who may qualify for this targeted category while reviewing the facility documentation prior or the onsite review. The audito team did not observe any PIOC's who may qualify for this targeted category while onsite at the facility.</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported that there were no PIOC's with characteristics required for this targeted category. The auditor did not identify any PIOC's who may qualify for this targeted category while reviewing the facility documentation prior or the onsite review.</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>OCC does not have segregated housing.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No additional information.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>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):</p>	<p>Staff were interviewed using the DOJ protocols and all interviews were conducted one at a time, in a private and confidential manner. Due to the small size of OCC many staff filled different roles within the facility.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>19</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>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).</p>	<p>No text provided.</p>
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Documentation Sampling

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

<p>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?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

Sexual Harassment Investigation Outcomes

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

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	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

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:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no reports of sexual abuse made during this audit documentation timeframe.

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no reports of sexual harassment made during this audit documentation timeframe.</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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:

2

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:

Washington Department of Corrections

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

Yes

No

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA dated 08/002/2022 ◦ Agency Organization Chart ◦ Agency PREA Director Position Description ◦ Agency PREA Compliance Manager Listing ◦ Facility Organization Chart ◦ Institution Organization Chart 2. Interviews Conducted <ul style="list-style-type: none"> ◦ Formal interview with PREA Director/Coordinator ◦ Formal interview with PREA Compliance Manager 3. Site Review Observations

Reasoning and analysis (by provision)

115.11 (a)

1. The Pre-Audit Questionnaire states:
 - The facility marked “yes” indicating that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates; that the policy outlines how it will implement the agencies approach to preventing detecting, and responding to sexual abuse and sexual harassment; including definitions of prohibited behaviors; and sanctions for those found to have participate in prohibited behaviors.
2. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement revealed:
 - "The Wisconsin Department of Corrections (DOC) has zero tolerance for sexual abuse, sexual harassment, and report-related retaliation in its facilities, including those with which it contracts for the confinement of persons in our care (PIOCs)."
 - Agency policy includes definitions of Sexual Abuse and Sexual Harassment. Policy definitions are consistent with Department of Justice PREA Standard definitions.
 - Agency policy outlines how the agency will implement their approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Required by agency policy are:
 - Providing a coordinated victim-centered response to reports of sexual abuse and sexual harassment, including providing medical and mental health services to victims while investigating all allegations,
 - Providing multiple avenues for reporting allegations of sexual abuse and sexual harassment and recognizing the right of staff members and PIOCs to be free from retaliation for reporting or participating in the investigation of sexual abuse and sexual harassment,
 - Investigating all allegations, d. training all employees, contractors, and volunteers to recognize, respond to, and report sexual abuse and sexual harassment, e. providing PIOCs with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment, and report-related retaliation, and
 - Employing a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identifying core causal factors, and taking corrective action so as to align with a zero-tolerance environment.
 - Agency policy identifies that staff who are found to have violated the agency's sexual abuse and sexual harassment, and retaliation policies are subject to disciplinary sanctions up to and including termination and that termination is the presumptive sanction for a staff member

who engaged in sexual abuse. According to policy, inmates who have committed sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.

- Agency policy identifies strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates by:
 - Training staff to recognize signs of threatened and real sexual abuse and sexual harassment and to act as first responders.
 - Providing multiple avenues for reporting instances of sexual abuse and sexual harassment,
 - Training staff to respond to incidents of sexual abuse including offering medical and mental health care,
 - Investigating all allegations of sexual abuse and sexual harassment,
 - Maintaining hiring practices that prevent anyone who has prior adjudications for sexual abuse in a confinement setting from being hired or promoted,
 - Performing criminal background checks on all potential new hires and on existing employees,
 - Employing a PREA Coordinator at the agency level and PREA Compliance Managers at all facilities,
 - Considering sexual safety when acquiring new buildings or substantially modifying existing buildings
 - Requiring all agencies, its contracts with for the confinement of inmates to comply with the PREA Standards,
 - Using video technology and electronic surveillance systems to enhance the safety of inmates and staff,
 - Employing adequate staffing levels in the facilities,
 - Assessing the risk of victimization and abusiveness of each inmate upon admission to the facility and using that information to make housing, programming and work assignments with the goal of keeping potential abusers and potential victims separate from each other, and
 - Considering placements of lesbian, gay, transgender or intersex (LGBTI) PIOC's on a case-by-case basis and giving serious consideration of the PIOC's own views with respect to their safety.

3. Site visit revealed:

- The auditor noted during the site review that the facility has multiple posters posted through the facility indicating the agency's zero tolerance policy and reporting strategies.

115.11 (b)

1. The Pre-Audit Questionnaire revealed:

- The facility marked "yes" indicating that the agency employs an agency-wide, upper-level agency-wide PREA Coordinator.

- The facility marked “yes” indicating that the PREA Coordinator has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “The position of PREA Director shall have sufficient time and authority to develop, implement and oversee DOC's efforts to comply with PREA standards in all of its facilities.”
 3. Review of the PREA Director position description revealed:
 - The agency employees one PREA Coordinator with the title of PREA Director.
 - The PREA Director is responsible for the direction of the Prison Rape Elimination Act provision in the Department and encompasses the entire Wisconsin Department of Corrections.
 - 100% of the PREA Directors’ time is spent on the implementation, planning, coordination, maintenance, and review of all PREA allegations and investigations.
 4. Formal interview with the PREA Director revealed:
 - The PREA Director answered in the affirmative when asked if she has enough time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.
 - The PREA Director reported that she has 38 PREA Compliance Managers, 36 adult facilities and two youth facilities. She also indicated that she has five regional positions, each covers four institutions and one with five.
 - The PREA Director further reported that she uses several strategies to coordinate facilities efforts to comply with the PREA standards by maintaining open lines of communication via telephone or emails, conduct monthly PCM meetings, and site visits.
 5. The agency’s organization chart revealed:
 - The position of PREA Director is an upper-level position. This position reports to the Assistant Deputy Secretary, who reports to the Deputy Secretary, who reports to the Agency Secretary.

115.11 (c)

1. The Pre-Audit Questionnaires states:
 - The facility marked “yes” indicating that the facility has designated a PREA Compliance Manager and noted that the Superintendent of Oregon Correctional Facility is the designated PCM.
 - Review of the PAQ and the institutional organization chart shows that the that the PCM reports to Centers Warden.
 - The facility marked “yes” indicating that the PREA Compliance Manager has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in

	<p>Confinement states:</p> <ul style="list-style-type: none"> ◦ "The appointing authority or designee, at each facility, shall assign one employee as the facility based PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as set forth by DOC." <p>3. The agency PCM Listing revealed:</p> <ul style="list-style-type: none"> ◦ The list identifies both primary PCMs and their backups. Identified as the primary PCM for the Oregon Correctional Center is the center superintendent and the backup as the captain. <p>4. Informal interview with the PCM explained that the warden is over all the centers and that superintendent is the highest-ranking person at the facility.</p> <p>5. Formal interview with the PCM:</p> <ul style="list-style-type: none"> ◦ The PCM reported in the affirmative when asked if they have enough time to coordinate all the facilities' efforts to comply with the PREA Standards. ◦ The PCM reported that they employ multiple strategies to achieve duties to include, "completing rounds, meeting with staff, training, get out and talk with staff, letting them know the expectations. Posters, ensuring good visual displace, use inmate tablets as a means to communicate with the population and attending meetings in Madison with all PREA Compliance Managers". <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility has exceeded the standard §115.11.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon in making the compliance determinations:</p> <p>1. Documentation reviewed:</p> <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Division of Adult Institution (DAI) Policy and Procedures - PREA Compliance Review of Contracted Facilities ◦ Agency Contract Review Form - blank ◦ Agency Contract Review forms completed for all contracted facilities

- Memorandum of Understanding (MOU) for the following county agencies:
 - Fond du Lac County Sheriff's Office
 - Jefferson County Sheriff's Department
 - Juneau County Sheriff's Department
 - Lincoln County Sheriff's Office
 - Marquette County Sheriff's Office
 - Milwaukee County Community Reintegration Center (MCCRC)
 - Oneida County Sheriff's Department
 - Ozaukee County Sheriff's Department
 - Racine County Sheriff's Department
 - Rock County Sheriff's Department
 - Sauk County Sheriff's Department
 - Vernon County Sheriff's Department
 - Vilas County Sheriff's Department
- Agency Summary of Contracts List
- Final PREA audits for:
 - Fond du Lac County Jail - 2025
 - Marquette County Jail - 2025
 - Sauk County Jail - 2025
 - Vernon County Jail - 2025
- Public webpages screen print showing PREA related information for:
 - Fond Du Lac County
 - Ozaukee County
 - Rock County
 - Sauk County
 - Vernon County
 - Vilas County

2. Interviews Conducted

- Agency's Contract Administrator

Reasoning and analysis (by provision)

115.12 (a)

1. The facility PAQ revealed:

- The facility reported that they have contracts for confinement for 12 agencies, however the facility provided the MOU for 13 agencies. Confirmation from the contract administration indicated that it was a data entry error and that the agency currently contracts with 13 agencies for the confinement of inmates.
- The facility reported that they had no contracts that did not require contractors to adopt and comply with PREA standards.

2. Thirteen MOU's were reviewed and verified that they contain the same or similar language regarding compliance with the Prison Rape Elimination Act. The MOU's states in part:

- An agreement that they comply with the Federal Prison Rape Elimination Act of 2003, schedule and maintain full compliance with PREA Audits or take all feasible and necessary steps to work toward full compliance and have policy and procedures in place for responding to sexual abuse and sexual harassment allegations. Additionally, it includes requirements to complete the Bureau of Justice Statistics annual Survey of Sexual Victimization and notifying DOC within 24 hours of any sexual abuse or sexual harassment allegation as defined by PREA.
3. A review of the contract agencies' websites revealed:
- Twelve agencies contain information regarding PREA. Additionally, these 12 also have posted their prior DOJ PREA Audit reports. The remaining contracted facility recently signed the contract with the agency on September 6, 2024, and has not yet had an audit completed or added PREA information to their websites.

115.12 (b)

1. The facility PAQ revealed:
- Compliance visits are conducted annually except during the years in which the contracted facility is subject to a DOJ PREA audit.
 - There are no contracts that do not require the agency to monitor contractors' compliance with PREA standards.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
- "All new or renewed contracts for the confinement of the DOC PIOC's not within a DOC-operated facility shall include a provision regarding the contractor's obligation to adopt and comply with PREA Standards. In addition, any new contract or contract renewal shall provide for contract monitoring to ensure that the contractor is complying with PREA Standards".
3. DAI Policy and Procedures 410.00.01 - PREA Compliance Review of Contracted Facilities states:
- "Contracts for the confinement of PIOC shall be monitored by DOC annually except during the year in which the facility has scheduled a U.S. DOJ PREA audit. To achieve this requirement, the DOC requires its contracts to submit a DOC-2845"
 - "During the U.S. DOJ PREA Audit Year, the final PREA audit report may replace a DOC PREA compliance review"
 - "During non-audit years, a compliance review shall include a combination of the facility's self-report and DOC's evaluation"
4. Formal interview with the agency contract administrator revealed:
- The contract administrator reported that they will complete a contract compliance review report that covers all the standards and was developed specifically for his purpose. She indicated that they have 13 jails and complete a review for all of them on non-audit years.

- She reported that 12 jails are being audited this year and that the thirteenth contractor completed an audit compliance review.
 - Furthermore, she reported that half of the contractors have completed PREA audits and the other half will be completed prior to the 3-year audit cycle.
5. Review of the Agency Summary of Contracts List revealed:
- During Cycle 4-year 3 audit cycle (August 20, 2024 – August 19, 2025), twelve contracted facilities completed a DOJ PREA Audit. One of the contractors had a contract compliance review completed by DOC during this time. This facility recently started contracting with DOC and therefore has not had an opportunity to participate in a DOJ PREA audit yet.
 - In previous years, the agency summary report shows that the agency completed a contract compliance review with each contractor.
6. Review of contract compliance reviews form (blank) revealed:
- Part A of this form is completed by the contractor. Areas include:
 - Questions regarding whether the agency has undergone a PREA audit in the last three years,
 - Questions regarding if the contracted facility has a PREA Coordinator, agency policy mandating zero tolerance for sexual abuse and sexual harassment, development of a staffing plan, opposite gender announcing, completion of background checks for initial hire, promotions and every five year, uniform evidence protocols, forensic medical examinations without financial cost, and if the agency policy directs that all allegations of sexual abuse or sexual harassment are investigated or referred to an agency responsible for investigations.
 - Part B of the form is completed by the agency contract administrator to evaluate the contractor's response to include:
 - Observation or facility tour, policy review, document review, staff interview and /or inmate interviews.
 - The reviewer will rate the contractor's compliance with each listed standard as satisfactory or unsatisfactory.
 - Part C is used if the contractor needs to complete any planned or remedial actions taken to comply with each unsatisfactory rating.
7. Documentation review of sample contract compliance reviews:
- All contract compliance reviews were completed thoroughly and completely.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with provision §115.12.

115.13 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied upon in making the compliance determinations:

1. Documentation reviewed:

- The Pre-Audit Questionnaire
- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Division of Adult Institutions (DAI) policy 410.50.05 Staffing Plans dated 05/29/2024
- Division of Adult Institutions (DAI) policy 410.40.01 Unannounced Supervisory Rounds dated 10/15/2024
- Oregon Correctional Center (OCC) schematic of the facility
- WIDOC PREA Coordinator 2025 PREA Staffing Plan Annual Review Log
- 2025 OCC Staffing Plan
- OCC sample of logbook entries for supervisory rounds
- OCC log of supervisory rounds documented electronically
- Memo regarding number and placement of cameras
- Photographs of areas that required corrections for better visuals.

2. Interviews Conducted

- Formal interview with the Warden/designee
- Formal interview with the PREA Compliance Manager

3. Site Review Observations

Reasoning and analysis (by provision)

115.13 (a)

1. The facility PAQ reported that since their last PREA audit the average daily population was 134 and the average daily number of inmates on which the staffing plan was predicted was 134.
2. DAI 410.50.05 Staffing Plan states:
 - “The Division of Adult Institutions shall ensure each facility develops, documents and makes its best effort to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect PIOC from sexual abuse.”
 - The policy further states that when calculating adequate staffing levels to determine the need for video monitoring, facility shall take into consideration:
 - Generally accepted correctional practices.
 - Any judicial, federal, investigative and internal/external oversight agency findings of inadequacy.
 - The facility's physical plant, including blind spots or areas

where employees for POC may be isolated or at risk.

- The composition of PIOC population.
- The number and placement of security staff.
- Institution programs occurring on a particular shift.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse applicable state or local laws, regulations, standards.
- Any other relevant factors.

3. The 2025 OCC Facility Staffing report revealed:

- The auditor reviewed the 2025 Staffing Plan and verified that the staffing plan contained all elements required in 115.13 (a). The staffing plan identifies OCC as a minimum custody all male facility, with 134 inmates that is diverse and fluid and spans age, race, and ethnicity. The facility also houses minimum custody community inmates.
- OCC consists of two buildings, one building is two stories with one housing unit, a health service area, laundry room, food services storage areas, programming space, weight room, visitation room, and an administration wing. They also have one maintenance outbuilding.
- The facility has 48 cameras inside and outside to supplement the security and observation rounds for inmates during the course of the shift.
- Staffing levels are determined through the Wisconsin State Biennial Budget process and currently staffed with 14 sergeants and one security supervisor. There are two supervisory staff which includes the security supervisor and the Superintendent. The minimum staffing pattern of two sergeants on each shift is demonstrated below and indicated that they fill any vacancies with overtime.

OCC	# of Inmates	*Shift	# of Sergeants
Housing Unit	134	1st	2
		2nd	2
		3rd	2

*1st shift (6:00a-2:00p); 2nd shift (2:00p-10:00p); 3rd shift (10:00p-6:00a)

- OCC also has one and a half social workers, a food service worker, a maintenance mechanic, half office support staff, one and a half contracted RN's, Financial Specialist and an employment support specialist.

2. Site review observations revealed:

- During the site review the audit team was able to observe all areas of

the facility. Each area we visited had appropriate staffing. There was good camera coverage throughout the facility and the cameras were reviewed in the control room with no concerns noted.

- The facility's physical plant was thoroughly examined to identify any potential "blindspots" or areas where staff or incarcerated individuals could be isolated, posing a safety risk. The following areas did not meet the required element 5 of the staffing plan:
 - Basement storage room: Staff indicated that this was a direct supervision area and there was a camera in the room. Because there was another room within that room with a solid door the camera is unable to monitor that area. The facility removed the internal door and sent photographic evidence of the completion.
 - Dry storage room within the dining room: The door was a solid door and staff noted that inmates may go in there to retrieve items. The auditor recommended that a window be put in the door for greater visibility. The facility had a window placed in the door and sent photos that it was complete.
- Living areas had no areas of concern or blind spots were found. The bathrooms had adequate coverage for privacy standards. There were several inmates in the facility needing ADA requirements and the facility had a symbol on the door alerting staff and others that they were hard of hearing.
- Informal interviews with staff and inmates did not reveal any concerns.

3. Formal interview with the Warden/designee:

- The warden/designee was interviewed and verified that OCC has a staffing place that includes all the required areas. He stated that they have primarily worked on adding video monitoring to the facilities to increase visuals in areas that there were blind spots. Additionally, he reported that they check for compliance with the staffing plan by doing weekly reviews.

4. Formal interview with the PREA compliance Manager:

- The superintendent was also interviewed for this protocol as he is also the designated PREA Compliance Manager. He reiterated the other response and stated that when he first started working there, four years ago, the camera coverage was ok, but we did an assessment of the center, found the blinds spots, meet about it, and talked with the PREA office and got more funding for more cameras.

115.13 (b)

1. The facility PAQ indicated N/A regarding the facility documenting and justifying all deviations from the plan.

- In a follow-up question on the issue log the facility confirmed that they have had no deviations to the staffing plan and noted that any

deviations would be documented on the shift report.

2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “In circumstances where the staffing plan is not complied with, the facility shall document in written form and justify all deviations from the plan.”
3. DAI 410.50.05 Staffing Plan states:
 - “The facility shall document (i.e. shift report, IR) and justify all deviations from the staffing plan in circumstances where the staffing plan is not complied with.”
 - “The staffing plan and documented deviations shall be maintained by the facility’s PCM for PREA auditing purposes.”
4. Formal interview with the Warden/designee:
 - He reported that they have an electronic log and would be logged in there. He stated that they would probably do an incident report and contact the warden or supervisor next door (Oakhill). He stated that they would not deviate from the staffing plan, nor have they ever had to.

115.13 (c)

1. DAI 410.50.05 Staffing Plan states:
 - “Whenever necessary, but not less than once per year, at the request of the PREA Office/Director, each facility shall assess, determine and document whether adjustments are needed for the facility staffing plan, deployment of video monitoring systems and other monitoring technologies, and resources needed to ensure adherence to the staffing plan.”
 - “The staffing plan shall be reviewed and signed by the PREA Director.”
2. A review of the PREA staffing plan annual review log shows the date of each facility that the staffing plan was reviewed within the year. The agency provided a log dating back to 2015.
3. The 2025 OCC Staffing Plan shows it was signed and reviewed by the PREA Director.
4. Formal interview with the PREA Coordinator confirmed that there is a standing reminder on calendar that begins at the beginning of the year. She reviews the staffing plan together with the PREA Compliance Managers or facility appointing authority.

115.13 (d)

1. The facility PAQ reported that they do require intermediate-level or higher staff to conduct unannounced rounds and that these rounds are documented. They indicated “no” that the rounds do not cover all shifts stated, “OCC does not have on-site supervisor coverage 24 hours a day. Days without supervisors on-site are covered by the on-call supervisor.

- In a follow-up question on the issue log the facility stated that, "On 8/19/25 Per Direction from WCCS Warden Clinton Bryant at Superintendents Quarterly meeting that on-call supervisors conduct unannounced rounds during on-call weekend responsibilities."
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - "Supervisory staff shall conduct and document unannounced rounds, covering all shifts to identify and deter employee sexual abuse and sexual harassment. The DOC employees are prohibited from alerting other employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."
 3. DAI 410.40.01 Unannounced Supervisory Rounds:
 - "Rounds shall be conducted at random times across all shifts and days of the week."
 - "Unannounced rounds shall be made in all areas of the facility including, but not limited to housing units, education, vacation, recreation, health services, food services, laundry, chapel, warehouse, etc."
 - "Staff are prohibited from alerting other staff members that supervisory rounds are occurring, unless such announcement is essential to avoid creating additional danger during exigent circumstances."
 4. Photographs of shift logs were reviewed which showed rounds by supervisors documenting the day and time and by whom the round was conducted. Additionally, electronic logbook entries of supervisory rounds were received from 01/2025 to 08/2025. Assessment of both samples of unannounced rounds revealed:
 - Review of logs shows that rounds are conducted regularly throughout the month; however, no documentation of rounds being conducted past 3:15 PM or before 05:45 am. Based on the documentation, unannounced rounds are only conducted during their working hours, Monday - Friday.
 5. The email received from the warden indicated that the warden had a meeting with the center superintendents on August 19, 2025. He stated that a new directive will be that rounds will be conducted on the weekends.
 6. Interview with intermediate or higher staff:
 - Intermediate or higher-level staff were interviewed and indicated that they conduct unannounced rounds, after hours and sometimes on weekends, if on call. They also reported that they document those rounds in the logbook and in the electronic logbook entry. He stated that it is a small facility, so he is able to get in and around before staff know he is there. He further reported that he comes in once every 7 weeks on weekend and once a month he comes in on third shift.

Finding:

	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the facility is not substantially compliant with standard §115.13 and corrective action is required.</p> <p>The facility shall develop a process to ensure that unannounced rounds are conducted on all shifts, specifically 3rd shift and weekends and provide documentation of completed unannounced round entries for the months of November, December, and January.</p> <p>The auditor reviewed the provided logbooks for the months of November, December and January, along with a provided copy of correspondence from the Warden sent to the Superintendent. The correspondence email stated, "Please continue to make unannounced off hour rounds after the hours of 4:30pm and 6am for visibility on second and third shift M-F. Weekend rounds will be in accordance with the current WCCS ADO procedure." Additionally, the facility has developed process to ensure that the rounds are conducted at unpredictable times and without noticeable patterns.</p> <p>After completion of these corrective action items, the facility demonstrated substantial compliance with this standard.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Division of Adult Institutions (DAI) policy 302.00.20 Placement of Juveniles in Adult Correctional Sites, dated 01/09/2023 ◦ Agency Notice of Movement memo dated 12/19/2026 2. Site Review Observations <p>Reasoning and analysis (by provision)</p> <p>115.14 (a, b, c)</p> <ol style="list-style-type: none"> 1. The facility PAQ reported that they do not house youthful inmates. 2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> ◦ "Youthful inmates shall not be placed in a housing unit in which they

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

3. Division of Adult Institutions (DAI) policy 302.00.20 Placement of juveniles in Adult Correctional Sites states:
 - “The Division of Adult Institutions shall not house juveniles in adult correctional facilities.” It further states that “Adjudicated juveniles who are less than 18 years of age shall not be admitted to a DAI facility or the WRC (Wisconsin Resource Center).”
 - “Juveniles sentenced as adults shall be admitted to Lincoln Hills School (LHS) or Copper Lake School (CLS) and transferred to a DAI facility on the 18th birthday.”
4. Agency notice of movement memo regarding youthful inmates revealed:
 - The memo provided notice to that the Division of Adult Institutions has moved youthful inmates out of adult institutions, and they now are housed within the Division of Juvenile Corrections (DJC) facilities.
5. No interviews were conducted with line staff who supervise youthful inmates, education and program staff who work with youthful inmates or youthful inmates as OCC does not hold youthful inmates.
6. Site review observations:
 - During the site review no inmates that appeared to be under 18 were observed. Staff were informally asked about youthful inmates during the site review and all stated that they do not house them at OCC.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.14.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Documentation reviewed:

- The Pre-Audit Questionnaire (PAQ)
- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Division of Adult Institutions (DAI) policy 500.70.24, Clinical Observations dated 07/13/2021
- Division of Adult Institutions (DAI) policy 410.40.02, Opposite Gender Viewing and Announcing, dated 03/20/2023
- Division of Adult Institutions (DAI) policy 306.17.02 Searches of PIOC, dated 08/31/2023
- Division of Adult Institutions (DAI) policy 306.16.01 Use of Body Cameras, dated 06/06/2019
- Division of Adult Institutions (DAI) policy 500.70.27 Transgender Management and Care dated 02/03/2025
- DOC-3802 (05/2024) Pat search Preference Request - Blank
- DOC - 0142 Person Searched/Nonroutine urinalysis report
- Personal Searches: Pat Searches and Strip Searches Lesson Plan dated 10/2022.
- Guidance in Cross Gender and Transgender Pat Searches Training Module
- Wisconsin Correctional Center System Cross-gender announcement memo, dated 02/09/22
- Oregon Corrections Center Employee's search training records
- Oregon Corrections Center Strip Search logs

2. Interviews Conducted:

- Non-medical Staff (involved in cross-gender strip or visual searches)
- Random Staff
- Random Inmates

3. Site Review Observations

Reasoning and analysis (by provision)

115.15 (a)

1. The facility PAQ reported that they have not conducted any cross-gender strip or cross-gender visual body cavity searches of inmates in the last 12 months.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - "Adult facilities shall not permit cross-gender strip or body cavity searches of PIOC's except in exigent circumstances or when performed

by medical practitioners. Exigent circumstances shall be documented.”

3. DAI policy 306.17.02 Searches of PIOC states:
 - “Cross Gender strip searches of PIOC are prohibited, except in exigent circumstances or when performed by medical practitioners”
 - “Staff directly observing the PIO during a strip search shall be required to be the same gender as the PIOC. A second staff (of any gender) shall only observe the staff performing the strip search.”
 - “All body cavity searches, and certain body content searches shall be conducted by off-site health professionals. Coordination is required between security and off-site staff regarding these searches”.
4. DAI policy 306.16.01 Use of Body Cameras states:
 - “Staff shall activate their body camera when:
 - Conducting a strip search or participating in a staff assisted strip search.
 - Strip searches shall be conducted as outlined in DAI Policy 306.17.02.
 - Staff shall activate the BWC during a strip search or staff assisted strip search.”
 - “A DOC - 2466 shall be completed when a staff member of the opposite gender of the inmate reviews BWC footage which reveals the breast, buttocks or genitalia. Such viewing shall be related to an exigent circumstance or active investigation”.
 - **Body worn cameras are not issued to security staff at OCC.**
5. DAI policy 410.40.02 Opposite Gender Viewing and Announcing states:
 - All viewing and searches shall be performed in accordance with DAI Policies 306.17.02, 500.00.05, and 500.70.24.
6. Formal interviews conducted by non-medical staff involved in cross gender strip or visual searches revealed:
 - Three of the four custody staff interviewed reported that there is no circumstance in which a cross-gender strip search or visual body cavity search would be conducted. One staff member reported it could occur but only in exigent circumstances.
7. Site review observations:
 - Observation of the areas where strip searches and body scan searches are conducted were viewed by the audit team. The body scan machine was not operational at the time of the on-site visit, so I was unable to view image. They indicated that only males will operate the machine, and they will conduct strip searches when the machine is not working. There were no concerns noted regarding privacy. Additionally, it was noted that this facility is all male with no transgender females and no female custody staff that work at the facility during the time of this audit.
 - No security staff had body worn cameras at OCC.

1. The facility PAQ reported that the facility does not house female PIOC's.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - "Except in exigent circumstances, adult facilities do not permit cross-gender pat-down searches of female PIOC's. Exigent circumstances shall be documented.
3. DAI policy 306.17.02 Searches of PIOC states:“
 - Male PIOC may be pat searched by male or female security staff members and female PIOC may only be pat searched by female security staff.”
 - Cross gender personal searches of female PIOC by male staff is prohibited, except in exigent circumstances. Facilities shall not restrict female PIOC's access to regularly available programming or other out-of-call opportunities to comply with this provision.”
 - “Transgender PIOC:
 - Assigned to a male facility may be pat searched by male and female staff members.
 - Assigned to a female facility shall be pat searched by female staff members.”
4. Site review observations and interviews with staff and inmates, this facility does not house female PIOC's and therefore this provision is not applicable to this facility.

115.15 (c)

1. DAI Policy 306.17.02, Searches of PIOC states:
 - “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 circumstances where cross-gender strip, body cavity or body contents searches are performed shall be maintained.
 - Records shall be readily accessible for audit purposes”
 - "Security staff shall document all body cavity searches on DOC 1523”.
2. Review of the OCC DOC - 1523 Search of Offender Log revealed:
 - The log provided indicates date/time of strip search, gender of the PIOC and gender of both the searcher and observer staff members.
 - The log provided was completed during a facility wide, random search of all inmates at the center.
 - No documentation provided or reviewed while on-site shows any cross-strip search was conducted.
3. Review of DOC - 0142 Person Searched/Nonroutine urinalysis reports revealed:
 - Copies of DOC- 0142 Person Searched/nonroutine urinalysis report

were also provided showing date and time that a strip search was conducted along with the name of the staff person conducting the strip search. This form does not indicate the gender of the PIOC or the gender of the staff member. This form also indicates a body cavity search as a type of search option.

- Upon discussion with the PREA Director, this form was updated by the Department, and they have added the gender of the PIOC, gender of staff conducting or observing the search, and removed body cavity search as the type of search option.

4. Informal interview with staff revealed:

- DOC 1523 is completed when random strip searches, or in the case of a center wide search, is conducted.
- DOC-0142 is utilized to document a strip search when there is a targeted or cause UA being conducted.

115.15 (d)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:

- “In order to enable PIOC’s to shower, perform bodily functions and change clothing without nonmedical staff members of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, staff members of the opposite gender shall announce their presence when entering a PIOC housing unit. If opposite gender status quo changes during that shift, then another announcement is required. Facilities shall not restrict access to regularly available programming or other out-of-cell or housing unit opportunities in order to comply with this provision.”

2. DAI Policy 410.40.02 Opposite Gender viewing and Announcing states:

- “Except in exigent circumstances, staff of the opposite gender shall announce their presence when entering a PIOC housing unit in accordance with the following.
- Each facility shall develop and be responsible for implementing local procedures to ensure that a consistent announcement is made each time a staff member, contractor or volunteer of the opposite gender enters (or exits and reenters) a housing unit where PIOC have the ability to shower, change clothing or perform bodily functions.
- At minimum, such announcement shall be made when an opposite gender staff member enters the housing unit and there are no other opposite gender staff members present on the housing unit. When an opposite gender staff member is entering a housing unit and it is unknown to him/her whether the opposite gender announcement has been made on his or her behalf, the entering staff member shall be responsible for making an announcement
- Available resources to execute such announcements may vary by

facility. At minimum, the method shall be audible. Generally acceptable practices include:

- A designated tone that is used only for the purpose of announcing a member of the opposite gender entering housing units.
 - An announcement made by the staff working the control desk via the intercom or alternate system.
 - The opposite gender staff person makes an audible announcement of their presence.
- Facilities and units housing deaf/hard of hearing PIO shall develop an alternative or supplementary notification method (e.g. sign or light) in accordance with DAI Policy 300.00.35.A.
 - Upon admission, as part of PREA-related education, PIOC shall receive facility specific information which explains how opposite gender staff announce their presence when entering a PIOC housing unit. Education shall be provided in accordance with DAI 410.20.01
3. DAI Policy 500.70.24 Clinical Observation states:
- “Cross gender constant observation may be conducted when privacy accommodations are provided for toileting, showering and changing clothing. Exceptions are allowed in exigent circumstances. Privacy accommodation may be accomplished through a variety of means, including but not limited to:
 - Ensuring the individual has a smock, paper gown, tec., to maintain privacy while toileting.
 - Providing a shower with partial curtains or other privacy shields which still allow staff to observe the patient and ensure his/her wellbeing.
 - Having staff of the same gender provide constant observation or at minimum, substitution staff of the same gender during these activities.
 - Exigent circumstances shall be documented.
4. Cross Gender Announcement Memo dates 02/09/2022:
- Reminder to all WCCS staff regarding the responsibility to announce to PIOC’s that opposite gender staff are entering the housing unit.
5. Formal and informal Interview with random inmates revealed:
- A total of 31 PIOC’s were interviewed and asked if female staff announce when they enter the living unit. Twenty-nine PIOC stated yes, that female staff will announce and that they use the blue light and bell. One PIOC reported that they have a tone and light but that it is not always used. Another PIOC reported that no female staff enter the areas but that the blue light would indicate women are working.
 - All 31 PIOC’s reported that they have an opportunity for privacy to shower, toilet, and change clothing.
 - Several inmates indicated that they wish the bathroom stall doors were higher as you can see the person next to you using the restroom; however, the doors were sufficient to not allow viewing of genitals

	<p style="text-align: center;">from opposite gender staff.</p> <p>6. Random staff interview revealed:</p> <ul style="list-style-type: none"> ◦ Thirteen random staff were interviewed through all shifts and job duties. Every staff member indicated that female staff would announce their presence when entering a housing unit. ◦ All staff confirmed that inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender. <p>7. Site review observations revealed:</p> <ul style="list-style-type: none"> ◦ During the site review, the audit team noted that no female custody staff work in the unit but that they do have female staff to include kitchen worker, maintenance, and social workers. When the audit team entered the housing unit, a doorbell type sound was used along with a light. Showers and toilet areas provided adequate privacy so that female staff would not be able to see an inmate in a state of undress. Review of cameras while onsite confirmed that the camera footage does not show areas where inmates may be in the state of undress. <p>115.15 (e)</p> <p style="padding-left: 40px;">1. This provision is not applicable to compliance finding.</p> <p>115.15 (f)</p> <p style="padding-left: 40px;">1. This provision is not applicable to compliance finding.</p> <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility compliant with standard 115.15.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:
	1. Documentation reviewed:

- The Pre-Audit Questionnaire (PAQ)
- Executive Directive (ED) #71 Language Assistance Policy and Implementation for Addressing Needs of Offenders with Limited English Proficiency (LEP)
- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Division of Adult Institutions (DAI) policy 300.00.35 American with Disabilities Act dated 06/27/2024
- Division of Adult Institutions (DAI) policy 300.00.61 Language Assistance for Limited English Proficiency (LEP) Inmates dates 05/09/2022
- Agency Handbook addendum (Spanish and large print)
- Agency Interpretation, Translation Services Contract
- Agency posted language policy notice (English and Spanish)
- List of individuals that are hard of hearing
- List of individuals that are Limited English Proficient
- Incident reports provided by facility showing use of the Worldwide Interpreting Services

2. Site Review Observations

Reasoning and analysis (by provision)

115.16 (a)

1. The facility PAQ indicated that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - "PIOCs with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of PIOC education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with PIOC with disabilities."
3. DAI policy 300.00.35 American with Disabilities Act:
 - Outlines how each facility shall establish a process by which inmates and members of the public with qualified disabilities may request accommodation for access to programs, services and activities.
4. The Wisconsin Department of Corrections DAI Sexual Abuse and Sexual Harassment Prevention and Intervention handbook is available to the

population in large print.

5. Agency Interpretation, Translation Services Contract provided showing services to include:
 - In-Person American Sign Language Interpretation
 - In-Person Foreign Language Interpretation
 - Video Remote American Sign Language Interpretation
 - Video Remote Foreign Language Interpretation
 - Telephone Foreign Language Interpretation
 - Written Foreign Language Translation
6. Formal interview with agency head:
 - The agency head reported that people with disability or LEP are identified at intake and ongoing basis as things change. ADA coordinators are available and explore reasonable accommodation. Contract for language assistance, verbal interpretation. She further reported that they do not use PIOC interpreters. English, Spanish, closed captioning is available.
7. Formal Interviews with inmates with disabilities or who are limited English proficient:
 - The facility provided a list of 11 individuals that listed as being hard of hearing and a total of seven inmates were interviewed using the disabled and limited English proficient interview protocol.
 - The seven deaf individuals all reported that they were provided facility information about sexual abuse and sexual harassment that they were able to understand.
 - They reported that the information was provided in various ways to include information being posted, in writing, assistance from social workers, and the video had subtitles. One inmate reported that staff and other inmates were very helpful and ensure that he received any information he could not hear. He stated that staff would slow down and break down the information so that he could understand.
8. Site review observations revealed:
 - During the site review, the audit team noted that on each room door of inmates where were deaf or hard of hearing, they had a symbol indicating that person was hard of hearing to alert staff and others. Additionally, the light for opposite gender announcement also ensure that those individuals were able to know when female staff were on the unit.

115.16 (b)

1. The facility PAQ indicated that the agency has established procedures to provide inmates with limited English proficiency 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.
2. DAI Policy 300.00.61 Language Assistance for Limited English Proficient Inmates:

- Outlines general language assistance guidelines for staff to include,
 - Ensure LEP inmates in DAI facilities are not precluded from accessing or participating in important programs or proceedings, including those which may affect the duration and condition of their confinement or classification.
 - Provide meaningful access to vital documents and important verbal information to LEP inmates.
 - Provide language assistance at no cost to inmates. Standard copying fees apply.
 - Ensure LEP inmates receive meaningful access to medical, dental and mental health services.
 - Ensure there is no retaliation against LEP inmates for requesting language assistance.
 - Ensure LEP inmates are permitted to communicate verbally and in writing in languages other than English, unless the Warden/designee has determined the existence of a security risk. For example, inmates shall not be directed to resubmit forms/correspondence in English.
 - Utilize DOC language assistance resources
 - Recognize LEP inmates with some English language skills are entitled to language assistance when requested.
 - Recognize inmates may inaccurately report English-language skills and/or may not request language assistance (e.g., misunderstanding, immigration issues, fear of retaliation). Therefore, language assistance may be needed or appropriate even if inmate's WICS record lists English as his/her primary language.

3. The Wisconsin Department of Corrections DAI Sexual Abuse and Sexual Harassment Prevention and Intervention handbook is available to the population in the Spanish language.
4. The facility provided a list of three LEP individuals from WICS currently at the facility; however, staff had reported that they were not sure why these individuals were listed as LEP as they did not have anyone at the facility at that time that did not speak English.
5. Formal Interviews with inmates with disabilities or who are limited English proficient:
 - The audit team was able to interview one of the three individuals that the system noted as being LEP. This individual stated that they are able to communicate without issues and that they have been an interpreter for 20 years.
6. Informal interview with staff indicated that they did not have any individuals that were at the facility at the time of the onsite visit that did not speak English or needed an interpreter. Staff reported the last inmate they had at the facility was in 2023 who spoke Tibetan. The facility provided documentation showing incident reports showing the use of Worldwide Interpreters to communicate.

7. Site review observations:

- The audit team also observed posters that were in English and Spanish, that were easy to read.

115.16 (c)

1. The facility PAQ indicated that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants and would document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.
2. Executive Directive (ED) #71 Language Assistance Policy and Implementation for Addressing Needs of Offenders with Limited English Proficiency (LEP):
 - Outlines how to determine the appropriate language assistance services in both oral and written formats.
3. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA states:
 - “The facility shall not rely on PIOC interpreters, PIOC readers or other types of PIOC assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the PIOC’s safety, the performance of first responder duties or the investigation of the PIOC’s allegations. The exigent circumstances in which PIOC assistants are used shall be documented.”
4. Formal interviews with random staff:
 - Thirteen (13) random staff members were interviewed. Of the 13, 10 staff members reported that they would not use inmate interpreters.
 - Three of the staff interviewed stated that they could use inmate interpreters.
5. Formal Interviews with inmates with disabilities or who are limited English proficient:
 - All eight inmates that were interviewed indicated that the facility provided them with information in a manner that they could understand and did not assign anyone else to assist.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.16.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Documentation reviewed:

- The Pre-Audit Questionnaire (PAQ)
- Executive Directive (ED) #42 Police Contact, Arrest, and Conviction Policy for Current Employees, dated 02/27/2025
- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Human Resource Policy 200.30.507, Reference Checks and Verification of Work History, dated 05/21/2025
- Division of Adult Institutions (DAI) policy 309.06.03 Non-DOC Personnel, Business & Professional Visitors, dated 10/03/2022.
- Agency Human Resources Procedures, Background Check Procedure, dated 11/26/18
- Agency Human Resources Procedures, Fingerprint Procedures, dated 11/26/18
- DOC-1098D Background Check Authorization form, dated 02/2021 (Blank and completed examples)
- DOC-1098R Candidate Reference Check, dated 10/2020 (blank example)
- DOC-2674 Non-DOC Personnel, Business & Professional Visitors (blank)
- Contractor background check logs provided by facility
- Background check spreadsheet provided by the facility

2. Interviews conducted

- Human Resource

Reasoning and analysis (by provision)

115.17 (a-b)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:

- “The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any staff member.”

2. Executive Directive (ED) #42 Police Contact, Arrest, and Conviction Policy for Current Employees states:

- “DOC will not hire or promote an applicant for a position which may have contact with inmates, offender or juveniles based on the following PREA Standards:
 - Engaged in sexual abuse in a prison, jail, lockup, community

confinement facility, juvenile facility, or other institution or place of detention.

- 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.
- Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above.”

3. Division of Adult Institutions (DAI) policy 309.06.03 Non-DOC Personnel, Business & Professional Visitors states:
 - Candidates shall submit a completed DOC-2674. All applicants shall be required to sign DOC-2674 in two locations:
 - PREA Compliance: Review and acknowledgement of POC-54.
 - Background Check & Acknowledgements.
4. Agency Human Resources Procedures, Background Check Procedure states:
 - “In addition to the criteria set 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 inmates, offenders or juveniles who has:
 - Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention.
 - 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.
 - Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above.
 - “Moreover, the agency will consider incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, how may have contact with inmates, offenders or juveniles.”
5. DOC 2674 Non-DOC Personnel, business & Professional Visitors form (blank) revealed:
 - Page 4 of the form outlines the PREA Compliance questions required to be answered upon hiring.
 - The facility provided examples of DOC 2674 completed for four vendor/contractors and two volunteers.
 - The facility also provided examples of DOC 1098D Background Check Authorization form that includes the questions required of this provision.
6. Formal interview with Human Resources revealed:
 - We have to treat everyone fairly and go through the recruitment process. And if they get weeded out due to their background. If alleged, I never had another employer report that the candidate has prior harassment. I never had that before.

- Human Resources staff also noted that the facility has not hired or promoted anyone in several years at this facility.

115.17 (c-e)

1. The facility PAQ reported that one staff member was hired, who may have contact with inmates who have had criminal background record checks; however, the human resources manager noted that they have not hired or promoted anyone at that facility in several years.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - Prior to hiring new employees and enlisting the services of any staff member who may have contact with PIOC's, the DOC shall perform a criminal background records check.
 - The DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation.
 - The DOC shall conduct criminal background records checks every five years for current staff members.
3. Executive Directive (ED) #42 Police Contact, Arrest, and Conviction Policy for Current Employees states:
 - "Current Employees:
 - To maintain compliance with the Prison Rape Elimination Act (PREA) the Department shall conduct background checks either by running fingerprints or processing a criminal background check at least once every five years on current employees who may have contact with persons in our care, clients or youth."
 - "Contractors and Persons Participating in Internships and Job Shadow Opportunities:
 - The Department shall conduct background checks either by running fingerprints or processing a criminal background check at least once every five years on current contractors who may have contact with persons in our care, clients or youth."
4. Division of Adult Institutions (DAI) policy 309.06.03 Non-DOC Personnel, Business & Professional Visitors states:
 - Candidates shall submit a completed DOC-2674.
 - All applicants shall be required to sign DOC-2674 in two locations:
 - a. PREA Compliance: Review and acknowledgement of POC-54.
 - b. Background Check & Acknowledgements.
 - Facilities shall conduct/review background check in accordance

with DAI policy 300.00.92.

5. Human Resource Policy 200.30.507, Reference Checks and Verification of Work History states:
 - “In accordance with PREA Standards, if a candidate lists an institutional employer as a current or past employer on their resume, best efforts shall be made to contact the employer as a reference, even if the employee does not list them as a reference.”
 - “Supervisors must utilize Reference Check Form DOC-1098R or the local HR office must utilize the enterprise-approved reference checking software (if available) to ensure the proper PREA questions are asked.”
6. Agency Human Resources Procedures, Background Check Procedure states:
 - “This procedure will provide guidance on conducting both criminal and non-criminal background check for applicants, contractors performing work similar to department employees, and person considered for an internship or job shadow.”
 - “The Bureau of Human Resources (BHR) staff is responsible for conducting and reviewing background checks for applicants, employees, persons considered for internships or job shadows and contractors who are hired to perform work similar to department employees (for example agency nurses or IT staff).”
 - No applicant, contractor performing similar work as Department employees, person considered for an internship or job shadow may begin working until a background check has been completed and is approved for hire.”
 - Fingerprints:
 - To maintain compliance with PREA as well as the FBI’s CJIS security policies, fingerprints must be retaken at least once every five years. Local HR Departments are responsible for running PeopleSoft reports for overdue prints and working directly with staff to ensure the required fingerprint process is completed.
7. Agency Human Resources Procedures, Fingerprint Procedures states:
 - Outlines the process to fingerprints are completed and cleared prior to allowing unescorted access for any new hire, contractor, volunteer, etc. who will be on DOC premise.
8. The facility did provide examples of four vendors and two volunteers who have been hired in the last year along with corresponding background check DOC-2674. Additionally, facility provided a log of all vendors and volunteers showing dates of background checks completion.
The facility provided a log showing dates of completed initial and 5-year background checks, if applicable, for staff, along with examples of DOC 1098D Background Check Authorization forms.
9. Formal interview with Human Resources revealed:
 1. The human resources staff member stated that yes, they perform criminal record background checks for all newly hired employees and also for contractors, volunteers, staff hires, and promotions, using the

1098 form. She further reported that there have been no new employees in the last 12 months at OCC, three transfer staff. HR noted no hires or promotions in several years at this facility.

She further stated that they use Portal 100, through DOJ. Backgrounds are completed for new hires, promotions, volunteers, and visitors. She stated that they do fingerprints upon hire and the fingerprints every 5 years. Run fingerprints and DOJ will let you know if something comes up. Records are retained in personnel files.

115.17 (f-g)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “All applicants shall be required to disclose instances of sexual misconduct as described above. Applicants who fail to disclose such information shall be ineligible for hire for the current vacancy and, if applicable, may be grounds for termination.”
2. DOC 1098D has a statement which the applicant has to sign that states:
 - “I affirm that all the information on this document is true and complete to the best of my knowledge, and I understand that any falsification or omission of information will disqualify me for this position.”
3. DOC 2674 Non-DOC Personnel, business and Professional visitors’ states:
 - “Falsifying or omitting any information may result in denial and/or termination of facility entry privileges at all DOC facilities. I understand that I am required to report to facility staff by the next business day regarding any change to this information or law enforcement contact which occurs after submitting this signed form.”
4. Executive Directive (ED) 42 Police Contact, Arrest, and Conviction Policy for Current Employees states:
 - Current employees:
 - A current employee is required to notify their supervisor in writing of any non- work-related police contact with the exception of employees who are victims of a crime. A crime victim is not required to report. 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.
Notification under this section is required by the start of the employee's next scheduled workday or within 48 hours, whichever occurs first.
 - Employees who fail to disclose police contact, arrests and/or criminal convictions, fail to provide accurate details regarding criminal convictions, or fail to cooperate in the background check process (including being fingerprinted) may be subject to disciplinary action up to and including discharge.
 - If it is discovered during the period of employment that an

	<p>employee has a prior criminal record and that the employee did not provide this information at the time of hire, the employee may be subject to disciplinary action, including discharge for falsifying an application, or otherwise having misled the Department.</p> <ul style="list-style-type: none"> ◦ Contractors and Persons Participating in Internships or Job Shadow Opportunities <ul style="list-style-type: none"> ■ A current contractor or a person participating in an internship or a job shadow opportunity is required to notify their DOC supervisor or manager in writing by the next scheduled workday if the individual is charged or arrested, convicted, or sentenced for criminal conduct including felonies or misdemeanors or receives a citation, including ordinance violations, state statute violations, or any forfeiture violations. <p>5. Formal interview with human resources staff revealed:</p> <ul style="list-style-type: none"> ◦ HR staff stated yes, they ask all applicants and employees who may have contact with inmates about previous misconduct described in 115.17 on the background check form 1098D. She stated that they have the continuing affirmative duty to report. <p>115.17 (h)</p> <p>1. Formal interview with Human Resources revealed:</p> <ul style="list-style-type: none"> ◦ HR staff member reported yes, that when a former employee applies for work at another institution that they do a HR-to-HR check with every state agency and jails, etc. She noted that the check is completed by email and retain the email in the recruitment file. <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.17.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: <ul style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ)

- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
 - DOC-2635 Maintenance Project Request for Approval – Blank
2. Interviews Conducted
- Agency Head
 - Warden/Designee

Reasoning and analysis (by provision)

115.18 (a)

1. The facility PAQ indicated that there have made expansions or modifications to the existing facility since the last PREA audit.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the DOC shall consider the effect of the design, acquisition, expansion or modification upon the DOC’s ability to protect PIOC’s from sexual abuse.”
3. DOC-2635 Maintenance Project Request for Approval Form (blank) requires that the facility describe how the proposed project will enhance the facility’s ability to protect inmates from sexual abuse.
4. Formal interview with Agency Head (designee):
 - The agency head reported that they have a cross-agency team that is made up of program individuals, facility and capital planning and IT areas. She stated that when they are talking about planning, they really do talk about where we have cameras lighting sight and sound separation if applicable. Look at other facility designs and remodels and look at lessons learned and make sure they are looking at it from a PREA lens.
5. Formal interview with the Warden:
 - The warden reported that they have added ten more beds since the last audit. He stated that he got rid of some single cells and had to take into consideration that they would have more inmates at the facility. Ten more to monitor for ROA or ROV. The facility provided documentation a memo to all staff and PIOC’s regarding the addition of 10 beds and the elimination of single cells, impacting on the current housing arrangements

115.18 (b)

1. The facility PAQ indicated that they had not installed or updated a video monitoring system since the last PREA audit; however, interviews with staff indicated that they had installed cameras.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in

	<p>Confinement states:</p> <ul style="list-style-type: none"> ◦ “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”. <p>3. Formal interview with the Agency Head:</p> <ul style="list-style-type: none"> ◦ The agency head reported that the mounted cameras are tied to ensuring they have identified gaps. She also reported that staff at some facilities wear body-worn cameras which allow them to monitor through that equipment for visual coverage. Also relay on footage for investigations. She stated that they consider the physical layout, consider privacy, but that nothing can replace staff being vigilant. *Note that OCC does not have staff with body worn cameras. <p>4. Formal interview with warden/designee revealed:</p> <ul style="list-style-type: none"> ◦ The warden/designee had stated that they have installed six more cameras since the last audit. ◦ He reported that before installing the cameras, they walked around and reviewed dead spots or blind spots and ensured that the cameras did not have a view of toilets or showers. ◦ It was asked if the adding cells and camera additions were documented in the staffing plan and he noted that he does not believe that they were. ◦ The facility provided email documentation regarding addition of cameras at OCC that includes the agency’s PREA Director. <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.18.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>1. Documentation reviewed:</p> <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement, dated 08/02/2022 ◦ Division of Adult Institutions (DAI) policy 306.00.14 Protection,

Gathering and Preservation of Evidence, dated 10/18/2021

- Division of Adult Institutions (DAI) policy 500.30.19 Response to Sexual Abuse – Health Services Unit Procedures, dated 04/01/2017
- Division of Adult Institutions (DAI) policy 410.50.04 Support Services and Retaliation Monitoring, dated 10/18/2021
- Agency Healthcare Manual Reference
- Agency Inmate Handbook Excerpt
- Memorandum of Understanding with Dane County Rape Crisis Center
- Wisconsin Department of Corrections Prison Rape Elimination Act Victim Accompaniment Guide
- Wisconsin Department of Corrections Victim Services Coordinator, Sexual abuse and Sexual Harassment in Confinement Reference Guide
- DOC-2767 Sexual Abuse Incident Victim Service Coordinator Response Checklist (Blank)
- Law Enforcement Compliance Request dated 03-11-2019

2. Interviews conducted

- Random staff
- SAFE/SANE Staff
- PREA Compliance Manager
- Inmates who Reported Sexual Abuse

Reasoning and analysis (by provision)

115.21 (a)

1. The facility PAQ reported:

- The agency/facility is responsible for conducting administrative sexual abuse investigations, but they are not responsible for conducting criminal sexual abuse investigations. Criminal sexual abuse investigations will be sent to Fitchburg Police Department.
- The facility reported that they follow a uniform evidence protocol.

2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:

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

3. DAI policy 306.00.14 Protection, Gathering and Preservation of Evidence states:

- This agency policy outlines the staff requirements to preserve and protect evidence in order to maximize the potential for obtaining usable physical evidence for investigations and includes sufficient technical details to aid staff in obtaining usable physical evidence.
- The policy also states that “Facilities shall have at least one sealed PREA evidence kit available at all times and use in response to an

allegation of sexual abuse wherein evidence preservation/collection is appropriate.”

4. DAI policy 500.30.19 Response to Sexual Abuse – Health Services Unit Procedures

- This agency policy outlines the health services unit and how to respond to reports of sexual abuse. It includes:
- HSU staff performing the assessment shall:
 - Understand principles to preserve forensic evidence during care and treatment.
 - Understand the role of the RN or ACP is not to collect evidence for a criminal investigation
 - Provide education to the PIOC to help them understand what is going to happen medically.
 - Attempt to determine when alleged abuse occurred. Evidence is optimally collected within 120 hours of the incident but may be greater.”
- If reported sexual contact, HSU will request the alleged victim does not take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. Ensure, with the assistance of security staff, that the alleged suspect will not take any similar actions that could destroy physical evidence.
- PIOC suspects may be transported for treatment.
- The collection of evidence for suspects may vary based on the healthcare provider.
- Most require a court order to collect evidence from a suspect.
- The facility shall defer to the SANE and law enforcement for transport recommendations.

5. Formal interview with random staff revealed:

- Thirteen random staff were interviewed and twelve of them reported that they know and understand the agencies protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. One staff member reported that they were not sure of the agencies’ protocol for obtaining evidence.
- With regards to who conducted sexual abuse investigations, most staff were able to identify the captain or superintendent as the investigator.
- None of the staff had indicated that a case may be referred to law enforcement for investigation. One staff member reported that they did not know who conducted the investigations.

115.21 (b)

1. The facility PAQ reported:

- The facility does not house youthful inmates and therefore the protocol is not developmentally appropriate for youth.
- The protocol was based on the National Commission on Correctional

Health Care Response to Sexual Abuse.

2. The Agency Healthcare Manual Reference states:

- Wisconsin Department of Corrections healthcare clinicians do not conduct SANE examinations. Inmates 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. Rather DOC conforms to healthcare standards in the reference manual.

115.21 (c)

1. The facility PAQ reported:

- All inmates who experience sexual abuse are offered access to forensic medical examinations. The facility does not offer forensic medical examinations onsite, but they are transported to Meriter Hospital in Madison, WI. Additionally, they reported that forensic exams are offered without financial cost.
- OCC reported that they have had no allegations of sexual abuse in the last 12 months that required a forensic medical exam.

2. DAI Policy 500.30.19 Response to Sexual Abuse- Health Services Unit Procedure states:

- "The medical plan of care shall include:
 - Timely and unimpeded access to emergency medical treatment without cost to the PIOC.
 - Transfer to offsite for SANE assessment when determined evidentiarily or medically appropriate by health care staff in consultation with the SANE."

3. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:

- "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."

4. Agency Inmate Handbook excerpt states:

- "Prison Rape Elimination Act Your rights includes:
 - To receive free medical and mental health care and ongoing support following an incident of sexual abuse or sexual harassment.
- "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."

5. Formal interview with SANE/SAFE staff:

- They reported that they have conducted forensic examinations for these facilities (OCC and OCI) and that she is sure if they needed to send them elsewhere they could. She stated that she does not remember receiving them from either facility for quite some time but yes, they do conduct them for OCC and OCI.
- Additionally, she reported that when they first arrive, they will go to triage and receive a health assessment. Once identified that a forensic exam is needed, they will come to their area where a safe/sane certified staff will conduct the forensic examination.

115.21 (d)

1. The facility PAQ reported:
 - They attempt to make a victim advocate from the Dane County Rape Crisis Center available to the victim.
2. The memorandum of Understanding with Dane County Rape Crisis Center shows:
 - The MOU provides an outline of the roles and responsibilities of DOC and the Sexual Abuse Service Provider (Dane County), which shall enhance their cooperative commitment to providing advocacy services to victims of sexual abuse in confinement.
3. Wisconsin Department of Corrections Prison Rape Elimination Act Victim Accompaniment Guide
 - “In the event a rape crisis center advocate is unable to response, at the request of the alleged victim) to the hospital or an investigatory interview to provide support, a DOC staff person shall serve in this role until an advocate becomes available.”
4. Wisconsin Department of Corrections Victim Services Coordinator, Sexual abuse and Sexual Harassment in Confinement Reference Guide states:
 - Agency training to ensure a qualified staff member is appropriately trained and available in the absence of a rape crisis center victim advocate.
 - Provides the basic framework for understanding sexual abuse and sexual harassment in confinement, an overview of the victim services coordinator role, and effective communication tips, in addition to materials for easy reference.
5. Formal interview with PREA Compliance Manager revealed:
 - The PREA Compliance Manager reported that they would provide a victim advocate to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interview.
 - He further reported that he would contact the Dane County Rape Crisis Center to make available a victim advocate.
6. Formal interview with inmates who reported sexual abuse:
 - Thirty-one random inmates were interviewed while onsite and no one reported that they have ever reported sexual abuse and therefore no

further questioning could take place.

115.21 (e)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “The facility shall attempt to make available to the victim an advocate from a local sexual assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. As requested by the victim, such a person shall also provide emotional support, crisis intervention, information, and referrals. If a sexual assault service provider is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues. Facilities shall document efforts to secure services from a local sexual assault service provider.”
2. DAI Policy 410.50.04 Support Services and Retaliation Monitoring states:
 - “For every alleged victim of sexual abuse, the VSC is tasked with victim accompaniment.
 - “The VSC shall provide victim accompaniment, in the following ways, only in the event an advocate from a SASP is unable to.
 - As requested by the victim, the VSC shall accompany and support the victim during a sexual assault nurse examiner (SANE) examination and investigatory interviews.
 - As requested by the victim, the VSC shall provide emotional support, crisis intervention, information and referrals.Accompaniment shall be provided in accordance with POC-103.
3. DOC-2767 Agency Victim Services Coordinator (VSC) Response Checklist:
 - Checklist of tasks for the VSC if a SASP is not available including accompanying and providing support for the alleged victim through the forensic medical examination and investigatory interviews.
4. Formal interview with the PREA Compliance Manager:
 - He reported that they would ensure that it is within the contracts.
5. There were no inmates that had reported sexual abuse that the audit team was able to interview.

115.21 (f)

1. Review of the Agency Law Enforcement Compliance Request revealed:
 1. Letter from the Secretary outlining and requesting compliance with the PREA standards.

115.21 (g) Auditor is not required to audit this provision

	<p>115.21 (h)</p> <ol style="list-style-type: none"> 1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> ◦ DOC shall make available a member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues. Facilities shall document efforts to secure services from a local sexual assault service provider.” 2. Victim Services Coordinator Sexual Abuse and Sexual Harassment in confinement Reference Guide: <ul style="list-style-type: none"> ◦ Guide outlines roles and responsibilities for VSC. <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.21.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement, dated 08/02/2022 ◦ Human Resource Policy 200.30.304 Employee Disciplinary Investigations dated 10/28/2020 ◦ Division of Adult Institutions (DAI) policy 306.00.15 PIOC Investigations, dated 05/17/2021 ◦ Division of Adult Institutions (DAI) policy 303.00.05 Law Enforcement Referrals dated 01/27/2025 ◦ Law Enforcement Referral template (blank) ◦ Screenshot from agency website https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx regarding LE referrals. 2. Interviews conducted <ul style="list-style-type: none"> ◦ Agency Head ◦ Investigative staff <p>Reasoning and analysis (by provision)</p>

115.22 (a)

1. The facility PAQ reported:
 - The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The further reported in the past 12 months they have had zero allegations of sexual abuse or sexual harassment.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third parties and anonymous sources.”
3. Formal interview with Agency Head revealed:
 - The agency head reported that ED72 directs the agency to conduct an administrative investigation. If there is a criminal component they are required to refer to Law Enforcement. She reported that the agency trains PREA investigators and the Internal Affairs office handles staff investigations.
 - She further reported that when an allegation is received, they promptly expect that an investigation is initiated. If there are any concerns about safety, they will make sure people are separated if needed. She indicated that they track the investigation and when complete it goes for finding.
 - If referred to LE, sometimes they complete investigation parallel to each other and others they want them to pause so they can do a little more evidence gathering. At all times they would make sure they are watching for retaliation, separating if needed to make sure folks are safe, and notifying the PIOC of decision.

115.22 (b-c)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC’s website.”
2. Human Resource Policy 200.30.304 Employee Disciplinary Investigations states:
 - “All allegations of sexual abuse shall be reported to law enforcement by the Security Director, PREA Compliance Manager, or other designee. Allegations of sexual harassment that involved potentially criminal behavior shall be referred to law enforcement. All referrals shall be documented”.

3. Division of Adult Institutions (DAI) policy 306.00.15 PIOC Investigations states:
 - “All reports of sexual abuse shall be reported to law enforcement by the facility PREA Compliance Manager/designee. Reports of sexual harassment that involve potentially criminal behavior shall be referred to law enforcement.”
 - “Investigators shall work collaboratively with law enforcement investigators, if applicable, and attempt to remain informed about the progress of the investigation.”
4. Division of Adult Institutions (DAI) policy 303.00.05 Law Enforcement Referrals states:
 - “The Warden/designee shall refer the following to LE (law enforcement): Allegation of sexual abuse or sexual harassment as defined by ED 72 that involve potentially criminal behavior and sexual assault per Wisconsin Statutes s. 940.225”.
5. Referral for criminal investigations template:
 - Provides a standard document to send to outside law enforcement referring the case to their agency.
6. The agency website:
 - <https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx> was reviewed and verified that ED 72 is available for the public.
7. Formal interviews with investigators revealed:
 - Two agency investigators were interviewed, one for the facility and one that completed staff investigations. Both investigators noted that they would refer to a LE agency when potentially criminal behavior. The investigator that conducts staff investigations reported that they would “go one step further and say that anytime there is sexual abuse, we will refer.”

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

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

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.22.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

1. Documentation reviewed:

- The Pre-Audit Questionnaire (PAQ)
- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Division of Adult Institutions (DAI) policy 302.00.20 Placement of Juveniles in Adult Correctional Sites, dated 01/09/2023
- New Employee Training Program for New Uniformed Staff in DAI training curriculum, updated November 2022
- Agency Training Module for all staff, refresher training for odd years, 2017, 2019, 2021, 2023, and 2025
- Agency Policy update email to from PREA Director dated 09/20/2022
- Agency Policy update email re: 2023 DOC Annual REA report and Executive Directive 72 PREA, send to all staff dated 10/01/2024
- Agency newsletter, The Weekly Update dated 10/03/2024
- DOC 1558 Form, Employment Statement of Acknowledgement (blank)

- DOC 2397 Form, WCCW Staff Orientation Checklist (blank)
- Oregon Correctional Center staff training records

2. Interviews conducted

- Random staff

Reasoning and analysis (by provision)

115.31 (a-b)

1. The facility PAQ reported:

- The agency trains all employees who may have contact with inmates on the sexual abuse and sexual harassment elements within this provision.
- All new staff are required to take the module "PREA" and all existing staff were required to take this module in the fall of 2025. Security staff also receive a module during pre-service.
- All new employees are also required to read Executive Directive 72 and sign acknowledgment form DOC-1558 to affirm their understanding.

Training is tailored to the gender of the inmates at the facility.

2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:

- "The DOC shall train all new staff members on the department's zero-tolerance policy for sexual abuse and sexual harassment. All staff members shall receive training every two years; in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies. The training shall include but is not limited to the subparts listed below. Each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that

they understand the training they received."

3. The DOC's zero tolerance policy for sexual abuse and sexual harassment:
 - How to fulfill employee responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
 - PIOC's' right to be free from sexual abuse and sexual harassment;
 - The right of PIOC's and staff members to be free from retaliation for reporting sexual abuse and sexual harassment;
 - The dynamics of sexual abuse and sexual harassment in confinement;
 - The common reactions of sexual abuse and sexual harassment victims;
 - How to detect and respond to signs of threatened and actual sexual abuse;
 - How to avoid inappropriate relationships with PIOC's;
 - How to communicate effectively and professionally with PIOC's, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming PIOC's;
 - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
 - 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.
4. Review of the agencies PREA Refresher training revealed:
 - All elements required within this provision were included in this PREA training module
5. Review of the Facility Staff training and Support: DAI uniformed staff training revealed:
 - All elements required within this provision were included in this PREA training module
6. Formal interviews with random staff revealed:
 - Thirteen staff members were selected for random interviews. All staff members reported that they have received the training on all required provisions of this standard and receive training annually.

115.31 (c)

1. The facility PAQ revealed:
 - The facility reported that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment.
 - When new policies/directives regarding sexual abuse and sexual harassment are released all employees who may have contact with inmates are informed via my DOC, PREA Page, email or classroom instruction.
 - Staff receive refresher training during odd years.

- Refresher (biennial) training was released in the Summer of 2025, to be completed by end of year.
2. Two policy update emails from 2022 and 2024 and a 2024 newsletter announcement was provided and revealed:
 - 2022 policy update email regarding ED72 and states in part:
 - Sharing that Executive Directive 72 [Sexual Abuse and Sexual Harassment in Confinement: Prison Rape Elimination Act (PREA)] was updated as part of EDRC’s regular review schedule and posted to myDOC last month.
 - As part of the expectation to provide refresher information on current sexual abuse and sexual harassment policies, this announcement will be circulated via myDOC and the Weekly Update publication. Please share accordingly.
 - 2024 policy update email regarding the annual report and ED72 states in part:
 - Executive Directive 72 [Sexual Abuse and Sexual Harassment in Confinement: Prison Rape Elimination Act (PREA)] is the cornerstone of our agency’s effort to prevent, detect, and respond to sexual abuse and sexual harassment in confinement. Staff are responsible for content within ED 72 and each related division policy that may intersect with their job duties. Please take this opportunity to refamiliarize yourself with this expectation, including any accompanying facility procedures.
 - 2024 DAI Policy updates were provided listing policy that have been updated.
 3. Review of the Agency newsletter, The Weekly Update revealed:
 - Includes section on last page regarding policy/executive directive updates and states: “Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement: Prison Rape Elimination Act (PREA) is the cornerstone of our agency’s effort to prevent, detect, and respond to sexual abuse and sexual harassment in confinement. Staff are responsible for content within ED 72 and each related division policy that may intersect with their job duties. Please take this opportunity to refamiliarize yourself with this Executive Directive and updated division policy, including any accompanying procedures.”
 4. Agency Training module was reviewed for the years 2017, 2019, 2021, 2023, and 2025.
 5. Sample training records were reviewed and revealed:
 - All staff records reviewed show compliance with the requirements of this standard showing applicable training for biannual refresher or Introduction to PREA for newly hired staff.

115.31 (d)

	<ol style="list-style-type: none"> 1. The facility PAQ reported that: <ul style="list-style-type: none"> ◦ Initial training and biennial modules are online; participation and understanding are tracked electronically via the learning management system. All new employees are also required to read Executive Directive 72 and sign acknowledgment form DOC-1558 to affirm their understanding. 2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> ◦ “Each employee shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received.” 3. DOC-1558 Employment Statement of Acknowledgement includes a list of executive directives, including ED 72, that employees are required to read, understand and abide by. The form also includes a signature from the employee that states: <ul style="list-style-type: none"> ◦ “I understand that I have the responsibility to read, understand, and abide by all Department of Correction policies and procedures, including but not limited to, the Executive Directives and policies listed above.” 4. DOC 2397 WCCS Staff Orientation Checklist was reviewed and revealed: <ul style="list-style-type: none"> ◦ Form is completed upon new hires for Wisconsin Correctional Centers System (WCCW). ◦ Orientation checklist includes reviews for policy ED 72 and required annual training for PREA (among others). 5. An FLCI training roster was reviewed that shows all completed PREA related training for staff including 2017, 2019, 2021 and 2023 PREA refreshers or Introduction to PREA for newly hired staff. <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.31.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ)

- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Division of Adult Institutions (DAI) policy 309.06.03 Non-DOC Personnel, Business & Professional Visitors and attachment A, dated 08/20/2024.
- A Guide for Volunteers and Contractors Brochure English and Spanish
- DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation Manual Agency Contractor & Volunteer Training
- DOC 2674 Non-DOC Personnel, Business & Professional Visitors form (blank and completed copies).

2. Interviews conducted

- Volunteer(s) or Contractor(s) who have Contact with Inmates

Reasoning and analysis (by provision)

115.32 (a-b)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

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

2. DAI policy 309.06.03 Non-DOC Personnel, Business & Professional Visitors states:

- Outlines the process to ensure all non-DOC personnel complete the required orientation and training specific to their roles and is developed on a tiered system.
- Attachment A - Category, Training & Status Matrix effective 08/20/2024 states:
 - Facilities require all Non-DOC Personnel to submit DOC-2674
 - The charts below indicate typical staff supervision of each role, minimum required training, whether fingerprint-based background check and photo ID badges are required, and location of records (see Attachment B for further details).
NOTE: When multiple training tier options are indicated for a category, Warden/designee shall assess appropriate needs case-by-case and may require training beyond minimum expectations.
 - Chart outlines the category of non doc personal such as volunteer, vendor, or program contractor, along with

corresponding training level required.

- “DOC 2674 fulfills minimum PREA training requirements for all tiers.”

3. Review of DOC -2674 form, Non-DOC Personnel, Business & Professional Visitors (blank) reveals:

- “DOC policy further requires all prospective non-DOC personnel, business & professional visitors to read the Wisconsin DOC document, PREA: A Guide for Non-DOC Personnel, Business & Professional Visitors.
- After reading the attached PREA pamphlet, I understand:
 - The definitions of “sexual abuse,” sexual harassment,” and “consent.”;
 - That it is always against the law for anyone to engage in sexual activity with an inmate/offender/youth in custody;
 - There are traits that put an offender at higher risk of sexual victimization;
 - There are “red flags” that may indicate compromised boundaries or abuse of an inmate/offender/youth;
 - I have a duty to immediately report any knowledge, suspicion or information of sexual abuse or harassment of an inmate/offender/youth using one or more methods to Notifying an onsite facility supervisor;
 - Submitting via the DOC website
 - Emailing the PREA Office
 - Calling the PREA Office [608-240-5071]
 - That I should request an alleged victim avoid any actions that might destroy evidence.
 - That I must maintain healthy “professional boundaries” with inmates/offenders/youth at all times.

4. The Guide for Volunteers and Contractors Brochure was reviewed and contains information on their responsibilities under PREA, including reporting and response duties. This guide is provided as part of the DOC 2674 completion.

5. The POC-0079 DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation training was reviewed and revealed:

Several slides related to PREA and their responsibilities as a volunteer including the agency’s zero-tolerance policy and reporting any knowledge of any sexual conduct immediately.

6. The agency Contractor and Volunteer training (updated February 2018) covers many aspects of PREA including definitions, statistics, zero tolerance, prevention, detection and response procedures.

7. The agency volunteer manual was reviewed and verified it contains information on PREA, ED 72 and maintaining professional boundaries.

8. Formal interviews with volunteers and contractors who have contact with Inmates revealed:

- Two volunteers and one contract staff was interviewed by the audit team and all three reported that they have received training regarding

PREA and their responsibilities and notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report such incidents. One person noted that they have received extensive paperwork that they had to look through and copy at home.

115.32 (c)

9. DAI policy 309.06.03 Non-DOC Personnel, Business & Professional Visitors states:

- Upon implementation of this policy, each facility shall:
 - Ensure that each current and new applicant non-DOC personnel completes an updated DOC-2674. NOTE: Required for PREA audit purposes.
 - Review of DOC -2674 form, Non-DOC Personnel, Business & Professional Visitors (blank) reveals:
 - "My signature below acknowledges my understanding of DOC's zero tolerance policy regarding sexual abuse and sexual harassment, as well as my responsibilities for adherence to PREA as non-DOC personnel, business & professional visitors."

10. Review of training records for non-doc personnel revealed:

- Four training records were received that included copies of the completion of DOC-2674. One record shows that the volunteer completed DOC 2674 Volunteer application, but this does not provide training for PREA on the form. One record has provided a copy of the brochure along with a signed DOC 2786 PREA Contractors Statement of Acknowledgement which does provide an acknowledgment of the agency's zero tolerance policy and trained in responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.32.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: <ul style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ)

- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Division of Adult Institutions (DAI) policy 410.20.01 PIOC PREA Education dated 05/29/24.
- Inmate PREA Education Facilitator Guide revised 01/2022
- WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook (English and Spanish)
- Screenshot of agency PIOC ID Card Statement
- POC-0041B Resource sheet for offenders
- Agency video reference sheet to the agency website: <https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx>
- Email directive regarding Inmate Education from the PREA Coordinator dated 12/14/2015.

2. Interviews conducted

- Intake Staff
- Inmate Interviews

3. Site Review Observations

Reasoning and analysis (by provision)

115.33 (a)

1. The facility PAQ reported:

- Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.
- Facility admitted 101 inmates in the last 12 months
- Effective December 19, 2018, the agency's zero tolerance statement and reporting methods are printed on the back of new or reprinted inmate identification cards.

2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

- "At intake, PIOC's shall receive information detailing the DOC's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents or suspicions"

3. DAI policy 410.20.01 PIOC PREA Education states:

- "The Division of Adult Institutions shall provide education to PIOC explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment; including report-related retaliation; reporting methods; and agency response procedures."
- "Upon arrival at an intake facility each PIOC shall receive:
 - POC-0041 (A Resource for Inmates)
 - POC-0041B complete with local sexual assault service provider contact information."

4. Screenshot of agency PIOC ID Card Statement revealed:

- The inmate ID Card has the agencies zero tolerance statement and

reporting methods printed on the back of that card and is used to provide inmate education at the time of intake.

5. Review of POC-0041B Sexual Abuse in Confinement a Resource for Offenders revealed:
 - The form notes local facility support resources with medical and mental healthcare staff but also provides inmates with the name, address, and phone number of the local sexual assault services providers and includes an overview of services that are provided.
6. Review of the Wisconsin Department of Corrections Division of Adult Institutions, Sexual Abuse and Sexual Harassment Prevention and Intervention – A Resource for Inmates:
 - This guide outlines the agencies zero tolerance policies, rights to be free from sexual abuse and sexual harassment, definitions, tools to help keep you safe, after sexual abuse and reporting methods, support services and understanding the investigation process. It also outlines consequences for perpetrators.
7. Formal interviews with intake staff revealed:
 - The intake staff member reported that they do provide inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment and that they go over it verbally with the inmates. She also reported that they do a video presentation with the sergeant and that it is completed within the first 72 hours of their arrival.
8. Formal interview with inmates revealed:
 - Thirty-one inmates who were interviewed all reported that they received information about the facility's rules against sexual abuse and harassment when they arrived at the facility.

115.33 (b)

1. The facility PAQ reported:
 - Seventy-five (75) of ninety-three (93) inmates admitted the past 2 months. The number of those inmates admitted during the past 12 months received comprehensive education to inmates within 30 days of intake. This equated to 80.6%.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Within 30 days of intake at adult facilities and within 10 days at juvenile facilities, the facility shall provide comprehensive education to PIOC's either in person or through video regarding:
 - The DOC's zero tolerance policy, including PIOC's' right to be free of sexual abuse, sexual harassment and disclosure-related retaliation; and
 - The DOC's policies and procedures for responding to such incidents.”
3. DAI policy 410.20.01 states:

- The facility provided a log of 84 inmates that arrived at the facility within the last 12 months showing dates of arrival and date of education. The log revealed that fourteen (14) inmates, or 17% was not provided education within 30 days of arrival.

115.33 (c)

1. The facility PAQ reported:
 - The facility reported “N/A” regarding current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards.
 - They reported that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility.
2. An email dated 12/17/15 shows that inmate PREA education was started at that time and should be incorporated into all intake processes beginning in January 2016 and that all inmates who are already at facilities need to be educated prior to April 30, 2016.
3. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Upon transfer to another facility, PIOC’s shall receive education specific to the facility’s sexual abuse, sexual harassment and report-related retaliation policies and procedures to the extent they differ from the previous facility.”
4. DAI Policy 410.20.01 PIOC PREA Education states:
 - “Upon transfer to a facility, each inmate shall receive:
 - 1.POC-0041 if they state they do not already have a copy.
 - 2.POC-0041B complete with local sexual assault service provider contact information.”
 - “Within 30 days of transfer, each inmate shall be provided comprehensive PREA education, which includes, at minimum, a staff facilitated discussion of:
 - The agency’s zero tolerance for sexual abuse, sexual harassment and report-related retaliation.
 - Sexual abuse and sexual harassment reporting options.
 - The facility’s cross-gender announcement procedure.
 - Local sexual assault service provider contacts information.
 - The facility’s response procedure.
 - Notable facility-specific PREA procedures.”

115.33 (d)

1. The facility PAQ reported:
 - Inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled or who have limited reading skills.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - "PIOCs with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of PIOC education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with PIOC with disabilities."
3. DAI Policy 410.20.01 PIOC PREA Education states:
 - "Inmates with disabilities or who have limited English proficiency shall be provided with access to interpreters or alternate formats to assist them with comprehension of the information in accordance with DAI Policies 300.00.35 and 300.00.61. Alternate formats of education may include:
 - POC-0041 Audio recording (obtain from PREA Office)
 - POC-0041 Braille translation (obtain from PREA Office).
 - POC-0041S, POC-0041BS Spanish translation.
 - Spanish and subtitled versions of the PREA education video
 - Special education teacher or similar to facilitate education."
4. The agency handbook and addendum are available in English, large print and Spanish.
5. Interviews with inmates who are disabled or limited English proficient:
 - A total of eight PIOC's were interviewed using the disabled and limited English proficient inmates' protocol. Seven of the individuals were deaf and one was listed as limited English proficient. All eight reported that they received education in a manner that they could understand. The LEP individual reported that he was able to communicate without issues, and that he has been an interpreter for 20 years and there is no need for interpreter services.
6. Site review observation:
 - The audit team observed posters throughout the facility. The posters were clear and provided at an appropriate reading-level and is accessible for all persons confined in the facility, including posters in Spanish. Informal interviews with staff and inmates revealed that OCC has no LEP individuals while on site. The interpreter services line was tested and staff were aware of how to ensure inmates that are LEP are provided interpreter services.

115.33 (e)

1. The facility PAQ reported:
 - The facility reported that they maintain documentation of inmate's participation in PREA education sessions.
 - They noted that the form is automated and that the auditor may view the automated acknowledgement form onsite. Participation and documentation are recorded electronically using a signature pad. The automated form is stored in the inmate's record.
2. POC-99 Acknowledgement of Receipt of/Access to Information reviewed:
 - Form shows that inmates sign to acknowledge they have received the sexual abuse and sexual harassment handbook, a resource sheet and PREA education. The form is available in English and Spanish. Ten completed examples were provided.
3. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - Each facility shall maintain documentation of PIOC participation in these education
4. DAI Policy 410.20.01 PIOC PREA Education states:
 - Acknowledgment of Education:
 - At the intake facility, PIOC shall acknowledge they received POC-0041, POC-0041B and comprehensive education by signing the Acknowledgement of PREA Education offender standard form in WICS using an electronic signature pad.
 - When alternate formats or resources are used to educate PIOC with disabilities, learning limitations or limited English proficiency, the facilitator shall document such provision in a DOC-2466 and denote "PREA" and "Informational", at minimum, as the Incident Type.
 - This acknowledgement shall be completed at the receiving site in WICS each time PIOC transfers.
 - PREA Compliance Manager/designee shall review the PREA Education Acknowledgment report at least once per month to ensure thoroughness and timeliness.
5. A review of the Agency Inmate Acknowledgement WICS User Guide revealed:
 - There is a user guide with screenshots of WICS showing users how to enter the acknowledgement of receipt of/access to information PREA Education with signature pad usage.

115.33 (f)

1. The facility PAQ reported:
 - The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.
2. DAI Policy 410.20.01 PIOC PREA Education states

- Information about reporting and receiving support shall be continuously and readily available or visible to PIOC through posters, handbooks and other written formats.
 - A copy of POC-0041 shall be available in the facility's library.
 - If equipped, the facility shall attempt to regularly play the video, "Sexual Abuse and Sexual Harassment Prevention and Intervention" on the institution channel.
3. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
- Each facility shall ensure that key information is continuously and readily available or visible to PIOC's through posters, handbooks or other written formats"
4. Site review observations:
- During the site review the audit team found PREA posters in living units, near phones, common areas such as day rooms, recreation rooms, libraries and visitation areas. Informal interviews with inmates stated that the posters are visible and they are very aware of PREA reporting processes and the zero-tolerance policy on sexual abuse and sexual harassment.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the facility is not substantially compliant with standard §115.33 and corrective action is required.

The auditor was provided with a memo from the OCC Superintendent dated 08/25/25 regarding a corrective action plan for the PREA Education time limits. The memo stated:

"During the audit review period, it was identified that eighteen (18) PIOC's did not receive PREA education within the required timeframe. This lapse resulted from a breakdown in the follow-up process by assigned staff. To address this issue and ensure ongoing compliance with PREA standards, Oregon Correctional Center has implemented the following corrective measures:

- Staff Retraining: All staff responsible for PREA education have been retrained on the required timelines and documentation procedures.
- Enhanced Supervisory Oversight: Supervisors will conduct regular monitoring and verification to ensure timely completion and accurate documentation of PREA education.
- Backup Coverage Plan: A designated backup system has been established so that trained alternate staff are available to provide PREA education and complete documentation when primary staff are unavailable.

These actions have been implemented to strengthen accountability and maintain

	<p>compliance with PREA requirements going forward.”</p> <p>The auditor is requesting the facility provide documentation showing that the above actions have been implemented along with documentation showing compliance with the provisions of this standard.</p> <p>The facility provided a memo that was sent to all OCC staff outlining a newly established process for assuring that PREA standards for “PREA Education” are being met. Additionally the facility provided a list of all new arrivals for the months of November, December, and January with corresponding dates of the PREA education. Upon review of documentation the facility demonstrated substantial compliance with this standard.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Division of Adult Institutions (DAI) policy 309.06.03 Non-DOC Personnel, Business & Professional Visitors and attachment A, dated 08/20/2024. ◦ Agency Investigation Resource Guide, September 2024 ◦ Agency Investigation Training curriculum ◦ WIDOC Directory of Investigative staff and completed training dates 2. Interviews conducted <ul style="list-style-type: none"> ◦ Investigative Staff <p>Reasoning and analysis (by provision)</p> <p>115.34 (a-c)</p> <ol style="list-style-type: none"> 1. The facility PAQ reported: <ul style="list-style-type: none"> ◦ The PAQ indicated that the agency’s policy requires that all investigators are trained in conducting sexual abuse investigations in confinement settings and that they maintain documentation showing that investigators have completed the required training. The agency reported that they have 688 training investigators who have completed the required training.

2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Employees who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Garrity/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.”
3. The agency’s investigation training material and resource guide revealed:
 - Agency investigations training covered PREA investigations in confinement settings, interview techniques for interviewing sexual abuse victims, proper use of Garrity and Miranda warnings (Oddsen, the agency does not conduct criminal investigations and therefore does not use Miranda warnings), evidence collection in confinement settings and the definitions of unfounded, substantiated and unsubstantiated.
4. WIDOC Directory of Investigative staff and completed training dates revealed:
 - The facility provided a full list of trained investigators within the agency along with their training dates.
 - List revealed 659 investigators organized by facility / division that they would conduct investigations for.
 - OCC has three identified investigators, and the auditor verified these investigators while onsite and through interviews.
5. Formal interviews Investigative Staff revealed:
 - Two investigators were interviewed, one investigator was an OCC investigator, and the other was Internal Affairs investigators. In WI DOC internal affairs investigates all staff allegations of sexual abuse and sexual harassment.
 - Both investigators indicated that they received training to conduct sexual abuse investigations in confinement.
 - One investigator noted that the training involved information on how to manage documentation in system, SINC database for sexual abuse cases. Training includes techniques to prevent shaming or victim blaming. Techniques to ask difficult questions. Evidence collection, Garrity warnings, do not Miranda staff. Turn over to LE and work hand in hand on criminal cases.
 - The other investigator noted that they are provided with an overview of the process/complete mock investigation at the end, overview of the SINC system and interviewing victim strategies.
 - Both investigators indicated yes that the training included techniques for interviewing sexual abuse victims, Proper use of Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case.

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

	<p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance.</p> <p>Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.34.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Agency Healthcare training Module ◦ Training records for medical staff assigned to this facility 2. Interviews conducted : <ul style="list-style-type: none"> ◦ Medical and Mental Health Staff <p>Reasoning and analysis (by provision)</p> <p>115.35 (a)</p> <ol style="list-style-type: none"> 1. The facility PAQ stated: <ul style="list-style-type: none"> ◦ The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The facility reported that they have two medical staff that work regularly at this facility who received the training required by agency policy. Furthermore, they reported that mental health is covered by Oakhill Correctional Institute staff and that they do not work regularly at this facility. ◦ The facility reported that 100% of all medical and mental health care practitioners have received the required training. Informal interview with Superintendent/PREA Compliance Manager revealed:

The superintendent reported that OCC has one full-time medical staff. The other staff reported that was reported in the PAQ is the supervisor that works at another facility. He reported that she occasionally fills in if off the RN is out for any extended periods of time but does not work at OCC regularly.

2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “All medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on the subparts below:
 - 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.”
3. Review of the PREA for Healthcare Staff training module revealed:
 - This training module includes all elements required of this provision and specifically goes over:
 - First responder duties
 - Initial assessments to detect signs of abuse
 - Reporting requirements
 - Victim consent if applicable and confidentiality
 - Reporting laws and requirements
 - Preservation of evidence
 - SANE exams and ongoing care to include support services
 - Sexual Abuse Incident Review Teams
4. Formal interview with medical and mental health staff:
 - One medical staff was interviewed who reported that she has received training regarding sexual abuse and sexual harassment and that it covered all required topics including how to detect and assess signs of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.35 (b) This provision is not applicable as medical staff do not conduct forensic exams. Forensic exams are conducted at a hospital.

115.35 (c-d)

1. Review of staff training records revealed:
 1. The auditor reviewed and verified training records associated with medical staff that work at the facility, that they have completed PREA refresher training and PREA for Healthcare Staff training. The facility does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.

Finding:

	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.35.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA dated 08/002/2022 ◦ Division of Adult Institutions (DAI) Policy and Procedure 410.30.01 - Screening for Risk and Sexual Abusiveness and Sexual Victimization dated 11/21/2023 ◦ Agency risk screening directive email from the PREA Director dated April 19, 2016 ◦ Doc 2781B PREA Screening Tool – blank form updated on 07/2024 ◦ Agency Screener User Guide Section A, B, C, D, and rescreening ◦ Samples of 11 PIOC risk assessment completed in WICS provided by the facility ◦ Sample of 21 additional risk assessments completed in WICS requested by the Auditor. ◦ Screenshot of the Inmate Management System Screening Warning ◦ OCC PREA Admission Screenings for all PIOC’s that entered the facility within the documentation period. ◦ List of PIOC’s that reported victimization during risk screening ◦ Example of three PIOC’s risk assessments to show mental health was offered. 2. Interviews Conducted <ul style="list-style-type: none"> ◦ Staff responsible for risk screening ◦ Random Inmates ◦ PREA Coordinator/Director ◦ PREA Compliance Manager 3. Site Review Observations <p>Reasoning and analysis (by provision)</p> <p>115.41 (a-e)</p>

1. The PAQ revealed:
 - The facility reported in the affirmative that they have a policy that required screening upon admission to a facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates.
 - The facility reported that 75 out of the 99 inmates entering the facility within the past 12 months whose length of stay was for more than 72 hours were screened within 72 hours, for a 75.8% timely completion rate.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA states:
 - "PIOC's shall be assessed during an intake screening within 72 hour of arrival at the facility, and again within 72 hours of transfer to another facility, for risk of being sexually abused by other PIOC's or sexually abusive towards other PIOC's. The objective screening instrument shall include, at minimum, the following criteria:
 - The presence of a mental, physical or developmental disability;
 - Level of emotional and cognitive development (juvenile facilities only);
 - Age;
 - Physical build;
 - Previous incarcerations;
 - Exclusively nonviolent criminal history;
 - Prior convictions for sex offenses against an adult or child;
 - Is, or is perceived to be, gay lesbian bisexual transgender intersex or gender non-conforming;
 - Previously experienced sexual victimization;
 - Prior acts of sexual abuse prior convictions for sexual offenses and Oregon history of prior institutional violence or sexual abuse; and
 - PIOC's perception of vulnerability.
3. DAI Policy and Procedure 410.30.01 - Screening for Risk and Sexual Abusiveness and Sexual Victimization revealed:
 - "PIOC shall be screened within 72 hours of admission to any DAI Facility for risk of being sexually abused by other PIOC or sexually abusive towards other PIOC".
4. Agency risk screening directive email from the PREA Director revealed:
 - "Informed all facilities that inmates need to be assessed, including those who entered the facility prior to the standards taking effect on 08/20/2012."
 - "Transfer and intake screenings should be occurring at sites; the standards state that within 72 hours of an inmate entering a facility they shall be screened."
Agency Screener User Guide Section A, B, C and the Doc 2781B PREA Screening Tool - blank form updated on 07/2024 revealed:
5. Screening user guide contains all information that is required per 115.41 (d) and 115.41 (e).

- Section A notes shall be administered within 72 hours of the inmate's arrival at the facility (intake and transfer); and is the inmate self-reported responses during interview.
 - Section B shall be completed within 72 hours of the inmate's arrival at the facility and consists of a records review by staff.
 - Section C shall be completed within 72 hours of the inmate's arrival at the facility and is used in the event there is a need for an override of the risk score.
 - The form mimics what the assessment in the WICS system.
6. Formal interview with staff responsible for risk screening revealed:
- Two staff were interviewed that completed risk screening. Both staff members interviewed reported that they screen inmates upon admission to the facility or transfer from another facility for risk of sexual abuse victimization for sexual abusiveness toward other inmates.
 - Staff reported that the screenings are conducted in their office, in a private confidential manner.
 - Staff reported that screenings are documented in WICS and if the electronic format is not available, they will complete the paper format and transfer the response to WICS as soon as available.
 - Staff further reported that the screening considers appearance, height, weight, LGBT status, prior abuse or abuser history, ask if PIOC is safe, prior incarcerations, and disabilities.
7. Formal interview with random inmates:
- Thirty-one (31) inmates were interviewed and 20 arrived at the facility within the last 12 months. All individuals stated that they were asked the questions regarding being in jail or prison before, whether they have ever been sexually abused, whether they identify with being gay, lesbian, or bisexual and whether they think they might be in danger of sexual abuse. A majority of the inmates reported they received it within the first three days of arrival. One reported that they received it within two weeks and another stated a week later.
8. Review of PREA Admission Screening Summary revealed:
- The report shows location, inmates name, admission date, and dates each section was completed. The PREA Compliance Manager reported that the list was generated for all those that are currently at the facility who have arrived within the last 12 months and therefore does not reflect all of the 99 inmates reported in the PAQ due to some having released.
 - On the report provided, 84 names appeared on the list. Of the 84 names, nine (11%) had the initial assessment completed late, for an 89% timely completion of the intake risk assessment.
9. Review of 32 complete screenings from WICS revealed:
- One additional assessment was noted as not being completed within the 72 hours timeframe. That inmate arrived at the facility prior to the previous 12 months.

10. Site review observation revealed:

- While on site, the auditor participated in the mock intake risk assessment with a social worker as they were not completing any assessments while we were onsite. I found that the social workers completed a thorough assessment, risk screening is easy to navigate and meets all the elements required in 115.41.

115.41 (f)

1. The PAQ revealed:

- The facility reported in the affirmative that the policy requires a reassessment of the risk screening within 30 days.
- The facility did not provide the auditor with the number of individuals entering the facility within the past 12 months whose length of stay was longer than 30 days; however, upon request for the information through the issue log the facility reported they had 93.

2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA states:

- “In addition to the intake screenings detailed in XII.A., within 30 days of arrival the facility shall reassess the PIOC risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the last screening.”

3. DAI Policy and Procedure 410.30.01 - Screening for Risk and Sexual Abusiveness and Sexual Victimization revealed:

- “ Within 30 days of admission, PIOC shall be rescreened to determine if additional, relevant risk factors are present.”

4. Agency Screener User Guide Section D outlines that it will be completed within 30 days of the inmate’s arrival at the facility to determine if additional or new risk factors are present. Questions asked on the 30-day screen include:

1. “Have the inmate’s responses to Section A (questions 4-9) changed?”
2. “Has the screener received any additional relevant information since the admission screening that bears upon the inmate’s risk of victimization or abusiveness?”
3. “If yes to either question consider whether the inmates first category should be modified. Record the appropriate risk category”
4. The system will generate a warning if the risk assessment is completed after the 72 hour or 30-day timeframe and directs the user to comment in the box reasons for the delay.

5. Formal interviews with staff that complete risk screening revealed:

- Staff reported that they complete the risk assessment within 30 days of the inmate’s arrival and however also reported that they will wait at least a couple weeks before completing a new one.

6. Formal interview with inmates revealed:

- Thirty-one (31) inmates were interviewed and 20 arrived at the facility within the last 12 months. Of those 20 inmates interviewed, three stated that do not recall being interviewed again, 15 reported that

they were interviewed again three weeks to a month later, one indicated they could not remember, and one indicated it was six months later.

7. Review of PREA Admission Screening Summary revealed:
 - The PREA Compliance Manager reported that the list was generated for all those that are currently at the facility who have arrived within the last 12 months and therefore does not reflect all of the 93 reported in the PAQ as some have released.
 - On the report provided, 84 names appeared on the list. Of the 84 names, 13 (15%) inmates had the 30 days assessments completed late, for an 85% timely completion rate.
8. Copies of the 32 completed screenings screenshots from WICS revealed:
 1. Two examples were provided showing the 30-day assessment was late. Comments were noted on one of the assessments indicating that the PIOC's names did not come up on the 30-day rescreen list. The other assessment did not make a comment regarding the reason for being late.

115.41 (g)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA states:
 - "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."
2. DAI Policy and Procedure 410.30.01 - Screening for Risk and Sexual Abusiveness and Sexual Victimization revealed:
 - "PIOC may be referred for a follow-up rescreening by any staff member if and when:
 - The PIOC is the alleged victim or suspect of sexual abuse;
 - The PIOC discloses identification as lesbian, gay, bisexual, transgender or intersex and their identification was not revealed during the last screening;
 - The PIOC discloses a past unwanted or abusive sexual experience(s) while confined and the experience was not revealed during the last screening;
 - The PIOC requests a rescreening;
 - The PIOC is referred for a rescreening by facility staff; or
 - Additional information is received that bears on the PIOC risk of sexual victimization or abusiveness."
3. Formal interviews with staff that complete risk screening revealed:
 - Both staff interviewed stated that they would reassess an inmate's risk level if warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

- Both staff interviewed stated that they did complete any reassessment based on new information, outside of the required intake and 30-day reassessment within the last 12 months.

115.41 (h)

- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA states:
 - “PIOC’s may not be disciplined for refusing to answer or failing to disclose information in regard to the screening questions.”
- Formal interviews with staff that complete risk screening revealed:
 - Both staff interviewed reported that the inmates are not disciplined for refusing to answer or failing to disclose information in the risk assessment.

115.41 (i)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA states:
 - “Appropriate controls shall be placed on the dissemination of information gathered from the screenings to ensure that sensitive information is not exploited to the PIOC’s detriment by staff or other PIOC’s.”
2. Formal interview with the PREA Coordinator/Director:
 - She stated that they have an inmate management system and risk screening tools within the database. She stated that they do not prescribe who conducts risk screenings, facilities decide what their resources are and how they intake people. Further she reported that to ensure security, they have a stop reminder warning before proceeding forward she also reported that they can query reports to see who has been accessing the screen to control information. Everyone in the facility can use the system and click forward in the assessment.
3. Formal interview with the PREA Compliance Manager (PCM):
 1. The PCM reported that he believes only social workers have access to all the risk assessments.
4. Formal interview with staff responsible for risk screenings:
 - Both staff members confirmed that the information is protected. One staff member further reported that she believes only certain people can access it but not sure who.
5. Screenshot of the login to the risk assessment revealed:
 - “You are attempting to access PREA risk screening data. This information is sensitive, private, highly confidential and may include protected health information; it must only be accessed if you have valid business reasons. The Wisconsin Department of Corrections reserves the right to audit all user transactions in a manner consistent with state and federal laws and could result in disciplinary action

including termination. Selecting “agree” affirms that you have a valid business reason to view this information and agree to the terms of use.”

6. Site review revealed:

- While onsite, the auditor observed a mock version of a risk assessment with a social worker. I witnessed the stop reminder warning and would not allow the assessor to move forward without acknowledging the warning.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the facility is not substantially compliant with provision §115.41 and corrective action is required.

The auditor is requesting the facility to develop a sustainable process, which includes plans for staff absences, to ensure that all intake screenings are completed within 72 hours of arrival and that all 30-day reassessment screenings are completed within 30 days of arrival.

The facility provided the auditor with a memo that was sent to all OCC staff directing them on a newly established process for assuring that PREA standards for “Screening for Risk of Victimization and Abusiveness” are being met. Additionally the facility provided me the facility logs showing the date of admission and corresponding risk assessment completion dates for the months of November, December, and January. Upon review of the documentation the auditor finds the facility in substantial compliance with this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon in making the compliance determinations</p> <ol style="list-style-type: none"> 1. Documents reviewed <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA dated 08/02/2022. ◦ DAI Policy 325.00.04 Inmate Drivers - Licensed Vehicles dated 06/07/2021

- DAI Policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization dated 11/21/2023
- DAI Policy 306.00.23 Special Placement Needs of Inmates dated 04/12/2021
- DAI Policy 309.00.01 PIOC Work Placement dated 10/07/2024
- DAI Policy 500.70.26 Review for Housing Consistent with Gender identity dated 05/29/2024
- DAI Policy 500.70.27 Transgender Management and Care dated 02/03/2025
- DAI Policy DAI Classification Documentation Manual dated 12/11/2023
- WICS User Guide, Housing Recommendations Entry dated 10/03/2017.

- Division of Adult Institutions (DAI) Policy and Procedure 410.30.01 - Screening for Risk and Sexual Abusiveness and Sexual Victimization dated 11/21/2023
- DOC-3793 Transgender Housing Evaluation form
- DOC-1408 Inmate Work/Program Assignment placement form
- DOC-2570 Inmate Offsite Review form Email from PREA Director regarding Agency Pre-Hearing Classification Process
- Agency Classification Documentation Manual
- WICS Screenshots of special handling and housing for three individuals that are ROV or ROA.

2. Interviews Conducted

- PREA Coordinator
- PREA Compliance Manger
- Staff responsible for risk screenings

Reasoning and analysis (by provision)

115.42 (a-b)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA dated August 2, 2022, excerpt:

- “Information obtained from the screening shall inform housing, bed, work, education and program assignments with the goal of keeping separate those PIOC’s at high risk of being sexually victimized from those at high risk of being sexually abusive. For the purpose of education, programming, work and recreation activities, line of sight monitoring by DOC staff is sufficient to maintain separation. Individualized placement determinations shall be made for each PIOC.”

2. DAI policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization states in part:

- “Screening information shall be used to inform staff making housing and bed assignments. The expectation is to keep PIOC’s who score is high risk of being sexually victimized separated from those scoring as

high risk for being sexually abusive.”

- “Screening information shall be used to inform staff making work, education and program assignments.”
- “Facilities shall document the consideration of risk and any actions taken to mitigate risk on a DOC -1408, DOC-2570 or equivalent.”
- “Depending upon each POC's response in history, the screening tool categorizes each as being designated a ROV, ROA or none. ROV and ROA categorizations shall be recorded as a security special handling type and security housing recommendation in WICS.”
- “Individualized determination about how to ensure the safety of each PIOC shall be made.”

3. DAI Policy 325.00.04 Inmate Drivers – Licensed Vehicles:

- Summarizes that the Warden/Superintendent/designee shall screen inmates using the DOC 2570 to determine eligibility. Such criteria include potential victim issues and risk of sexual abuse, per the risk assessment. To be approved the individual must be categorized as having no risk or risk of victimization. Policy also states that unsupervised contact between those at risk of abusiveness and those at risk of victimization in/on DOC property is prohibited.

4. DAI Policy 306.00.23 Special Placement Needs of Inmates states:

- “One of the criteria needed for special needs placement is substantiated inmate on inmate sexual abuse.”

5. DAI Policy 309.00.01 PIOC Work Placement states:

- “The assignment, removing or continuing PIOC work placement includes:
 - Risk of abusiveness (ROA) or risk of victimization (ROV).
 - PIOC with a ROV category shall not be placed in an unsupervised work group with PIOC in an ROA category.
 - Any work setting that contains PIOC with ROV and ROA categories shall be under direct supervision”

6. WICS User Guide, Housing Recommendations explains the process for entering housing recommendations associated with PREA.

7. WICS User Guide for Security Special Handling explains the process for entering special handling entries for those that are ROA or ROV.

8. Review of three WICS records for housing and special handling revealed:

- All three records, one who is risk of victimization and two that are risk of abuse show that their records properly reflect the scoring to alert staff of housing and programming assignments.
- Two of those records, one for an ROA and one for a ROV has a warning on the screen that indicates “A bed assignment change is needed based on special handling recommendations”.

9. Upon informal conversation with the PCM and PREA Director it was confirmed that this was being generated due to another non-PREA related issue and both individuals were housed appropriately.

10. Review of completed DOC 2570 Inmate Offsite reviews reflects that the risk assessment score is considered in making work assignments.

	<p>11. Formal Interviews with staff responsible for risk screenings:</p> <ul style="list-style-type: none"> ◦ One staff member reported that the room assignment sergeant keeps individuals housed separately and considers their programming assignment. ◦ The other staff member reported that they are alert to their facility placement and room assignments. <p>12. Formal interview with the PREA Compliance Manager:</p> <ol style="list-style-type: none"> 1. The PCM reported that during the intake staff ask questions about if they have been abused before and the scoring system will determine if they are victims or aggressors. He further stated that they make sure they are not celled up together. They also make sure that the ROA and ROV would not be at the same job site. They are also working on getting cameras in the work vans to assist with monitoring. <p>115.42 (c-g)</p> <p>1. These provisions are no longer applicable.</p> <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with provision §115.42.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA dated August 2, 2022 ◦ Division of Adult Institutions (DAI) Policy and Procedure 306.05.01 Protective Confinement dated 12/30/2024 ◦ Division of Adult Institutions (DAI) Policy and Procedure 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization dates 11/01/2017. 2. Interviews conducted; <ul style="list-style-type: none"> ◦ Warden/designee

Reasoning and analysis (by provision)

115.43 (a)

1. The facility PAQ reported that zero inmates at risk of sexual victimization were held in involuntary segregation housing in the past 12 months.
Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Adult PIOC’s at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the facility may separate the PIOC involuntarily from the general population for less than 24 hours while completing the assessment.”
2. DAI policy 306.05.01 Protective Custody states:
 - “PIOC who need protective confinement because he/she is a high risk for sexual victimization shall not be placed in involuntary protective confinement in RH unless:
 - An assessment of all available alternatives has been made.
 - A determination has been made that there is no available alternative means of separation from likely abuser.
 - PIOC shall not be held for more than 24 hours pending this assessment”
3. DAI policy 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization states:
 - “Inmates at high risk for sexual victimization shall not be separated from the general population unless necessary of all available alternatives has been made and the determination has 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 completing the assessment.
 - If an inmate is involuntary separated from general population the facility shall document the basis for the facility's concerns for the inmate safety and the reason and alternative placement cannot be arranged.”
4. Formal interview with the warden/designee:
 - The warden/designee indicated that OCC does not have a segregation; however, if needed they would send them over to Oakhill Correctional Institute.
 - He answered in the affirmative that policy prohibits placing inmates at risk for sexual victimization in segregated housing unless there is no available alternative means of separation from the abuser.

115.43 (b)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “PIOCs separated from the general population for this purpose shall have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities the facility shall document the opportunities limited, the reason for such limitations and the duration of the limitation.”
2. OCC has no segregated housing and therefore there were no staff to interview for this provision.
3. There were no inmates at OCC who reported sexual abuse, or were at risk of sexual victimization, that were placed in segregated housing.

115.43 (c)

1. The facility PAQ reported that there were no inmates in the last 12 months, assigned to involuntary segregated housing who were at risk of sexual victimization for longer than 30 days.
2. DAI Policy 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization states:
 - “Involuntary separation from the general population shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar day”.
3. Formal interview with the warden/designee:
 - The warden/designee indicated that they probably would not place them in segregated housing and if they had to they would send them to Oakhill Correctional Institution.
 - When asked how long they would be placed in involuntary segregated housing he stated they would not do that.
4. There were no staff to interview who supervise segregated housing as the facility does not have segregated housing.
5. There were no inmates that were placed in segregated housing due to risk of sexual victimization or alleged to have suffered sexual abuse.

115.43 (d)

1. The facility PAQ reported that there were no inmates placed in involuntary segregated housing.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “If a PIOC is involuntarily separated form the general population, the facility shall document the basis for the facilities’ concerns for the PIOC’s safety and the reason an alternate placement cannot be arranged.”
3. Due to having no inmate that was placed in involuntary segregated housing the auditor was unable to review an inmate file for this provision.

	<p>115.43 (e)</p> <ol style="list-style-type: none"> 1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> ◦ “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.” 2. DAI Policy 306.05.01 Protective custody states: <ul style="list-style-type: none"> ◦ “Ensure PIOC protective confinement placement is reviewed every 30 days to determine if placement remains necessary. Document review of existing protective confinement placement on DOC-30.” 3. DAI Policy 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization states: <ul style="list-style-type: none"> ◦ Every 30 days, the facility shall review the inmate’s circumstances to determine whether there is a continuing need for separation form the general population and document accordingly. 4. There were no staff who supervised inmates in segregated housing or inmates in segregated housing to interview for this provision. <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with provision §115.43.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ PIOC PREA posters (English and Spanish) ◦ Wisconsin Department of Corrections Division of Adult Institutions Sexual Abuse and Sexual Harassment Prevention and Intervention A ◦ Resource for Inmates Handbook (English and Spanish) ◦ Agency third party reporting posters Agency

- PIOC ID card
- 2. Interviews conducted
 - Random staff
 - Random Inmates
 - PREA Compliance Manager

Reasoning and analysis (by provision)

115.51 (a)

1. The facility PAQ reported that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “The DOC shall provide multiple ways for PIOC’s to privately report sexual abuse and sexual harassment, retaliation by other PIOC’s or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.”
3. Wisconsin Department of Corrections Division of Adult Institutions Sexual Abuse and Sexual Harassment Prevention and Intervention A Resource for Inmates Handbook revealed:
 - Outlines reporting methods to include:
 - Tell ANY staff person
 - Send a request to ANY staff person
 - Call a PREA reporting hotline (#777 or #888)
 - Tell a family member, friend or outside support person; they may report on your behalf by telling any staff person or submitting a report at www.doc.wi.gov.
 - File a complaint Contact local law enforcement
 - The inmate handbook is available in both English and Spanish
4. The PREA Reporting posters show:
 - Outline the ways to an inmate can file an allegation of sexual abuse or sexual harassment.
 - PREA poster are available in both English and Spanish.
5. Review of the PIOC’s identification card revealed:
 - On the back of each inmate’s identification card the following statement is made:
 - Sexual Abuse and Sexual Harassment Zero Tolerance. WI DOC has ZERO TOLERANCE for victimization. You have the right to remain safe. To report sexual abuse or harassment:
 - Tell or write any staff member

- Dial #777 or #888
- Submit a grievance
- Ask a family member or friend to report at www.doc.wi.gov
- Write to law enforcement
- For support, contact your Victim Services Coordinator or dial #999

6. Formal interview with random staff revealed:

- Thirteen staff were interviewed, and all were able to articulate different ways in which inmates can report. Responses include, with staff, on the phones, on tablets, 888, write to LE, #777, #888 if they want to go outside the department, and third-party reports from family members.

7. Formal interviews with random inmates revealed:

- Thirty-one inmates were interviewed, and all were able to list at least one way to report with the majority listing multiple options including calling one of the reporting lines (777 or 888), telling staff to call their family.

8. Site review observations:

- During the site review the audit team verified the PREA poster was posted throughout the facility, in the living units and areas that are frequented by inmates. Both English and Spanish versions of the poster were posted. The posters were easily viewable by all inmates in the day room. PIOC are also issued tablets which have PREA information on them including all of the reporting options and phone numbers to make a report.
- The audit team tested the reporting methods, 777 and 888. Both calls went to a voicemail system, and the messages were sent to the PREA office at the central office who emailed me the information that they had received. The auditor did not have to enter any PIN number or DOC number when making the call.

115.51 (b)

1. The facility PAQ reported:

- The facility reported that they provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency.
- The facility reported that they do not have any inmates detained solely for civil immigration purposes.

2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

- "In addition, the DOC shall provide at least one way for PIOC to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC."

3. The PREA Reporting posters show:

- Dial #888 to report outside of WIDOC. A PIN is not needed.
- 4. Wisconsin Department of Corrections Division of Adult Institutions Sexual Abuse and Sexual Harassment Prevention and Intervention A Resource for Inmates Handbook revealed:
 - “If you choose to remain anonymous, dial #888. Your PIN is not needed to make this call. This is also a message line and only monitored during business hours. This hotline is monitored by an agency outside of DOC. However, the report will be sent back to the facility for review and action. The external agency does not respond or investigate. A staff member from your facility will follow-up with you.”
- 5. Formal interview with PREA Compliance Manager revealed:
 - The PCM reported that inmates can call the #777 number that goes directly to central office. No blocks on the numbers. There is #888 number that goes to local law enforcement, Dane County.
 - The PCM reported that these calls allow the inmates to remain anonymous.
- 6. Formal interview with inmates revealed:
 - Of the 31 inmates interviewed, 13 reported that were aware of the outside reporting options. Several others listed of multiple ways to report and often mentioned family when asked if there were someone who does not work at this facility who you could report to about sexual abuse or sexual harassment.
 - Thirty of the 31 inmates reported that they could make the report without giving their name. One person reported that they do not know for use; but that you could use a kite request.

115.52 (c)

1. The facility PAQ reported:
 - Staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties and required to document such reports immediately.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports.”
3. Formal interviews with random staff revealed:
 - All 13 staff members reported that they are required to document reports of sexual abuse or sexual harassment and to do so immediately or as soon as possible.
4. Formal interview with inmates revealed:
 - All 31 inmates reported yes that they could make reports of sexual abuse or sexual harassment in person or in writing. Additionally all inmates reported that someone else could make the report on their behalf with responses primarily being family members or friends.

115.51 (d)

1. The facility PAQ reported:
 - The facility has established procedures for staff to privately report sexual abuse and sexual harassment of inmates and that staff are informed of these procedures via ED #72.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Reports shall be immediately reported to a supervisor who is not the subject of the allegation, unless reporting to such person compromises the safety of the alleged victim, witness(es) or reporter. In those instances, a private report shall be made to the PREA Office or submitted electronically via the DOC’s public website.”
3. Interviews with random staff revealed:
 - Of the 13 staff members interviewed, four staff members were not aware of the options to privately report and others indicated they would report to supervisor, dial #888, report to warden, report to another facility or report to Law Enforcement directly. One person indicated that they could contact the PREA office directly.
 - During interviews the auditor determined that there was a lack of understanding of what the intent and meaning of privately reporting. The auditor requested that the facility provide additional information to staff at the facility regarding how to privately report.
4. Memo from OCC Superintendent to all OCC staff dated 10/07/2025:
 - The OCC Superintendent sent out additional information to OCC staff that states:
 - “During the recent PREA audit, it was identified that OCC staff may not be fully aware of the options available to report PREA-related concerns privately. Staff are reminded that there are multiple confidential ways to report PREA issues or allegations.
Staff may report PREA issues privately through the following methods:
 - Directly to the PREA Office
 - Through the DOC’s Public Website
 - To a supervisor: Staff may also choose to privately notify a supervisor.
 - Maintaining a safe and respectful environment is a shared responsibility. Thank you for your continued commitment to supporting PREA and ensuring the safety and well-being of all persons in our care.”

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.51.

115.52	Exhaustion of administrative remedies
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 1161 378">Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> <li data-bbox="320 445 730 479">1. Documentation reviewed: <ul style="list-style-type: none"> <li data-bbox="440 490 959 524">◦ The Pre-Audit Questionnaire (PAQ) <li data-bbox="440 535 1465 613">◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 <li data-bbox="440 624 1469 703">◦ Division of Adult Institutions (DAI) policy 310.00.01 Inmate Complaints Regarding Staff Misconduct, dated 11/20/2022 <li data-bbox="440 714 1187 748">◦ Wisconsin DOC Complaint Procedures Chapter 310 <li data-bbox="440 759 1437 837">◦ Email regarding inmate complaints that alleges or appears to allege PREA, dated 03/11/22 <li data-bbox="440 848 1193 882">◦ Oregon Correctional Center - PIOC Handbook 2024 <li data-bbox="320 893 671 927">2. Interviews conducted <ul style="list-style-type: none"> <li data-bbox="440 938 979 972">◦ Inmates who reported sexual abuse <p data-bbox="256 994 794 1028">Reasoning and analysis (by provision)</p> <p data-bbox="256 1061 360 1095">115.52</p> <ol style="list-style-type: none"> <li data-bbox="320 1162 1477 1240">1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states: <ol style="list-style-type: none"> <li data-bbox="424 1252 1465 1576">1. "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." <li data-bbox="424 1588 1458 1868">2. 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. <li data-bbox="424 1879 1347 1957">3. The complaint process shall not include a mandatory informal resolution requirement. <li data-bbox="424 1968 1453 2069">4. 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.

5. Third parties, including fellow PIOC's, staff, family members, attorneys and outside advocates, shall be permitted to assist a PIOC in filing complaints related to allegations of sexual abuse or sexual harassment. A parent or legal guardian of a juvenile shall be permitted to file a grievance regarding allegations of sexual abuse on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on their behalf. Complaints filed shall be referred for sexual abuse and/or sexual harassment investigation.
 6. 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 responses shall be in accordance with Staff Reporting (section XIV. C.).
 7. 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.
2. DAI policy 310.00.01 Inmate Complaints Regarding Staff Misconduct
- Receiving and Processing Complaints Alleging Staff Sexual Misconduct:
 - Complaints regarding staff sexual misconduct shall be handled according to provisions of Executive Directive 72.
 - Institution Compliance Examiner (ICE) Action 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 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.
 - PCM/PCM backup action 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.
 - ICE/Warden action after PCM/PCM backup review
 - 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.

- If the allegation meets the definition of sexual abuse or sexual harassment and has been previously reported and investigated, the ICE shall recommend dismissing the complaint per ED 72 and forward to PCM/PCM backup for any follow-up.
- If the allegation meets the definition of sexual abuse or sexual harassment and has not previously been reported:
 - The ICE shall recommend dismissing the complaint to be processed per ED 72 and refer for investigation. The Warden/ designee enters a decision to dismiss the complaint from the ICRS and thus waiving the inmate's confidentiality rights in accordance with Wisconsin Administrative Code s. DOC 310.16(4).
 - The ICE shall complete DOC-2666D so that the allegation can be recorded in SINC.
 - The ICE shall complete an incident report detailing the allegation (if directed by facility).
 - If the allegation does not meet the definition of sexual abuse or sexual harassment, the ICE shall investigate and/or handle per the procedure and process the inmate complaint through the ICRS.

3. Email regarding inmate complaints that alleges or appears to allege PREA states:

- Outlines the process for when allegations of sexual abuse or sexual harassment are made through the complaint process as noted in DAI Policy 310.00.01.

4. Wisconsin DOC Complaint Procedures Chapter 310 states:

- Outlines the process for the handling of inmate complaints related to sexual abuse and sexual harassment.
Notwithstanding s. DOC 310.07 (2), an inmate may file a complaint regarding sexual abuse or sexual harassment at any time.
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.

5. Oregon Correctional Center - PIOC Handbook 2024 provided to the inmates at OCC states:

- PREA COMPLAINTS:
 - A PIOC may file a complaint alleging sexual abuse using the procedures under this chapter.
 - A PIOC 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 relate to sexual abuse or sexual harassment, the time limits apply.
 - A PIOC 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.

- **Complaints filed under this section will be referred to for a PREA investigation.**
- Third parties, including fellow PIOC, staff members, family members, attorneys, and outside advocates, shall be permitted to assist an PIOC 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 PIOC.
- Emergency grievance procedures for complaints alleging a substantial risk of imminent sexual abuse or sexual harassment are:
 - The PIOC may contact any staff member who is not the subject of the allegation for immediate corrective action.
 - The PIOC may file a complaint. Complaints collected under s. DOC 310.08 shall be immediately forwarded to the Warden.
 - 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.
 - The Warden may discipline a PIOC for filing a complaint related to alleged sexual abuse or sexual harassment only if the Warden demonstrates that the PIOC filed the complaint in bad faith.
 - Time frames are waived for PREA related complaints, this does not apply to PREA related complaint appeals.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance.

Upon review of the FAQ for §115.52 submitted on July 19, 2022, from the PREA Resource Center, “an agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.”

WIDOC has policies and procedures to include notification to the inmates in the inmate handbook, that complaints related to sexual abuse or allegations of sexual abuse are forwarded for an investigation that is outside of the agency’s administrative remedies process.

For additional awareness to the inmate population, the auditor recommends that information regarding how complaints are handled be added to the WIDOC Sexual Abuse and Sexual Harassment Prevention and Interview, A resource for Inmate’s handbook.

	Based on this analysis, the auditor finds that the agency/facility is exempt from this standard.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Division of Adult Institutions (DAI) Policy 410.50.04 Support Services and Retaliation Monitoring dated 10/18/2021 DOC-2937 Advocacy ◦ Request Form (blank) English and Spanish ◦ POC-0041B Sexual Abuse in Confinement Resource sheet for Offenders ◦ Memorandum of Understanding with RCC: Sexual Violence Resource Center ◦ Wisconsin Department of Corrections DAI Sexual Abuse and Sexual Harassment Prevention and Intervention – A Resource for Inmates 2. Interviews Conducted: <ul style="list-style-type: none"> ◦ Random Inmates ◦ Inmates who Reported Sexual Abuse ◦ Advocate with Local Crisis Center <p>Reasoning and analysis (by provision)</p> <p>115.53 (a-c)</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> ◦ “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.”

2. DAI Policy 410.50.04 Support Services and Retaliation Monitoring states:

- Support provided to an alleged victim following an experience of sexual abuse shall be guided by a facility-specific Memorandum of Understanding between DOC and the Sexual Assault Service Providers (SASP).
- 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 support (i.e. PSU, HSU, Chaplain, etc.) and/or facilitate contact with the local SASP.
- 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.
- Prior to any SASP contact, the VSC shall inform the alleged victim of the extent to which communication with the SASP may be monitored.
- 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.
- 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.
- If the alleged victim declines support services initially, but requests support at a later date, the VSC shall make accommodations.

3. DOC-2937 Advocacy Request Form states:

- “In addition to on-site support (i.e. medical/mental health staff), victims of sexual abuse may receive support from their community’s local sexual assault service provider. Sexual assault service providers (SASP) are dedicated to helping victims. Their services are free, confidential, 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).”
- “Advocacy is not a substitute for, nor does it replace services offered by DOC. Inmates may continue to receive services from a social worker, PSU, and/or victim services coordinator. Services may include case management, therapy, mental health treatment, and monitoring

retaliation.”

- “Every effort will be made to ensure that your communication with the advocate remains confidential. Your PIN is not needed to dial #999, nor is the call recorded or monitored. In person, telephone, and virtual communication will be arranged in as private a manner as possible. Written correspondence may be opened or inspected and may be read with the written approval of the security director. All communications shall be monitored in accordance with Administrative Code Chapter DOC 309, DOC policy, and facility procedure. Reports of self-harm, harm to others, or abuse that involves a child, elder, or dependent adult will be forwarded to the authorities in accordance with mandatory reporting laws.”
- “If you transfer facilities, you may continue meeting with an advocate. The victim services coordinator at the new facility will ask your permission to contact the local advocate on your behalf.”

4. Wisconsin Department of Corrections DAI Sexual Abuse and Sexual Harassment prevention and Intervention – A Resource for Inmates 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).
- Every effort is made to ensure that communication with an advocate remains confidential. Dialing #999 will connect to the local agency’s crisis hotline; your PIN is not needed, nor is the call recorded or monitored. Written correspondence may be opened or inspected and may be read with the written approval of the Security Director. In person or virtual communication will be arranged in as private and confidential manner as possible. All communication is monitored in accordance with Administrative Code Chapter DOC 309, DOC policy, and facility procedure.
- Reports of self-harm, harm to others, or abuse that involves a child, elder, or dependent adult will be forwarded to the authorities in accordance with mandatory reporting laws.

5. POC-0041B Sexual Abuse in Confinement Resource sheet for Offenders states:

- This form is provided to inmates as part of the PREA Education. It will include facility specific information on support services, including how to make a call to the local sexual assault service provider.
- The PREA poster for inmates was reviewed and contains contact information for the local SASP, including how to call them or send mail to them. It also indicates that a PIN is not needed to make the call and that they are not recorded or monitored. It further states that written correspondence may be opened or inspected and may be read with the approval of the security director.

6. The PREA poster for inmates was reviewed and revealed:

- Contact information for Sexual Assault Service Provider SASP, RCC,

including how to call them or send mail to them.

- Poster indicated that a PIN is not needed to make the call and that calls are recorded or monitored.
- Written correspondence may be opened or inspected and may be read with the approval of the security director.

7. The MOU with SASP – RCC was reviewed and states:

- “This Memorandum of Understanding (MOU) between the Wisconsin Department of Corrections (referred to herein as “DOC”) and RCC: Sexual Violence Resource Center (referred to herein as “Sexual Assault Service Provider” or “SASP”) is entered into to assure coordinated, safe and confidential emotional support, accompaniment, crisis intervention, information and referral to victims of sexual abuse in confinement as required by the PREA and final rule.”
- The MOU further outlines roles and responsibilities for each agency.

8. There were no formal interviews with inmates who reported sexual abuse as the facility did not have any cases during the last 12 months.

9. Formal interview with inmates revealed:

- Thirty-one inmates were interviewed. Of those 18 or 58% responded that they were aware of services outside the facility for dealing with sexual abuse and 13 or 42% reported that they were not aware of those services.

Of the 18 that were aware of services reported that the kind of service was primarily counseling, victim advocates, emotional support and one indicated that it is on the posters. Three inmates reported they did not know what services were provided.

Additionally, eight reported that they were not sure if there were mailing addresses and telephone numbers for outside services. Ten were able to articulate that the facility provided the mail and telephone number and that they had seen it in the video and on posters and indicated that they would be free.

- Of the 18 that were aware of the services, all reported that they would be able to talk to people from those services at any time.

Lastly, of the 18 that were aware of the services, 12 indicated that what they say to people from those services would remain private and six were not sure. Additionally, seven indicated that they believed conversations with these services would not be told to or listened to by someone else and 11 indicated that they were not sure.

10. Site review observations:

- During the site review the auditor observed victim services posters throughout to the facility in areas to include, housing unit, near phone, recreational areas, and visitation areas. Posters had the telephone number and address to the local rape crisis center. The audit team tested the rape crisis line (#999) without entering any personal identifying information or PIN and was able to get through.

Formal interview with Victim Advocate

11. A formal interview with the Dane County Rape Crisis Center revealed:

- Their information is provided to the population via printed materials. These materials include information on how to reach their 24/7 service utilizing the telephone or how to make a request with the printed request forms.
- She stated that the agency would receive a referral from the facility on the request forms. They would connect with the individual in person or by phone to provide emotional support, support through investigatory interviews, crisis intervention, relevant referrals, or the forensic exam process.
- She indicated that she has received referrals from OCC in the last 12 months and that they have not seen any outstanding trends or issues identified at this time.
- She indicated that they have a current agreement in place to provide services to OCC via telephone and US mail and that they have Spanish speaking staff as well.
- She also indicated that they have provided contact via zoom with the population.
- Lastly, she reported that when an inmate is transitioning into the community, they would provide the inmate with information on some ongoing advocacy providers for ongoing services.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance.

While 42% of the random inmate interviews conducted were not able to answer the questions regarding victim advocacy services, the auditor finds that the agency provides more than an ample amount of information to their population regarding access to victim advocacy services. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.53.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: <ul style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ)

- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Agency third party reporting poster
- Screenshot of agency website for reporting

2. Site Review Observations

Reasoning and analysis (by provision)

115.54 (a)

1. The facility PAQ revealed:

- The facility reported that they provide a method to receive third-party reports of inmate sexual abuse or sexual harassment and publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmate.

2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

- “The DOC shall provide a method for third parties to report sexual abuse and sexual harassment on behalf of a PIOC. Information on how to report sexual abuse and sexual harassment on behalf on a PIOC shall be posted publicly.”

3. Agency’s third-party reporting poster states:

- To report on behalf of an inmate:
 - Tell ANY staff person.
 - Go to www.doc.wi.gov. Click on Prison Rape Elimination Act
 - Contact local law enforcement
 - Information is also provided in Spanish

4. Site observations revealed:

- Third party reporting posters were observed during the site review in the visitation/public access area of the facility.

5. Review of the agency website revealed:

- This auditor verified it contacts reporting information for community members.
- The website was easy to navigate and then information was clear.

6. The auditor tested the third-party reporting option via the email on the website and an email was received from the PREA office verifying they received the test report. The email was sent on August 14th at 5:25 pm and received back on August 15th at 12:26 pm.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance.

Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.54.

115.61	Staff and agency reporting duties
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 1161 378">Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> <li data-bbox="320 445 730 479">1. Documentation reviewed: <ul style="list-style-type: none"> <li data-bbox="440 490 959 524">◦ The Pre-Audit Questionnaire (PAQ) <li data-bbox="440 535 1465 613">◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 <li data-bbox="440 624 1422 725">◦ Division of Adult Institutions (DAI) 500.30.19 Sexual abuse - Health Services Unit Procedure in the Event of Sexual Abuse dated 11/21/2023. <li data-bbox="440 736 1465 815">◦ Wisconsin Legislature - Criminal Code 940.285 Abuse of Individuals at Risk Definitions <li data-bbox="320 826 671 860">2. Interviews conducted <ul style="list-style-type: none"> <li data-bbox="440 871 667 904">◦ Random Staff <li data-bbox="440 916 927 949">◦ Medical and Mental Health Staff <li data-bbox="440 960 719 994">◦ Warden/designee <li data-bbox="440 1005 724 1039">◦ PREA Coordinator <p data-bbox="256 1061 794 1095">Reasoning and analysis (by provision)</p> <p data-bbox="256 1128 405 1162">115.61 (a)</p> <ol style="list-style-type: none"> <li data-bbox="320 1240 692 1274">1. The facility PAQ states: <ul style="list-style-type: none"> <li data-bbox="440 1285 1481 1565">◦ The facility reported that the agency does require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. <li data-bbox="320 1576 1481 1655">2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> <li data-bbox="440 1666 1449 1778">◦ “Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports; and immediately report: <ul style="list-style-type: none"> <li data-bbox="544 1789 1469 1901">■ Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC <li data-bbox="544 1912 1469 1991">■ Any incidents of retaliation against PIOC’s or staff who reported such an incident; and/or <li data-bbox="544 2002 1458 2080">■ Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”

3. Formal interviews with staff

- Thirteen (13) staff members were formally interviewed during the onsite portion of the audit and all 13 staff members reported that they were aware of this policy requirement and 100% reported that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- Twelve (12) of the staff members also acknowledged that they are required to report the allegation to a supervisor immediately while one indicated that they would need to report the allegation within 72 hours to a supervisor.

115.61 (b)

1. The facility PAQ states:

- The facility reported that yes, the agency has a policy that prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

- Staff members shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators and designated officials. Such information shall be limited to information necessary to make treatment, investigation and other security and management decisions.

3. Formal interviews with staff revealed:

- All 13 staff who were interviewed, during the onsite portion of the audit, were aware of their reporting duties and of their obligation not to discuss any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security management decisions.

115.61 (c)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

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

2. DAI policy 50030.19 Sexual Abuse – Health Services Unit Procedures in the Event of sexual Abuse states:

- Upon notification of sexual abuse occurrence medical is required to “inform the PIOC that some information obtained in a provider PIOC relationship is not confidential and will be reported to non-health staff

and/or other agency staff as needed even without written consent of the PIOC according to State and federal laws, and this includes:

- Sexual abuse or sexual harassment of a PIOC while confined

3. Formal interviews with medical and mental health staff revealed:
 - OCC did not have any mental health staff onsite, and they indicated that they would coordinate with the neighboring facility for mental health care if needed.
 - OCC has one full-time medical staff member that was interviewed while onsite. This staff member reported that she does disclose the limitations of confidentiality and her duty to report upon initiation of services. Additionally, she confirmed that she is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. Lastly the medical staff member reported that she has never become aware of any incidents of sexual abuse or sexual harassment that she needed to report.

115.61 (d)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “If the alleged victim is under the age of 18 or considered a vulnerable adult in accordance with State or local statute, the DOC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.”
2. The facility does not house individuals under the age of 18 as such this requirement only applies to those considered vulnerable adults. Local law enforcement conducts criminal sexual abuse investigations and would be responsible for completing mandatory reports for those who fall under the vulnerable person statute.
3. Wisconsin Legislature - Criminal Code 940.285 Abuse of individuals at risk definitions revealed:
 - The auditor reviewed the Wisconsin State Legislature public website which states:
 - “Adult at risk” 55.01 (1e):
 - means any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.
 - “Elder adult at risk” (46.90 (1) (br):
 - means any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation “Individual at risk” means an elder adult at risk or an adult at risk.

	<p>4. Formal interview with warden/designee revealed:</p> <ul style="list-style-type: none"> ◦ The warden/designee reported that they do not have anyone under the age of 18 housed at this facility. He stated that for vulnerable adults they would investigate it, make sure they are safe. He reported that he did not think they would notify Adult Protective Services. He stated there would probably be someone from psychological services unit next door and if there was something they recommended then he would do it. <p>5. Formal interview with the PREA Coordinator/Director revealed:</p> <ol style="list-style-type: none"> 1. The PREA Director indicated that they notify LE and have added responsibility of notifying CPS or APS. If adults report sexual abuse when they are juvenile, we do not make notification. Only make additional notifications if you are under the age of 18. <p>116.61 (e)</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> ◦ “All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be referred for investigation. 2. Formal interview with warden/designee revealed: <ul style="list-style-type: none"> ◦ The warden designee reported that yes, all allegations of sexual abuse and sexual harassment, including third party and anonymous are reported. <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.61.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Agency First Responder Card for Security, Non-Security, and

Healthcare.

2. Interviews conducted
 - Agency Head
 - Warden/designee
 - Random sample of Staff

Reasoning and analysis (by provision)

115.32 (a-b)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “When the department or facility learns that PIOC is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the PIOC.”
2. The facility PAQ reported:
 - The facility reported that they would take immediate actions to protect the inmate if the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse.
 - The facility reported that in the last 1 months, they have had no incidents in which the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.
3. Review of the Agencies First Responder Card Security, Non-Security, and Healthcare revealed:
 - The card is provided to all staff and outlines response duties if there is suspicion or report of imminent harm. Response duties vary slightly if staff are security or non-security, but all include:
 - Act to protect the offender from immediate harm.
 - Gather basic information about the offender’s risk.
 - Notify a security supervisor.
 - Document of the reported concern and response.
4. Formal interview with the agency head revealed:
 - The agency head stated that they would consider housing or facility changes, removal of identified threat whether staff or inmate, put on admin leave or transfer out to another unit and also use protective confinement when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse.
5. Formal interview with warden/designee revealed:
 - The warden/designee indicated that when they learn an inmate is subject to a substantial risk of imminent sexual abuse, they would separate the person, interview them, investigate what is going on, and document it. He further expressed that they do not like to move them if they do not have to as it would make it look like they are the ones getting in trouble.
6. Formal interview with a random sample of staff revealed:
 - Thirteen staff members were interviewed, and all staff members were

	<p style="text-align: center;">able to articulate appropriate steps they would take if they learned an inmate was at risk of sexual abuse to include separating the person from the situation, interview to get more information, reporting to supervisors immediately, and moving inmate to another room. Additionally, they all reported that they would act immediately.</p> <p>Finding: The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.62.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Wisconsin Department of Corrections External Facility Notification template ◦ Sample warden to warden notification 2. Interviews conducted <ul style="list-style-type: none"> ◦ Agency Head ◦ Warden/designee ◦ Random sample of Staff <p>Reasoning and analysis (by provision)</p> <p>115.63 (a-c)</p> <ol style="list-style-type: none"> 1. The facility PAQ states: <ul style="list-style-type: none"> ◦ The facility reported that if they receive an allegation that an inmate was sexually abused while confined at another facility, they will notify the head of the facility or appropriate office where sexual abuse is alleged to have occurred. ◦ They reported that in the last 12 months, they have had allegations received that would require such notification. ◦ Furthermore, the facility reported that their response to these allegations would include gathering information; notify supervisor and

compliance manager; submit an incident report; refer the allegation to the head of the facility of the alleged abuse within 72 hours; assist with investigation, as needed.

2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Within 72 hours of receiving an allegation that a PIOC was the victim of sexual abuse while confined at another facility, the information shall be reported by the head, or designee, of the facility to the head, or designee, of the facility where the alleged abuse occurred.”
 - “All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”
3. The External Facility Notification template provides a standard form to be used when an allegation is received that contains the necessary information and is to be completed by the facility head.
4. During the formal interview with the warden/designee, he revealed that they did receive an allegation from an inmate alleging sexual abuse while at another facility. The notification letter was provided to the auditor and confirms that the appropriate notification was completed timely and documented.

115.63 (d)

1. The facility PAQ states:
 - In the last 12 months, they have had no allegations of sexual abuse received from other facilities.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”
3. Formal interview with the warden/designee revealed:
 - The warden/designee reported that if an allegation is received at OCC from facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility, they would treat it like every other one, interview get facts and treat it seriously.
 - He further reported that they have had no examples of another facility or agency reporting such allegations.
4. Formal interview with the agency head revealed:
 1. The agency head reported that if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of their facilities that generally, they would make sure local leadership is aware and make sure PREA Directors office is aware.
 2. They also reported that when they receive such an allegation, they would touch base with the PREA Director or appropriate leader, looking

	<p style="text-align: center;">to see if they are aware of the allegation, if investigated, if not then we would open a case.</p> <p style="text-align: center;">3. Furthermore, she reported that there are examples of such notifications as they often get notifications from jails and they make sure the PREA Coordinator and local leadership knows.</p> <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.63.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Agency First Responder Card for Healthcare ◦ Agency First Responder Card for Non-security Agency First Responder Card Security ◦ Sexual Abuse Response Checklist 2. Interviews conducted <ul style="list-style-type: none"> ◦ Security Staff and Non-Security Staff First Responders ◦ Inmates who Reported Sexual Abuse ◦ Random Sample Staff <p>Reasoning and analysis (by provision)</p> <p>115.64 (a-b)</p> <ol style="list-style-type: none"> 1. The facility PAQ states: <ul style="list-style-type: none"> ◦ The facility reported that the agency has policy for first responders and that the policy requires security first responders to separate the victims, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, and ensure that the alleged abuser does not take any actions that could destroy physical evidence.

- The facility reported that they have had no allegations of sexual abuse reported in the last 12 months.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
- “Upon learning of an allegation that a PIOC was sexually abused, the first security staff member to respond to the report shall, at a minimum:
Separate the alleged victim and abuser;
 - Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
 - 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
 - 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.”
3. Agency First Responder Card-Security reviewed and revealed:
- The first responder card contains appropriate action steps for the different types of staff on what to do as a first responder, to include:
 - Ask basic questions (e.g. who, what, where and when).
 - Notify the security supervisor immediately.
 - Separate the alleged victim and suspect. Ensure the victim’s safety. Move the suspect to a secure location.
 - Notify HSU or PSU if medical care or crisis intervention is needed.
 - Preserve and protect any crime scene. Secure the area.
 - Request that the alleged victim and ensure that the suspect do not take any action that could destroy evidence (e.g. brush teeth, shower, use toilet, change clothing, drink or eat).
 - Maintain custody of evidence until released to Security Director or law enforcement. Ensure Chain of Custody form (DOC-1445) accompanies any evidence.
 - Document the reported incident and response.
4. Review of DOC-2981 Sexual Abuse Response Checklist revealed:
- The checklists includes definitions for sexual abuse, first responder duties, how to communicate with the victim, information for the responding supervisor, SANE transport checklist and PREA kit information (if appropriate).
5. Formal interview with security and non-security first responders revealed:
- Six staff members were interviewed that would act as first responders. All six staff members were able to articulate the actions they would take as a first responder to include: separating the victim from the

abuser, document incident, preserve evidence, and report to supervisor, PSU or medical as needed. Two staff members showed the auditor the first responder card that they kept in their pocket. The facility has no allegations of sexual abuse in the last 12 months and therefore there was no formal interview conducted with inmates that reported sexual abuse.

115.64 (b)

1. The Pre-Audit Questionnaire (PAQ) states:
 - The facility reported that the agency has a policy that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.
 - The facility reported that in the last 12 months there have been no reports of sexual abuse in which a non-security staff member was the first responder.
2. Agency First Responder Card for Non-security and health services was reviewed and revealed:
 - The card outlines first responder action steps and includes:
 - Ask basic questions (e.g. who, what, where and when).
 - Notify a security supervisor immediately.
 - Request that the alleged victim not take any actions that could destroy physical evidence (e.g. brush teeth, shower, use toilet, change clothing, drink or eat).
 - Document the reported incident and response.
 - The card for health care includes one additional step to provide emergency medical treatment or crisis intervention.
3. Formal interview with six staff members that would act as first responders. All six staff members were able to articulate the actions they would take as a first responder to include: separating the victim from the abuser, document incident, preserve evidence, and report to supervisor.
4. The facility has no allegations of sexual abuse in the last 12 months and therefore there was no formal interview conducted with inmates that reported sexual abuse.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.64.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Documentation reviewed:

- The Pre-Audit Questionnaire (PAQ)
- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Division of Adult Institutions (DAI) policy 410.50.06 Coordinated Response Plan dated 10/15/2024,
- OCC Coordinated response plan, revised August 2025
- A Guide for Volunteers and Contractors Brochure English and Spanish
- DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation Manual
- Agency Contractor & Volunteer Training
- DOC 2674 Non-DOC Personnel, Business & Professional Visitors form (blank and completed copies).

2. Interviews conducted

- Volunteer(s) or Contractor(s) who have Contact with Inmates

Reasoning and analysis (by provision)

115. (a-b)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

- “Each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership.”

2. DAI policy 410.50.06 Coordinated Response Plan states:

- The Division of Adult Institutions shall ensure facilities develop and maintain a written plan to coordinate actions taken in response to an incident or report of sexual abuse.
- On a yearly basis, or more frequently if needed, facilities shall review and update a response plan to coordinate actions taken following an incident or report of sexual abuse.
- Facilities shall use the template provided by the PREA Office as the basis for the plan.
- The PCM shall be responsible for creating and maintaining an updated plan.
- The PCM, in collaboration with the Warden/designee, shall determine whether there are any facility specific responses staff should take in addition to what is described in the template.
- At a minimum, the plan shall detail a response for the following staff members:
 - Staff first responders.

	<ul style="list-style-type: none"> ■ Medical and mental health staff. ■ Investigators. ■ Facility leadership <ul style="list-style-type: none"> ○ Facilities shall maintain a copy of the completed plan (e.g. printed or electronic) in a location accessible to all staff. ○ Facilities shall ensure those with a responsibility within the plan are apprised of their duties and expectations. <p>3. OCC facility's coordinated response plan was reviewed and revealed:</p> <ul style="list-style-type: none"> ○ Included first responders' duties for security and non-security staff ○ Responsibility of security supervisor or security directors/designee's ○ Medical staff's roles and responsibilities ○ Mental health staff's roles and responsibilities ○ Victim services coordinator roles and responsibilities ○ Investigator, Appointing authority and Sexual Abuse incident review team. ○ Includes critical contacts for staff ○ Report, allegation, and investigation process flow chart <p>4. Formal interview with warden/designee revealed:</p> <ul style="list-style-type: none"> ○ The warden/designee reported that they have Sexual Abuse Coordinated Response Plan that lays out everything, what to do as the investigator, as the PREA Compliance Manager, first responder etc. <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.65.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ○ The Pre-Audit Questionnaire (PAQ) ○ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 2. Interviews conducted <ul style="list-style-type: none"> ○ Agency Head

	<p>Reasoning and analysis (by provision)</p> <p>115.66 (a)</p> <ol style="list-style-type: none"> 1. The facility PAQ states: <ul style="list-style-type: none"> ◦ The facility reported that the agency has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. 2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> ◦ “Neither the DOC nor any other governmental entity responsible for collective bargaining on the DOC’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the DOC’s ability to remove alleged staff sexual abusers from contact with any PIOC’s pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.” 3. Formal interview with the agency head revealed: <ul style="list-style-type: none"> ◦ The agency confirmed that the agency has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. <p>Finding: This standard does not apply as the agency is not part of Collective Bargaining Agreement.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Division of Adult Institutions (DAI) policy 410.50.04 Support Services and Retaliation Monitoring dated 10/15/2024 ◦ DOC - 2805 Sexual Abuse allegation Staff Retaliation Monitoring (blank) ◦ DOC - 2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist (blank) 2. Interviews conducted

- Agency Head
- Warden/designee
- Designated Staff Member Charged with Monitoring Retaliation
- Inmates in Segregated Housing
- Inmates who Reported Sexual Abuse

Reasoning and analysis (by provision)

115.32 (a-b)

1. The facility PAQ states:
 - The facility reported that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.
 - The facility reported that the Superintendent and PREA Compliance manager monitor staff reporters for retaliation. Sandra Howland, SW and Victim Services Coordinator monitors inmate reporters for retaliation.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Each facility shall designate a staff member(s) to monitor retaliation to ensure that all PIOC’s and staff involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected.”
3. Formal Interview with the agency head revealed:
 - The agency head reported that they do not tolerate retaliation for reporters and that they want people to report. She stated they have a victim services coordinators at the facilities who follow and monitor things for 90 days or longer if needed, watching for conduct. She stated that local management monitor for staff reporters.
4. Formal interview with the warden/designee revealed:
 - The warden/designee reported that they conduct retaliation monitoring to ensure they do not experience retaliation. He stated that it is tracked in their system, 30, 60, 90 days. He is also the one that would conduct employee reporter retaliation monitoring, but they have had no cases and have not had to do it.
5. Formal interview with designated staff member charged with monitoring retaliation revealed:
 - One staff member responsible for retaliation monitoring was interviewed. She reported that she has never had to use the system, but it tells you when to check on the victim and to make sure there are no problems.
 - She stated that some of the measures she would take include checking in on them, following up with any investigation and would review records.

- She further stated that she would imitate contact with inmates and that the system would alert them for 90 days.
6. OCC has no segregated housing, nor have they had any inmates that had reported sexual abuse in the last 12 months; therefore, there were no interviews conducted for this protocol.

115.67 (c-d)

1. The Pre-Audit Questionnaire (PAQ) states:
 - The facility reported they will monitor for retaliation for at least 90 days, acts promptly to remedy any such retaliation and can continue beyond 90 days if the initial monitoring indicates continuing need.
 - The facility reported that there have been no incidents of retaliation that has occurred in the past 12 months.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the staff member(s) who reported the sexual abuse to determine if retaliation occurred. Monitoring shall be documented and may include reviews, performance evaluations or work reassignments. Employees shall act promptly to remedy any such retaliation. Monitoring beyond the 90 days shall continue if the initial monitoring indicates a continuing need.”
 - “For at least 90 days following a report of sexual abuse, the facility’s victim services coordinator, or designee, shall monitor the conduct and treatment of the PIOC(s) who reported the sexual abuse and the PIOC(s) who was reported to have experienced sexual abuse to determine if retaliation occurred. Monitoring shall include documented periodic status checks.”
 - “For PIOC(s) or staff members who express fear of retaliation, the facility shall take appropriate protective measures.”
3. DAI policy 410.50.04 Support Services and Retaliation Monitoring states:
 - “Following a report of sexual abuse, the Victim Services Coordinator (VSC) shall monitor the conduct and treatment of the reporter and alleged victim once every 30 days for at least 90 days. Monitoring efforts shall continue beyond 90 days if there is a continuing need (e.g. alleged victim expresses continued concern). If the report is determined to be unfounded, efforts to monitor retaliation may be discontinued.”
 - “In addition to monthly face-to-face, private conversations with the reporter and victim, items to monitor include any PIOC disciplinary reports, housing or program changes.”
 - “The VSC shall work with appropriate supervisors to promptly remedy retaliation concerns and document actions taken.”
4. Review of DOC 2805 Staff Retaliation Monitoring revealed:

- This form are specifically used for staff monitoring and states:
 - “For at least 90 days following a report of staff-on-offender or offender-on-offender sexual abuse, the facility shall monitor the conduct and treatment of the staff member(s) who reported the incident to determine if retaliation has occurred. Monitoring beyond 90 days shall continue if there is an ongoing need.”
 - “In addition to conversations with the staff member, monitoring may include reviews of performance evaluations or reassignments (i.e. shift, location, responsibilities, etc.) to determine if retaliation has occurred.”
 - “The facility shall act promptly to remedy retaliation.”
 - “Please document all efforts to monitor the staff member for retaliation below. Any subsequent efforts to monitor the staff member shall be documented on a new form(s).”
 - “The facility’s obligation to monitor shall terminate if the allegation is deemed unfounded.”

5. Review of the Victim Services Coordinator Response Checklist revealed:

- The checklist is provided to ensure that the VSC completed all requirements with working with victims of sexual abuse. The checklist provides guidance on retaliation monitoring for inmates and states:
 - “Monitor the alleged victim (and any additional inmate(s)/youth who reported the abuse) for retaliation for at least 90 days following the initial report. Conduct an in person status check once every 30 days or more frequently, if needed. Review supplementary sources of information (i.e. incident reports, conduct reports, housing/programming changes, etc.). Document monitoring and follow-up action steps to remedy retaliation.”

6. Formal interview with the warden/designee:

- The warden/designee, who is also responsible for staff retaliation monitoring at OCC, was interviewed and reported the measures that he would take when they suspect retaliation includes an immediate response to address it. He stated that the system (SINC) tracks the 30, 60, 90-day monitoring. He further stated that retaliation is a big deal in this state and that they do not mess around with it. He stated that it has been trained in them, and they take it very seriously.

7. Formal interview with designated staff member charged with monitoring retaliation revealed:

- One staff member responsible for retaliation monitoring was interviewed. She stated that when conducting retaliation monitoring, she would look into conduct reports, and warning, room changes program changes, etc. She further reported that she could not remember how long that you conducted retaliation monitoring for and said maybe 12 months and was not sure of the maximum length of time they could conduct retaliation monitoring.

	<ul style="list-style-type: none"> ◦ It should be noted that OCC has not had any instances at this facility in which retaliation monitoring was required. The auditor feels confident due to the information being in SINC, the associated forms, and policies, that if staff were presented with a case that required retaliation monitoring, the monitoring would be completed as required by this standard. <p>8. The facility had no cases of retaliation monitoring at this facility that the auditor was able to review to determine compliance.</p> <p>115.67 (e)</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states: <ol style="list-style-type: none"> 1. “For PIOC’s or staff members who express fear of retaliation, the facility shall take appropriate protective measures.” 2. Formal interview with the agency head revealed: <ul style="list-style-type: none"> ◦ The agency reported that if a person who cooperates with an investigation expresses a fear of retaliation the agency reviews it on a case-by-case basis the victim service coordinator and PCM will work through it but if a concern we can take measures like different housing assignments, different facilities, separate abusers, and provide emotional support. 3. Formal interview with the warden/designee revealed: <ul style="list-style-type: none"> ◦ The warden/designee who is also responsible for retaliation monitoring for staff states that they will take an immediate response, investigate, and take all claims serious. He reported that retaliation is a big deal in this state. <p>115.67 (f) Auditor is not required to audit this provision.</p> <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.67.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

1. Documentation reviewed:

- The Pre-Audit Questionnaire (PAQ)
- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Division of Adult Institutions (DAI) policy 306.00.23 Special Placement Needs of PIOC dated 01/27/2025
- DOC - 30 Review of Inmate in Restrictive Housing

2. Interviews conducted

- Warden/Designee

Reasoning and analysis (by provision)

115.68 (a)

1. The facility PAQ states:

- The facility reported that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.
- The facility reported that they have had no inmates who have allege to have suffered sexual abuse who were held in involuntary segregated housing.

2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

- "Any use of restricted status housing to protect a PIOC who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43 and §115.343 as found within placement (section XIII)."

3. DAI policy 306.00.23 Special Placement Needs of PIOC states:

- For special placement needs (SPN), "one or more of the following criteria shall be met for the SPN to be considered approved"

- Serious assault situations involving staff or PIOC.

Considerations include:

- Substantiated PIOC on PIOC sexual abuse.

4. DAI policy 306.05.01 Protective Custody states:

- PIOC who need protective confinement because he/she is a high risk for sexual victimization shall not be placed in involuntarily protective confinement in RH unless:
 - An assessment of all available alternatives has been made.
 - A determination has been made there is no available alternative means of separation from likely abusers.
- PIOC shall not be held for more than 24 hours pending this assessment.

5. Formal interview with warden/designee

- The warden/designee reported that they do prohibit placing inmates at

	<p>high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas.</p> <ul style="list-style-type: none"> ◦ He stated that they probably would not place inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing and stated that if an inmate gets down here, he has passed so many tests or guidelines to get here. ◦ He further stated that they would not, nor have they, placed inmates in segregated housing who has alleged to have suffered sexual abuse. <p>6. No interviews were conducted with staff who supervise inmates in segregated housing or interviews with inmates in segregated housing as the facility does not have a segregated housing unit.</p> <p>Finding: The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.68.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Division of Adult Institutions (DAI) policy 303.00.05 Law Enforcement Referrals dated 02/22/2021 ◦ Division of Adult Institutions (DAI) policy 306.00.15 PIOC Investigations dated 09/07/2023 ◦ Wisconsin Department of Corrections Human Resources Policy 200.30.304 dated 10/28/2020 ◦ Agency Sensitive Investigations Network Communications (SINC) User's Guide ◦ Notification for expansion of the Internal Affairs Office (IAO) email dated 07/01/21 ◦ State of Wisconsin, Department of Administration Records Retention PRB-001 2. Interviews conducted <ul style="list-style-type: none"> ◦ Investigative Staff

- Warden/Designee
- PREA Coordinator
- PREA Compliance Manger

Reasoning and analysis (by provision)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigations.”
 - “The facility shall request an investigation case number within 72 hours of learning of a sexual abuse or sexual harassment incident or allegation.”
2. Human Resources policy 200.30.304 Employee Disciplinary Investigations states:
 - “The purpose of this policy is to establish and define the framework for conducting an employee disciplinary investigation.”
 - “Each situation is unique; therefore, a set time limit is not required for employee investigations to be completed. The process will take the amount of time necessary for the investigators to complete an accurate record of events and to gather all of the necessary information and evidence. The Department expects investigations to proceed in an efficient and timely manner and strongly recommends an investigation be completed within 30 days.”
3. DAI policy 303.00.05 Law Enforcement Referrals Outline process for referrals to Law Enforcement and states in part:
 - "The warden/designee shall refer the following to LE:
 - Allegations of sexual abuse or sexual harassment as defined by ED72 that involve potentially criminal behavior.
 - Sexual assault per Wisconsin Statutes s. 940.225"
4. DAI policy 306.00.15 PIOC Investigations states:
 - Investigations shall proceed in an efficient and timely manner, and it is strongly recommended an investigation be completed in 30 days.
 - Complaints raised in the ICRS regarding PIOC sexual misconduct shall be referred promptly to the Warden/designee and handled in accordance with DAI Policy 310.00.01 and ED 72.
 - All reports from staff, PIOC, third parties and anonymous sources of PIIOC-on-PIOC sexual abuse, sexual harassment and report-related retaliation shall be investigated promptly, thoroughly and objectively.
 - All reports of sexual abuse shall be reported to law enforcement by the facility PREA Compliance Manager/designee.
 - Reports of sexual harassment which involve potentially criminal behavior shall be referred to law enforcement.

5. Notification for expansion of the Internal Affairs Office (IAO) email revealed:
 - In 2021, WIDOC expanded the Internal Affairs Office.
 - Four corrections investigators were added: two new positions and two existing positions from the PREA Office.
 - The expansion of IAO was done to enhance their ability to provide fair, impartial, thorough and timely investigations into allegations of alleged misconduct.
 - The SINC (Sensitive Investigation Network Communication) user guide covers how to use SINC as well as the roles of the different positions, including the investigator.
6. Formal interview with investigative staff revealed:
 - Two administrative investigators were interviewed and both investigators noted that the investigations are initiated immediately, and an investigator is assigned right away.
 - Furthermore, they both reported that anonymous reports are not investigated differently. One reported that if they identify witnesses, they will interview them too but that they will take the same steps.

115.71 (b)

1. Formal interview with investigative staff revealed:
 - Both administrative investigators verified they received the DAI investigations training which included PREA specific investigations training.
2. Records reviewed confirmed completion of investigations training for both administrative investigators interviewed.

115.71 (c)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Investigators shall preserve and/or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.”
2. Formal interview with investigative staff revealed:
 - Two investigative staff were interviewed and reported that the first steps initiating an investigation includes: Gathering evidence, including DNA phone calls, video recording, reports, emails, weapons, review prior complaints. The type of evidence determines the timeframe. For example, DNA is years behind. Conduct interview with victim and get a detail of what occurred to determine how to move forward.
 - One internal affair administrative investigator noted that all interviews

are recorded and transcribed. He reported that he is separated from facilities they would contact the compliance manager and victim services coordinator. Make sure victim services are offered. Start a new investigation if new allegations come up. As investigators we do not determine the findings. Typically, Warden some institutions will have deputy be the reviewer. He stated he is able to have objective eyes because investigations are done outside facility. Another facility investigator noted that he would review the allegations to determine how to move forward. Furthermore, he stated that all investigations are done within 30 days.

- Both investigators reported that direct and circumstantial evidence would include: looking at employee schedules, inmate and employee face sheets, cellmates, incident reports, conduct reports, schedules video phone call emails, visiting lists, key entries, and photographs. OCC has had no investigations to review in the last 12 months.

115.71 (d)

1. Formal interview with investigative staff revealed:
 - Both administrative investigators reported no that they do not conduct compelled interviews and that all cases that may be criminal in nature are referred to law enforcement. One investigator noted that he works closely with law enforcement departments in the state.
2. OCC has had no investigations to review in the last 12 months.

115.71 (e)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person’s status as PIOC or staff member. The DOC shall not require a PIOC who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”
2. Formal interview with investigative staff revealed:
 - Both investigators reported that the credibility is case by case and not determined by person’s status staff or inmate and that they are all treated the same.
 - Both investigators reported that they would not require inmates to submit to a polygraph under any circumstances.
3. There were no interviews with inmates that reported sexual abuse as OCC did not have any inmates that had reported sexual abuse housed in the facility during this audit.

115.71 (f)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - "Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse."
 - "Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings."
2. Formal interview with investigative staff revealed:
 - One administrative investigator reported that if something was identified in an investigation a new investigation such as staff's actions or failure to act contributed, they would be initiated. Another investigator reported that they make sure all the information is investigated fully, have evidence given, interview all appropriate people. Compare staff actions to what is required by post order, policy, law. Report concerns recommendations to supervisor for follow-up.
 - Both investigators confirmed that they document the investigations, DOA 15807 (entire investigation packet) chrono evidence summary interviews etc. reports summary objective contains facts of case. Staff/victim suspect info there and documented in the packet. All uploaded and saved in SINC and stored there.
3. Site review observations revealed:
 - All investigations are stored in the electronic SINC database. This database was reviewed while onsite.

115.71 (g)

1. Formal interview with investigative staff revealed:
 - Both administrative investigators reported that they document the criminal case number and the referral to law enforcement. They would include the criminal investigation packet as exhibits in the administrative investigation as well.
2. OCC has had no investigations to review in the last 12 months.

115.71 (h)

1. The facility PAQ reported:
 - Law enforcement is responsible for referring potentially criminal conduct for prosecution.
OCC reported that they have had no substantiated allegations of conduct that appear to be criminal referred for prosecution since their last PREA audit.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - "Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be

documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC's website."

3. Formal interview with investigative staff revealed:

- Both administrative investigators reported that anytime there is a criminal act that takes place, beyond that anytime there is sexual abuse it is referred to law enforcement. Staff only or I/M on I/M or Both. They also reported that anytime there is a substantiated finding it is sent to LE.

115.71 (i)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

- "Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years."

2. The State of Wisconsin, Department of Administration, Records Retention was reviewed, and it states that "Event is the date the alleged suspect is terminated/discharged/death or other court ordered release from confinement that concludes his/her incarceration OR the date the alleged suspect ends (termination/resignation/retirement, etc.) his/her employment with the Department of Corrections. Although the investigation is complete and closed the retention of PREA records mandate retention until event plus 5 years."

115.71 (j)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

- "The departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation."

2. Formal interview with investigative staff revealed:

- Both investigators reported that they would continue the investigation. Furthermore, one investigator expanded and reported that they would send a certified letter requesting the prior employee participate in the investigation and while they cannot compel their participation, the investigation would continue in same manner. If an inmate leaves the facility they will reach out to that facility, probation office if on probation or reach out to last contact, letter, phone call etc.

115.71 (k) - Auditor is not required to audit this provision.

115.71 (l)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement

	<p>states:</p> <ul style="list-style-type: none"> ◦ “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.” <ol style="list-style-type: none"> 2. Formal interview with the warden/designee revealed: <ul style="list-style-type: none"> ◦ The warden/designee reported that they would maintain contact with the outside agency or investigator on status of the investigation regularly. 3. Formal interview with the PREA Coordinator / Director revealed: <ul style="list-style-type: none"> ◦ The PREA Director reported that they only conduct administrative investigation work parallel with LE if criminal. They always notify if something meets the definition of sexual abuse. Do not wait until the investigation is complete. Stay in Contact via phones, facility remains in contact with LE on status. 4. Formal interview with PREA compliance Manger revealed: <ul style="list-style-type: none"> ◦ The PCM reported that right away they would have a meeting with the agency investigating it and setting up timelines. Be in communication with supervisor and PREA office and stated that once a year they will meet with LE, fire, etc. 5. Formal interview with investigative staff revealed: <ul style="list-style-type: none"> ◦ Investigators reported that their role includes supporting and being a resource for LE and to gather whatever information they may need. <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard 115.71.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations, dated 10/28/2020 ◦ Division of Adult Institutions (DAI) policy 306.00.15 Inmate

Investigations dated 05/17/2021

2. Interviews conducted
 - Investigative Staff

Reasoning and analysis (by provision)

115.71 (a)

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “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.”
2. Human Resources Policy 200.30.304 Employee Disciplinary Investigations states:
 - “The appointing authority/designee shall review the investigative materials and make a recommended determination if the allegation is substantiated, unsubstantiated, or unfounded. No standard higher than a preponderance of evidence shall be used to determine whether allegations are substantiated.”
3. DAI policy 306.00.15 Inmate Investigations states:
 - “The Warden/designee may return the packet for further investigation or shall recommend a substantiated, unsubstantiated, or unfounded disposition based upon a preponderance of evidence standard.”
4. Formal interview with investigative staff revealed:
 - Two administrative investigators were interviewed and both reported that the policy outlines that we use preponderance of evidence, meaning more likely than not.
5. OCC has not had any investigations during the last 12 months to review administrative findings for proper standard of proof.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance.

Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard 115.72.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

1. Documentation reviewed:

- The Pre-Audit Questionnaire (PAQ)
- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Division of Adult Institutions (DAI) policy 306.00.15 PIOC Investigations dated 09/07/2023
- Agency PREA Investigation Notification DOC-2768 - substantiated findings
- Agency PREA Investigation Notification DOC-2768A - unsubstantiated findings
- Agency PREA Investigation Notification DOC - 2768B - unfounded findings
- Agency PREA Investigation Notification DOC-2768C - Report does not constitute sexual abuse or sexual harassment

2. Interviews conducted

- Warden/designee
- Investigative staff
- Inmates who reported sexual abuse

Reasoning and analysis (by provision)

115.73 (a-b)

1. The facility PAQ reported that:

- The agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.
- They reported that they have had no criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months.
- Facility notifies inmates who allege sexual abuse AND/OR sexual harassment.
- No outside entity has completed any investigations in the past 12 months.

2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

- "Following an investigation of an allegation that a PIOC suffered sexual abuse in a DOC facility, the facility shall inform the alleged victim, and document such notification, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the DOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the alleged victim. The DOC's obligation to report shall terminate if the alleged victim is released from custody."

3. DAI policy 306.00.15 PIOC Investigations dated 09/07/2023
 - Templates of notifications (2768, A, B and C) for substantiated, unsubstantiated and unfounded incidents were reviewed as well as a template that can be sent to advise the PIOC that the report does not constitute sexual abuse or sexual harassment as defined by PREA.
4. Formal interview with the warden/designee revealed:
 - The warden/designee stated that the victims receive notification following an investigation.
5. Formal interview with investigative staff revealed:
 - Two administrative investigators were interviewed and both confirmed that inmates are notified of the outcome of the investigation. They reported that the letters are sent out by the PREA office once the investigation is completed.
 - No formal interviews were conducted with inmates that had reported sexual abuse as they had no inmates housed at the facility during the audit that reported sexual abuse.
 - The facility has had no incidents of sexual abuse in the last 12 months or since their last PREA audit and therefore the auditor was unable to review any sample documentation of investigations.

115.73 (c-e)

1. The facility PAQ reported:
 - There have been no substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate at OCC in the past 12 months. As a result, there have been no notifications to inmates that were provided pursuant to this standard.
2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Following a substantiated or unsubstantiated allegation of staff-on-PIOC sexual abuse the DOC shall inform the alleged victim, and document such notification, whenever the staff member is no longer posted within the alleged victim’s unit; the staff member is no longer employed at the facility; or the DOC learns that the staff member has been indicted or convicted on a charge related to the initial allegation of sexual abuse.”
 - “Following an allegation of PIOC-on-PIO 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.”
3. DOC 2768 (A) Agency PREA Investigation Close Out Substantiated and Unsubstantiated letter (blank) revealed:
 - In accordance with PREA Standard §115.73(c) or §115.373(c), the following is to inform you of changes to the alleged staff suspect’s work assignment or potential criminal charges.
 - The alleged staff suspect is no longer posted within your

	<p style="padding-left: 40px;">assigned living unit.</p> <ul style="list-style-type: none"> ■ The alleged staff suspect is no longer employed at this facility. ■ The alleged suspect has been indicted on a charge related to sexual abuse committed within the facility. ■ The alleged suspect has been convicted on a charge related to sexual abuse committed within the facility. ■ Not applicable. <p>4. The facility has had no incidents of sexual abuse in the last 12 months or since their last PREA audit and therefore the auditor was unable to review any logs of notifications.</p> <p>115.73 (f) Auditor is not required to audit this provision</p> <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard 115.73.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ○ The Pre-Audit Questionnaire (PAQ) ○ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ○ Executive Directive (ED) #2 Employee Discipline <p>Reasoning and analysis (by provision)</p> <p>115.76 (a)</p> <ol style="list-style-type: none"> 1. The facility PAQ reported that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> ○ “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.”

- Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with PIOC's and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of PIOC's in contact with volunteers and contractors.

3. Executive Directive (ED) #2 Employee Discipline states:

- “Serious Acts of Misconduct
 - The department may impose a more severe level of discipline up to and including discharge, for serious acts of misconduct.
 - Employees who are found to have engaged in serious misconduct may be terminated as an initial level of discipline depending on the seriousness for the behavior.
 - In the DOC, the following will also be considered serious acts of misconduct:
 - Staff sexual misconduct with offenders, inmates, or juvenile offenders.”

115.76 (b)

1. The facility PAQ reported that they had no incidents in the past 12 months where staff have violated the agency's sexual abuse or sexual harassment policies.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - Termination is the presumptive sanction for an employee who engaged in sexual abuse.
 - The facility did not have any incidents of staff sexual abuse in the last 12 months nor since their last PREA audit, therefore there is no documentation available to review.

115.76 (C)

1. The facility PAQ reported that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The facility PAQ also indicated there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Sanctions shall be commensurate with the nature and circumstances of the violation; the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar

histories.”

3. The facility had no cases since the last PREA audit and therefore there was no documentation to review.

115.76 (d)

1. The facility PAQ reported that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, would be reported to law enforcement agencies and to any relevant licensing bodies; however, OCC has not had any cases that would require such referral.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “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.”
3. The facility had no cases since the last PREA audit and therefore there was no documentation to review.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance.

Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.76.

115.77 Corrective action for contractors and volunteers	
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Evidence relied upon in making the compliance determinations:

1. Documentation reviewed:
 - The Pre-Audit Questionnaire (PAQ)
 - Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
 - DAI Policy 309.06.03 Non-DOC Personnel, Business & Professional Visitors

Reasoning and analysis (by provision)

115.77 (a-b)

	<p>1. The facility PAQ reported that there have been no incidents in which a contractor or volunteer was reported to law enforcement agencies or relevant licensing bodies.</p> <ul style="list-style-type: none"> ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states: “Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with PIOC’s and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of PIOC’s in contact with volunteers and contractors.” <p>2. DAI policy 309.06.03 states in part:</p> <ul style="list-style-type: none"> ◦ “The Division of Adult Institutions establishes consistent, orderly and efficient procedures for screening, training and record-keeping of persons entering correctional facilities who are not Department employees or PIOC personal visitors. ◦ Non-DOC personnel violating federal/state law or DOC policies <ul style="list-style-type: none"> ■ Non-DOC personnel shall be referred to law enforcement authorities for potential prosecution if they violate federal/ state statutes concerning sexual abuse of PIOC.” <p>3. Formal interview with warden:</p> <ul style="list-style-type: none"> ◦ The warden indicated that they instantly would be barred from coming into the facility and local LE would most likely be contacted. The facility has had no investigations regarding contractors or volunteers since their last PREA audit. <p>Finding: The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.77.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: <p>1. Documentation reviewed:</p> <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Wisconsin Department of Corrections, Chapter DOC 303.01, Discipline

2. Interviews conducted

- Warden/designee
- Medical and Mental Health Staff

Reasoning and analysis (by provision)

115.32 (a-g)

1. The facility PAQ reported:

- Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and criminal finding that an inmate engaged in inmate-on-inmate sexual abuse.
- They reported that they have had no administrative or criminal findings of inmate-on-inmate sexual abuse that have occurred at the facility in the past 12 months.
- The agency disciplines inmates for sexual conduct with staff only upon finding that the staff members did not consent to such contact.
- The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- The agency prohibits all sexual activity between inmates.

2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement states:

- "PIOCs who have committed PIOC-on-PIOC sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.
- Sanctions shall be commensurate with the nature and circumstances of the violation, the PIOC's disciplinary history and the sanctions imposed for comparable offenses by other PIOC's with similar histories."
- "The disciplinary process shall consider whether a perpetrating PIOC's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed."
- "The facility shall consider requiring perpetrating PIOC's to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse."
- "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."
- "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."
- "While consensual sexual activity between PIOC's is prohibited in the DOC facilities, the DOC may not deem consensual sexual activities as sexual abuse if it is determined that the activity is not coerced."

	<p>3. Formal interview with warden/designee revealed:</p> <ul style="list-style-type: none"> ◦ The warden/designee reported that the abuser would get segregation placement, or they would get a conduct report. He also reported that the sanctions do consider the nature and circumstances of the abuse committed, the inmates’ disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Lastly, he reported that mental health is considered when determining the sanction. <p>4. Formal interview with medical and mental health staff revealed:</p> <ul style="list-style-type: none"> ◦ The medical staff that they do not do it a lot and that she would need to reach out psychological services unit (PSU) and they will provide services onsite. ◦ She further reported that it shouldn’t, in response to requiring an inmate’s participation as a condition of access to programming or other benefits. ◦ It is noted that OCC does not have PSU and would reach out to neighboring facility, OCI who will provide those services and resources to the inmate. <p>5. Department of Corrections, Chapter DOC 303.01, Discipline, outlines the infractions for inmates for sexual conduct:</p> <ul style="list-style-type: none"> ◦ DOC 303.14 Sexual Contact ◦ DOC 303.15 Sexual contact or intercourse ◦ DOC 303.16 Sexual assault ◦ DOC 303.17 Sexual assault - aggravated <p>Finding: The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.78.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: <p>1. Documentation reviewed:</p> <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Division of Adult Institutions (DAI) policy 500.70.01 Mental Health

Screening, Assessment and Referral dated 04/01/2024

- Division of Adult Institutions (DAI) policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization dated 05/24/2021
- DOC 2781B PREA Screening Tool Adult Male Facility (blank)
- DOC 3473E PSU PREA Follow-Up Note (blank)
- DOC 1163 Authorization for disclosure of Non-Health Confidential Records (blank)
- DOC 1163A Authorization for Use and Disclosure of Protected Health Information (PHI) (blank)
- DOC 1923 Limits of Confidentiality of Health Information (blank)
- DOC 3183 Referral for On-Site Health Services
- Screenshot of the Agency's Electronic Medical Record Note type
- Report confirmation of no PIOC's have disclosed prior victimization

2. Interviews conducted:

- Inmates who Disclose Sexual Victimization at Risk Screening
- Staff Responsible for Risk Screening
- Staff Responsible for Risk Screening
- Site Review Observations

Reasoning and analysis (by provision)

115.81 (a-b)

1. The facility PAQ reported:

- The facility reported that all PIOC's that have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner.
- The facility further reported that 100% of those that disclosed prior victimization during screening were offered a follow-up meeting. The facility reported N/A that PIOC's who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, would be offered a follow-up meeting with a mental health practitioner. Confirmation with the facility indicated that they did not have any PIOC's that reported prior sexual perpetration.

2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:

- "If the intake screening, transfer screening or rescreening indicates a PIOC has previously experienced prior sexual victimization, whether it occurred in an institutional or community setting, employees setting, staff shall ensure the PIOC is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening."

3. DAI policy 500.70.01 Mental Health Screening, Assessment and Referral states:

- "As per DAI Policy 410.30.01, staff who conduct PREA risk screenings shall offer PIOC a follow-up meeting with PSU staff when the screening

indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse. For PIOC who accept such referrals, staff shall make a referral to PSU as soon as possible but no later than the end of the workday. PSU staff shall meet with the PIOC within 14 calendar days of the PREA screening.”

4. DAI policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization states:
 - “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.
5. The Agency PREA Risk Screening tool (DOC-2781B) reveals:
 - The tool requests that the screener ask the following three questions during the interview:
 - Have you ever been the victim of unwanted or abusive sexual contact in the community?
 - Have you ever been the victim of unwanted or abusive sexual contact while confinement (i.e. prison, jail, community confinement, or juvenile detention)?
 - Have you ever had sexual contact in confinement with someone without their consent or because you forced, coerced or threatened them?
 - If the PIOC answers yes to any of these questions, a drop down asks if the PIOC wants to meet with mental health. If yes, then they are instructed to submit DOC-3183 to HSU or PSU and note the date of the referral.
6. Review of a blank DOC 3183 referral for on-site health services was reviewed which is a basic form that would document what referral services they are being referred to i.e. psychological evaluation in PSU, medial evaluating in HSU, etc. Also documents the reasons for referral, patient name, and name of person making the referral. This form is maintained in the PSU record, Referrals/Screening/Contacts Section or Medical Chart.
7. The Screenshot of the Agency Electronic Medical Record shows that one of the reasons for visit that can be selected is PREA follow-up.
8. DOC-3473E PSU PREA Follow-Up Note:
 - Documents the follow up meeting with PSU and notes “clients report of PREA-related concerns. This form is maintained in the Internal PUS Record.
9. Formal interviews with inmates who disclosed sexual victimization revealed:
 - Three inmates that disclosed victimization during risk screening were interviewed. All three inmates reported that they were asked if they

wanted to meet with medical or mental health care practitioners. All three inmates also reported that they declined those services.

10. Formal interview with staff responsible for risk screening revealed:
 - Two staff members who perform risk screening were interviewed and both indicated that they would refer an inmate for a follow up meeting with medical and/or mental health practitioner. They both indicated that the referral would happen right away or contact the on call if not regular business hours and noted that it would be at the neighboring facility Oakhill as they do not have PSU staff in Oregon.
11. The facility report shows that seven PIOC's had reportedly disclosed prior victimization in the last twelve months. This report shows that all seven declined mental health services. The auditor requested to see four of the seven risk assessments of those that disclosed prior victimization, which shows that they all declined services.
12. The facility reports show that they have not had any individuals that disclosed prior abuse in the last 12 months.

115.81 (c) Not applicable as this is not a jail facility

115.81 (d)

1. The facility PAQ reported:
 - They reported that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners.
 - Additionally, they reported that the information shared with other staff is strictly limited to informing security and management including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.
2. DAI policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization states:
 - "Information related to sexual victimization or abusiveness occurring in a confinement setting shall be confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including, but not limited to housing, bed, work, education and program assignments."
3. DOC 1923 Limits of Confidentiality of Health Information 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 the following:
 - Reports of confinement-based sexual abuse, sexual harassment, or retaliation related to reporting either.
 - "You have a right to limited confidentiality of your health information within the DOC. DOC staff with a job-based "need to know" may have

access to the minimum amount of health information contained in a DOC record pertaining to you.”

4. Site observations revealed:

- While onsite, I reviewed a demonstration of a risk assessment. The staff member indicated that the risk assessment can be accessed by all staff but when entering the system I observed an acknowledgment/warning that reads:

- “You are attempting to access PREA Risk screening data. This information is sensitive, private, highly confidential and may include protected health information; it must only be accessed if you have a valid business reason. The Wisconsin Department of Corrections reserves the right to audit all user transactions in a manner consistent with State and Federal Laws. Any illegal or unauthorized use of PREA risk screening data by any person (s) may be subject to criminal prosecution under State and Federal laws and could also result in disciplinary action including termination. Selecting “agree” affirms that you have a valid business reason to view this information and agree to these terms of use.”

5. Informal communications with staff reported that they do not have access to medical or mental health information unless there is a need-to-know basis but would not have access to those records.

115.81 (e)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:

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

2. DOC 1163 Authorization for Disclosure of Non-Health Confidential Records and DOC 1163A Authorization for Use and Disclosure of Protected Health Information explains the limits to confidentiality of health information and requires an inmate’s signature before treatment is provided.

3. Formal interview with medical and mental health staff revealed:

- One medical staff member was interviewed who indicated that they do obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting.
- They further reported that they do not have any inmates under the age of 18.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.81.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Division of Adult Institutions (DAI) policy 500.30.19 Response to Sexual Abuse – Health Services Unit Procedures dated 11/21/2023 ◦ Division of Adult Institutions (DAI) policy 500.70.01 Mental Health Screening, Assessment and Referral dated 04/01/2024 ◦ DAI 316.00.01-Inmate Co-Payment for Health Services (attachment) ◦ DOC 3001 Off-Site Service Request and Report 2. Interviews conducted: <ul style="list-style-type: none"> ◦ Medical and mental health staff ◦ Inmates who reported sexual abuse ◦ Site Review Observations <p>Reasoning and analysis (by provision)</p> <p>115.82 (a)</p> <ol style="list-style-type: none"> 1. The facility PAQ reported: <ul style="list-style-type: none"> ◦ The facility reported that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. 2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> ◦ “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. In 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”. 3. DAI policy 500.30.19 Response to Sexual Abuse – Health Services Unit Procedures states: <ul style="list-style-type: none"> ◦ This policy outlines the health services response to sexual abuse and states that the medical plan of care shall include: <ul style="list-style-type: none"> ■ Timely and unimpeded access to emergency medical

treatment without cost to the PIOC.

- Transfer to offsite for a SANE assessment when determined evidentiary or medically appropriate by health care staff in consultation with the SANE.
- Contact the PSU Supervisor/designee or on-call clinician to initiate mental health services.

4. DOC 3001 Off-Site Service Request and Report revealed:

- This form is completed when it is determined evidentiary or medically appropriate by health care staff in consultation with SANE is sent to an emergency department for SANE to conduct an evidentiary exam. This form accompanies the victim to the emergency department, per DAI policy 500.30.19.

5. Formal interviews with medical and mental health staff revealed:

1. One medical staff was interviewed while onsite. The staff member indicated that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services and that this happens immediately. She also reported that the nature and scope of services are determined according to their professional judgment, and they do a medial triage and work with supervisors. It is noted that she was the only medial staff member working at this institution and works with the neighboring facility Oakhill for additional medical and mental health resources as needed.

6. Formal interviews with inmates who reported sexual abuse was not conducted as the facility did not have any inmates in the last 12 months that had disclosed sexual abuse.

115.82 (b)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:

- “In the event that no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioner(s).”

2. Formal interviews with staff who may be first responders:

- Six staff members who may/have acted as first responders were interviewed and all stated that they would sperate the victim, preserve evidence, report to supervisor, request medical/mental health services, and document.
- The facility has not had any instances of sexual abuse therefore there was no documentation available to show notification being completed to appropriate medical and mental health practitioners.

115.82 (c)

1. The facility PAQ reported:
 - Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - The DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis.
3. Division of Adult Institutions (DAI) policy 500.30.19 Response to Sexual Abuse - Health Services Unit Procedures states:
 - "If the alleged victim refuses care at the ED, or is not sent to a SANE the facility ACP shall determine the appropriate plan of care which shall include:
 - Timely information and access to follow-up testing, emergency contraception, prophylactic treatment and follow-up care for STIs or other communicable diseases."
4. Formal interview with medical staff revealed:
 - One medical staff was interviewed who stated that they do provide victims of sexual abuse timely information about access to emergency contraception and sexually transmitted infection prophylaxis.
 - The facility has not had any instances of sexual abuse therefore there was no documentation available to show notification being completed to appropriate medical and mental health practitioners.

115.82 (d)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - "All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperate with any investigation arising out of the incident, and in a manner consistent with the community level of care."
2. DAI 316.00.01-Inmate Co-Payment for Health Services (attachment) revealed:
 - Under emergency category
 - No copayment if treatment for an actual medical or dental emergency as determined by a physician, dentist, or registered nurse.
 - Under Health-related follow-up
 - No copayment if there is a written referral from a PREA Risk Assessment Screener.
 - Under Mental Health
 - No copayment if there is a written referral from a PREA Risk

	<p style="text-align: center;">Assessment Screener and Crisis intervention evaluation and treatment related to sexual abuse in confinement.</p> <p>Finding: The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.82.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Division of Adult Institutions (DAI) policy 500.30.19 Response to Sexual Abuse - Health Services Unit Procedures dated 11/21/2023 ◦ Division of Adult Institutions (DAI) policy 500.70.01 Mental Health Screening, Assessment and Referral dated 04/01/2024 2. Interviews conducted <ul style="list-style-type: none"> ◦ Medical and mental health staff ◦ Inmates who reported sexual abuse 3. Site Review Observations <p>Reasoning and analysis (by provision)</p> <p>115.83 (a,b,c)</p> <ol style="list-style-type: none"> 1. The facility PAQ reported: <ul style="list-style-type: none"> ◦ The facility reported that they 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. 2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> ◦ “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all PIOC’s who have been victimized by sexual abuse in any confinement setting. The evaluation and

treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referral for continued care following their transfer to, or placement in, other facilities or their release from custody.”

3. DAI policy 500.30.19 Response to Sexual Abuse – Health Services Unit Procedures states:
 - Outlines the process to ensure that the Division of Adult Institution facilities ensure that victims of sexual abuse receive appropriate intervention.
4. Formal interviews with medical and mental health staff revealed:
 - One medical staff member worked at this facility and was interviewed. She indicated that evaluation and treatment of inmates who have been victimized entail an initial assessment and then a follow up. Discharge orders include testing that was completed. Providers in DOC will review the information and follow up on any further testing necessarily.
 - Medical staff further reported that medical and mental health services offered are consistent with community level of care.
5. Formal interviews with inmates who reported sexual abuse were not conducted as the facility did not have any inmates in the last 12 months that had disclosed sexual abuse.

115.83 (d): This provision is not applicable as OCC is an all-male facility.

115.83 (e): This provision is not applicable as OCC is an all-male facility.

115.83 (f, g, h):

1. The facility PAQ reported:
 - The facility reported that Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
 - The facility reported that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
 - The facility reported that they attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “Victims of sexual abuse shall be offered tests for sexually transmitted infections.”
“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

	<p>the incident, and in a manner consistent with the community level of care.”</p> <ul style="list-style-type: none"> ◦ “Further, facilities shall attempt to conduct a mental health evaluation of all known PIOC on PIOC abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by mental health practitioners.” <p>3. DAI policy 500.30.19 Response to Sexual Abuse – Health Services Unit Procedures states:</p> <ul style="list-style-type: none"> ◦ “If the alleged victim refuses care at the ED, or is not sent to a SANE the facility ACP shall determine the appropriate plan of care which shall include: <ul style="list-style-type: none"> ■ Testing for STI’s other communicable diseases and pregnancy” ■ “Timely and unimpeded access to emergency medical treatment without cost to the PIOC” <p>4. DAI policy 500.70.01 Mental Health Screening, Assessment and Referral states:</p> <ul style="list-style-type: none"> ◦ “PSU staff shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of when DOC staff first learn of the abuse history.” <p>5. Formal interviews with inmates who reported sexual abuse were not conducted as the facility did not have any inmates in the last 12 months that had disclosed sexual abuse.</p> <p>6. Formal interviews with medical and mental health staff revealed:</p> <ul style="list-style-type: none"> ◦ There was only one medical staff member that worked at OCC. She was interviewed and noted that she was unsure about conducting a mental health evaluation of all known inmate on inmate abusers and offer treatment if appropriate. She noted that they do not have PSU on site and would refer to Oakhill for needed resources. <p>Finding: The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.83.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:
	<ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ)

- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Division of Adult Institutions (DAI) policy 410.50.01 Sexual Abuse Incident Review dated 05/29/2024
- Division of Adult Institutions (DAI) policy 300.00.70 Assaults by Inmate, Reporting and Tracking dated 05/15/2020
- DOC-2863 Sexual Abuse Incident Review (SAIR) Form-PREA (blank)

2. Interviews Conducted:

- Warden/Designee
- PREA Compliance Manger
- Member of incident review team

Reasoning and analysis (by provision)

115.86 (a-c)

1. The facility PAQ reported that they have had no incidents of alleged sexual abuse completed at the facility in the last 12 months.
2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The team shall consist of upper-level management officials with input from supervisors, investigators, and medical and mental health practitioners.”
3. DAI policy 410.50.01 Sexual Abuse Incident Review states:
 - “DAI shall ensure that facilities conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated.”
 - The policy outlines that the regional PCM or facility PCM will coordinate and determine the exact composition of the review team. At a minimum it must include:
 - Deputy Warden and/or Superintendent
 - Security Director
 - PREA Compliance Manager
 - PSU Supervisor or designee
 - HSU Supervisor or designee
 - Victim Services Coordinator
 - Sexual Abuse Investigator (case specific)
 - “All facilities shall conduct a review within 30 days of the completion every substantiated and unsubstantiated sexual abuse investigation.
 - The investigation is considered complete upon receiving notification from the PREA office”
4. DAI Policy 300.00.70 Assault by Inmate, Reporting and Tracking states:
 - “The Warden/designee shall convene an incident review team following substantiated and unsubstantial cases of sexual abuse.

The team shall consist of upper-level management officials with input from supervisors, investigators and medical and mental health practitioners.

- The team shall document their findings in SINC to include recommendations for improvement and implementation efforts.”
5. The auditor was unable to view completed documentation of a SAIR as they have had no allegations of sexual abuse. Review of the blank copy of the DOC-2863 Sexual Abuse Incident Review (SAIR) was reviewed to ensure that all elements required in 115.86 were considered.
 6. Formal interview with Warden/designee revealed:
 - The Superintendent (warden designee) stated that they would have a sexual abuse incident review team and would include the superintendent, the warden, HR Director and security director, and investigator.

115.86 (d)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:
 - “The review team shall:
 - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
 - 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;
 - Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - Assess the adequacy of staffing levels in that area during different shifts;
 - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff members; and
 - 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.”
2. DAI policy 410.50.01 Sexual Abuse Incident Review states:
 - “The review team shall review the documentation surrounding the incident and, at minimum shall:
 - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.
 - Consider whether the incident or allegation was motivated by

race; ethnicity; actual or perceived gender identity, sexual orientation or intersex condition; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees.

3. Formal interview with Warden/designee:

- They reported that they would review the locations, determine if something contributed to the abuse, policy, staffing etc. He further reported answered in the affirmative that they consider all areas required in 115.86 (d).

4. Formal interview with PREA Compliance Manager:

- The PREA compliance Manager reported that they would prepare a report of findings, including recommendations for improvement, and submit the report to the appointing authority/Warden and send the report to the PREA office.
- He reported that the reports would include him, but they have no trends as they have not had any cases of alleged sexual abuse.
- He further reported that if there was any action after the report, he would be the one that would enable the change to ensure it is corrected.

5. Formal interview with a member of the incident review team:

- They reported that they would consider all elements of the case, examining the areas of the facility where the incident took place, any barriers, staffing levels, and camera coverage.

115.86 (e)

1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:

- “The facility shall implement the recommendations for improvements or shall document its reason for not doing so.”

2. DAI policy 410.50.01 Sexual Abuse Incident Review states:

- “The review team shall document their findings on DOC-2863, which may be accessed and submitted in SINC. Findings shall include:
 - Considerations enumerated in Section E.1.-5.
 - Recommendations for improvement.
 - Improvements made.
 - Reasons improvements cannot be made.”

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence

	<p>related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.86.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) <ul style="list-style-type: none"> ◦ Documentation reviewed: ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Wisconsin Department of Corrections Annual Report for years 2021, 2022, 2023, 2024. ◦ Survey of Sexual Victimization (SSV) for years 2017-2023. ◦ Agency website: https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx 2. Interviews conducted: <ul style="list-style-type: none"> ◦ PREA Coordinator/Director <p>Reasoning and analysis (by provision)</p> <p>115.87 (a-f)</p> <ol style="list-style-type: none"> 1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states: <ul style="list-style-type: none"> ◦ “The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of PIOC’s, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” 2. The SSV reports were reviewed that shows that they were completed for the years 2014 - 2023. 3. Review of the agencies website and the Annual Reports are published from 2010 - 2024.

	<p>4. Review of the 2021 through 2024 Annual Report reveals:</p> <ul style="list-style-type: none"> ◦ All contract facility’s sexual abuse and sexual harassment allegation data and disposition is included in the annual reports. <p>5. Formal interview with the PREA Coordinator/Director revealed:</p> <ul style="list-style-type: none"> ◦ The PREA Director reported that the agency is currently working on the 2024 Annual Report and should be completed soon for posting. ◦ The agency’s 2024 annual report was completed and published to the website prior to completion of this reported and reviewed prior to the determination of finding. <p>Finding:</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.87.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. Documentation reviewed: <ul style="list-style-type: none"> ◦ The Pre-Audit Questionnaire (PAQ) ◦ Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022 ◦ Wisconsin Department of Corrections Annual Report for years 2019 - 2023 ◦ Screenshot of agency annual reports on public website ◦ Agency public PREA website https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx 2. Interviews conducted: <ul style="list-style-type: none"> ◦ Agency Head ◦ PREA Coordinator ◦ PREA Compliance Manager <p>Reasoning and analysis (by provision)</p> <p>115.88 (a-f)</p> <ol style="list-style-type: none"> 1. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:

- “The data collected and aggregated shall be analyzed to assess and improve effectiveness of the DOC’s sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility as well as the DOC as a whole. The report shall, additionally, include a comparison of the current year’s data and corrective actions with those from previous years and shall provide an assessment of the DOC’s progress in addressing sexual abuse. Corrective action reports shall also be posted publicly to the DOC’s website. The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.”

2. Review of agency annual reports revealed:

- All elements required in this standard were included in the annual reports. This includes the review data and corrective actions for each facility as well as the agency as a whole.
- The annual reports include a comparison of the current year’s data and corrective actions with those from prior years.
- The review confirmed there is no personal identifying information that would require redacting.
- The annual reports are signed by the secretary.

3. Review of the agency’s website shows that every annual report from 2010 to 2023 is posted on the website.

4. Formal interview with the agency head:

- The agency head reported that with every incident of substantiated or unsubstantiated sexual abuse they have a SIRT. Local leadership, faiclitiy, medical/mental health staff, investigators, victim services coordinators, PCM to evaluate trends, recommendations for policy and procedures, infrastructure, technology, etc. and note findings. The agency head also reported that the annual reports are posted on the website and that the agency is currently working on completion of the 2024 report. All annual reports are signed by the secretary.

5. Formal interview with PREA Coordinator/Director:

- The PREA Director reported that they review data collected and aggregate pursuant to 115.87. She stated that they complete the SSV summary form annually and then prepare the annual report. They use an allegation and investigation tracking database (SINC database) which allows the agency to control access to staff, by their role.
- She reported that the agency takes correction on an ongoing basis after the completion of the SAIR which is completed at the facility level and then PREA office also reviews and makes recommendations based on trends.
- She reported that the annual report lists both agency level data and facility level data.
- She reported that they do not include any personal identifying

information in their reports and therefore do not need to redact them.

6. Formal interview with PREA Compliance Manager:

- The PREA Compliance Manager reported they provide data from the facility as the annual report breaks down by facility and center.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance. Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.88.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Documentation reviewed:

- The Pre-Audit Questionnaire (PAQ)
- Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement PREA, dated 08/02/2022
- Agency's public PREA website: <https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx>

2. Interviews conducted:

- PREA Coordinator

Reasoning and analysis (by provision)

115.89 (a-d)

1. The facility PAQ states:

- The agency ensures that incident-based and aggregate data are securely retained and that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts is made readily available to the public at least annually through its website. Sexual abuse data is maintained for at least 10 years.

2. Executive Directive (ED) #72 Sexual Abuse and Sexual Harassment in Confinement states:

- "The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse

incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of PIOCs, 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."

- "All data shall be securely retained and maintained for at least 10 years after the date of initial collection."

3. Formal Interview with the PREA Coordinator/Director revealed:

- Sexual abuse incident data is collected and retained in the SINC database. The agency controls access to this information and is limited to the PREA office, Investigators, and PREA Compliance Managers.

4. Site review observations revealed:

- All documentation related to sexual abuse and sexual harassment was maintained in electronic formats. No paper files were observed.

5. Review of the agencies' PREA website revealed:

- Annual reports and aggregated sexual abuse data is publicly available.
- There were no personal identifiers in the data.
- Data collection can be found for at least 10 years on the public website.

Finding:

The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance.

Based on this analysis, the auditor finds that the agency/facility is substantially compliant with standard §115.87.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 (a-b) The auditor reviewed the agency's public website DOC Prison Rape Elimination Act https://doc.wi.gov/pages/SearchResults.aspx?q=prea and verified final PREA audit reports for all facilities audited have been posted on the agency website.
	115.401 (h)

	<p>During the on-site portion of the audit the audit team was able to access and view all areas of the facility.</p> <p>115.401 (i)</p> <p>During the entirety of this audit, the auditor was permitted and provided copies of any relevant document in a timely manner with no concerns.</p> <p>115.401 (m)</p> <p>During the onsite portion of this audit, OCC provided areas for the auditors to use that provided space to conduct private and confidential interviews of inmates and staff.</p> <p>115.401 (n)</p> <p>The auditor received no letters from OCC inmates. The audit notice was observed to be posted throughout the facility. Photos of the audit notice postings were received via email six weeks before the onsite portion of the audit.</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.401 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed the agency's website at https://doc.wi.gov/Pages/About-DOC/PrisonRapeEliminationAct.aspx and verified the final audit reports for all facilities are posted.</p> <p>The auditor finds the agency/facility in full compliance with PREA Provision §115.403 based upon analysis of all available evidence including the documentation reviewed.</p>

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

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

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
115.15 (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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

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

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

	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.)	na
	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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na

	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
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.)	na
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.)	yes
	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?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in 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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	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.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	no
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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