

PREA Facility Audit Report: Final

Name of Facility: Oakhill Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/24/2025

Date Final Report Submitted: 07/01/2026

Auditor Certification

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



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



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



Auditor Full Name as Signed: Gabriel Gonzalez

Date of Signature: 07/01/2026

AUDITOR INFORMATION

Auditor name: Gonzalez, Gabriel

Email: grgonzalez21@gmail.com

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

End Date of On-Site Audit: 09/11/2025

FACILITY INFORMATION

Facility name: Oakhill Correctional Institution

Facility physical address: 5212 County Highway M, Oregon, Wisconsin - 53575

Facility mailing address:

Primary Contact

Name:	Wayne Stolpa
Email Address:	wayne.stolpa@wisconsin.gov
Telephone Number:	608-835-3101 x6037

Warden/Jail Administrator/Sheriff/Director

Name:	Wayne Olson
Email Address:	waynes.olson@wisconsin.gov
Telephone Number:	608-835-3101 x6001

Facility PREA Compliance Manager

Name:	Wayne Stolpa
Email Address:	wayne.stolpa@wisconsin.gov
Telephone Number:	(608) 835-3101 x6037
Name:	Jason Mentzel
Email Address:	jason.mentzel@wisconsin.gov
Telephone Number:	(608) 835-3101

Facility Health Service Administrator On-site

Name:	Rachel Snow
Email Address:	rachel.snow@wisconsin.gov
Telephone Number:	608-835-3101 x6070

Facility Characteristics

Designed facility capacity:	344
Current population of facility:	830
Average daily population for the past 12 months:	828

Has the facility been over capacity at any point in the past 12 months?	Yes
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:	287
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	426
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	262

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

- 115.16 - Inmates with disabilities and inmates who are limited English proficient

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:	2025-09-09
2. End date of the onsite portion of the audit:	2025-09-11

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The facility utilized the Dane County Rape Crisis Center. Interview with staff member was completed prior to onsite on 9/3/25. Staff confirmed they provide advocacy services for Oakhill along with other WIDOC facilities.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	409
15. Average daily population for the past 12 months:	828
16. Number of inmate/resident/detainee housing units:	15
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	824
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:	39
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:	1
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:	8
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:	15
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:	14
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:	22

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:	8
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:	2
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:	6
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility states they do not house inmates in segregated housing for risk of victimization. Auditor confirmed via discussions with agency staff and facility management while onsite. Informal discussions with the segregation sergeant also confirmed this is not a practice at Oakhill. Oakhill does not house juvenile inmates, auditor reviewed the facility roster and confirmed there were no youth currently housed at the facility. All other populations were available for interviews while onsite and facility staff provided adequate lists to choose from.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	264

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:	178
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:	35
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:	Auditor was able to interview (2) contract staff while onsite. Volunteer staff were not available during the onsite portion but (2) volunteers were interviewed post onsite via Microsoft teams.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	23
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Rosters for the facility were provided in an excel spreadsheet which allowed the auditor to choose random interviewees from every housing unit at the facility. Auditor made multiple selections and also identified extra selections to choose from in case the inmates were out for employment, visitation, or other vocational opportunities.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Audit team did not identify any issues during the selection of random interviews. Age, Race, Ethnicity, Length of Incarceration and Housing assignment were taken into account when making selections. Audit team was able to complete more than the minimum number of interviews during the onsite portion.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	17
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1

48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2

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:	2
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:	3
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on the information provided in the PAQ and conversations with facility and agency management it was determined that the facility does not place inmates in segregated housing for risk of sexual victimization.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Auditor was provided inmate rosters identifying inmates at the facility who fit into the specialized interview protocols. The facility reports they had (0) inmates who were placed in segregated housing for risk of victimization, (0) youthful inmates, and only (2) inmates who reported abuse while at the facility. This created a need for (5) additional specialized inmate interviews to be added to other specialized protocols. Auditor conducted additional (7) specialized interviews within the following protocols: • Inmates who disclosed prior victimization during risk screening (+1) (3 total) • Inmates who identify as lesbian, gay, or bisexual (+2) (3 total) • Inmates with a physical disability (+3) (4 total) • Inmates who are limited English proficient (+1) (2 total)
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	15
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The audit team did not have any issues selecting or interviewing random staff throughout the onsite portion of the audit. Facility rosters were pulled daily and the audit team was able to complete interviews with staff from varying shifts and responsibilities.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	Audit team had no issues completing specialized interviews throughout the audit process. Facility provided adequate listing of all staff who fit into specialized categories. Staff were accommodating and flexible throughout the audit process.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.	
71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	Audit team was provided access to all areas of the facility. Due to the large amount of living units the audit team broke into (2) teams while reviewing the living units then reassembled prior to reviewing the other areas of the facility to include medical/mental health, education/vocational, administration areas, maintenance shops, dining halls, kitchen, and recreational areas. Staff were accommodating during the site review and there were no areas of the facility in which the audit teams was restricted access.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	In addition to what the facility provided in OAS the auditor requested additional hiring documentation, staff training completions, comprehensive education completion, investigations, risk assessment completions, and sexual abuse incident reviews. Staff were expedient when providing auditor with additional requests and did not refuse any requests during the audit process.

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	3	0	3	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	5	0	5	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	9	0	9	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	10	0	10	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	1	1
Staff-on-inmate sexual abuse	0	0	0	2
Total	0	1	1	3

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	4	5
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	5	5

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:

5

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

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

1

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

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

Auditor did not review any criminal investigations. Auditor confirmed that while (5) sexual abuse cases were forwarded to local law enforcement. All cases were reviewed and closed without further investigation by local law enforcement. Agency and facility staff provided auditor with all requested files for review during the audit process.

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 State Department of Corrections
Was this audit conducted as part of a consortium or circular auditing arrangement?	☒ Yes ☐ No

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: - The Facility PAQ - Agency Executive Directive #72 - Agency Organization Chart dated - Agency PREA Director Position Description - Agency PREA Compliance Manager Listing - Facility Organizational Chart - Formal interview with PREA Director/Coordinator - Formal interview with PREA Compliance Manager - Informal Interviews with Inmates - Onsite Observations Reasoning and analysis (by provision)

115.11 (a)

1. Review of the PAQ revealed:

- 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 (PREA) (ED 72), 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 DOJ 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, training all employees, contractors, and volunteers to recognize, respond to, and report sexual abuse and sexual harassment.
 - Providing PIOCs with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment, and report-related retaliation.
 - Employing a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identifying core causal factors, and taking corrective action to align with a zero-tolerance environment.
- Agency policy identifies that staff who are found to have violated the agency's sexual abuse, sexual harassment, and retaliation policies are subject to disciplinary sanctions up to and including termination. 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 ED 72 identifies as strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates by:
 - Training staff to recognize signs of sexual abuse and sexual harassment victims 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 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.
 - Considering placements of lesbian, gay, transgender or intersex (LGBTI) PIOC 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:

- Facility has multiple posters posted through the facility indicating the agency's zero tolerance policy and reporting strategies.

4. Informal interviews with inmates

- Interviews with inmates in multiple dayroom settings indicate the population is well educated and understands how to make a report if they needed to.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.11 (b)

1. Review of the PAQ revealed:

- The facility marked "yes" indicating that the agency employs an agency-wide, upper-level 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. Agency policy ED 72 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. 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 2 youth facilities. She also indicated that she has five regional positions, each covers four institutions with one covering 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.

4. Review of the PREA Director position description revealed:

- The agency employs 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.

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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.11 (c)

1. Review of the PAQ revealed:

- The facility marked “yes” indicating that the facility has designated a PREA Compliance Manager and noted Institution Unit Supervisor as the designated PCM.
- The PAC also indicated that the PCM reports to the Deputy Warden for the facility.
- 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. Review of agency policy ED 72 revealed:

- 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.”

3. The agency PCM Listing revealed:

- The list identifies both primary PCMs and their backups. Identified as the primary PCM for Oakhill Correctional Institute is the institutional unit supervisor and the backup as the captain.

4. Formal interview with the PCM

- 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, identifying problems, establishing actions plans, posters, and attending weekly MDTs with facility management to discuss cases and any potential trends.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied upon in making the compliance determinations:

- The Facility PAQ
- Agency Executive Directive #72
- Formal interview with Agency Contract Administrator
- Agency Summary of Contracts
- Agency Jefferson MOA
- Agency Juneau MOA
- Agency Lincoln MOA
- Agency Marquette MOA
- Agency MCCRC MOA
- Agency Oneida MOA
- Agency Ozaukee MOA
- Agency Racine MOA
- Agency Rock MOA
- Agency Sauk MOA
- Agency Vernon MOA
- Agency Vilas MOA
- Agency Fond du Lac MOA
- Agency Contract Review Form (Blank).doc
- Agency ED 72 Excerpt.pdf
- Agency Policy Contract Review Updated 10-8-24.pdf
- Fond Du Lac County PREA Public Website .pdf
- Ozaukee County PREA Public Website.pdf
- Rock County PREA Public Website.pdf
- Sauk County PREA Public Website.pdf
- Vernon County PREA Public Website.pdf
- Vilas County PREA Public Website.pdf
- C4 Y2 CRC CCR.pdf
- C4 Y2 FDL Co. Jail CCR.pdf
- C4 Y2 Jefferson Co. Jail CCR.pdf
- C4 Y2 Juneau Co. Jail CCR.pdf
- C4 Y2 Marquette Co. Jail CCR.pdf
- C4 Y2 Oneida CCR.pdf
- C4 Y2 Ozaukee Co. Jail CCR.pdf
- C4 Y2 Racine Co. Jail CCR.pdf
- C4 Y2 Rock Co. Jail CCR.pdf
- C4 Y2 Sauk Co. Jail CCR.pdf
- C4 Y2 Vernon Co. Jail CCR.pdf
- C4 Y2 Vilas Co. Jail CCR.pdf

Reasoning and analysis (by provision)

115.12 (a)

1. Review of the PAQ revealed:

- The agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit.
- Agency affirms that all contracts require contractors to adopt and comply with the PREA standards.
- The agency has identified and uploaded the 13 contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit.
- The agency affirms that 0 contracts did not require contractors to adopt and comply with PREA standards.

2. Agency Summary of Contracts revealed:

- Up to date the accounting of all agency contracts and which facilities are currently in audit and which require contract monitoring.

3. Review of 13 Agency Contracts revealed:

- Section Q of all contracts titled Prison Rape Elimination Act (PREA) Compliance requires the following:
 - The Sheriff agrees to comply with the Federal Prison Rape Elimination Act of 2003 and any subsequent standards imposed by the United States Attorney General. If the Sheriff is not in full compliance with the Federal Prison Rape Elimination Act of 2003, the Sheriff shall take all feasible and necessary steps to work toward full compliance, shall continue to do so until full compliance is achieved and shall continue to maintain full compliance. The Sheriff shall have policies and procedures in place for responding to sexual abuse and sexual harassment allegations as defined by PREA, in addition to report-related retaliation allegations, and shall further have procedures or policies for maintaining reports and records necessary for reporting data consistent with PREA. The Sheriff shall provide training for its staff, contractors, interns, volunteers and any others who may have contact with inmates pursuant to its policy, procedures and PREA standards. See 28 C.F.R. § 115.12.
 - The Sheriff shall schedule and subject itself to a Department of Justice (DOJ) PREA Audit pursuant to 28 C.F.R. § 115.401-405 at least once every three years beginning August 20, 2013. The Sheriff shall bear the costs of conducting the audit. The Sheriff shall forward all interim and final facility PREA audit reports within 30 days of receipt to DOCPREADData@wisconsin.gov.

- The Sheriff agrees to timely completion of the Bureau of Justice Statistics Annual Survey of Sexual Victimization (SSV) and/or its current equivalent survey. The Sheriff will forward a copy of the SSVIA-Adult Incident Form and/or SSVIJ-Juvenile Incident Form for each incident involving DOC inmates in the prior calendar year to the DOC within 30 calendar days of the date the Bureau of Justice Statistics publishes the Annual Survey on Sexual Victimization. These forms shall be forwarded to the DOC PREA Office at DOCPREData@wisconsin.gov. See 28 C.F.R. § 115.87.
- During the years in which the Sheriff is not audited by a US DOJ PREA auditor in accordance with 28 C.F.R. § 115.401-405, DOC shall conduct an annual compliance review to ensure that the Sheriff is compliant with PREA standards. This review may include, but is not limited to, facility tour, staff and inmate interviews, and examination of Sheriff policies, procedures, staff records, inmate records, training records and incident records related to sexual abuse or sexual harassment allegations as defined by PREA, or report-related retaliation allegations. See 28 C.F.R. § 115.12.
- The Sheriff shall notify the DOC within 24 hours of any sexual abuse or sexual harassment allegation as defined by 28 C.F.R. § 115.5-6, or any report-related retaliation allegation. Notification shall be made via email to DOCPREData@wisconsin.gov and shall include a copy of the facility's incident report. If the DOC has reason to believe that any of these incidents have occurred, it shall have immediate access to relevant Sheriff's records as defined by DOC.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.12 (b)

1. Review of the PAQ revealed:

- The agency affirms all contracts require the agency to monitor the contractor's compliance with the PREA standards.
- The agency states compliance visits are conducted annually except during the years in which the contracted facility is subject to a DOJ PREA audit.
- The agency affirms that 0 contracts referenced in 115.12 (a)-3 do not require the agency to monitor contractors' compliance with the PREA standards.
- Agency policy ED 72 sections VII Contracts 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 [§115.12, §115.312].

2. Policy 410.00.01 PREA Compliance Review of Contracted Facilities assures:

- Compliance Review Frequency
 - 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 contractors to submit a DOC-2845.
 - During a 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.

3. Review of the Contract Compliance Review Report revealed the agency assures:

- The facility has undergone a PREA audit conducted by a certified DOJ PREA auditor within the past three years.
- The facility has a PREA Coordinator.
- Agency policy that mandates zero tolerance for sexual abuse and sexual harassment.
- Agency has developed and documented a staffing plan containing:
 - Physical layout of the facility
 - Composition of resident population
 - Prevalence of sexual abuse incidents
 - Staffing patterns
 - Video monitoring
 - Resources available
- Agency policy and procedure requires opposite gender announcing
- Performs and documents staff and contractor background checks for initial hire, promotions and every five years.
- Agency policy and procedure includes a uniform evidence protocol.
- Alleged victims of sexual abuse are offered forensic medical examinations, without financial cost.
- Agency policy directs that all allegations of sexual abuse or sexual harassment are investigated or referred to an agency responsible for investigations.
- The agency trains all employees who may have contact with inmates on:
 - It's zero tolerance policy for sexual abuse and sexual harassment.
 - How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
 - Inmates' right to be free from sexual abuse and sexual harassment.

- The right of inmates and employees 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 inmates.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- During intake, inmates receive information about the agency's zero tolerance policy and how to report sexual abuse or sexual harassment.
- Sexual abuse and sexual harassment information is continuously and readily available or visible to inmates through posters, handbooks or other written formats.
- Sexual abuse and sexual harassment investigators receive specialized training in (§115.34):
 - Interviewing sexual abuse victims.
 - Proper use of Miranda and Garrity warnings.
 - Sexual abuse evidence collection in confinement settings.
 - Criteria and evidence required to substantiate a case
- Medical and mental health care practitioners who work in the facility receive:
 - 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.
 - How and to whom to report allegations or suspicions of sexual abuse or sexual harassment.
- Within 72 hours of intake, inmates are screened (using the criteria established in §115.41) for their risk of being sexually abused or sexually abusive.
- Within 30 days of intake, inmates are rescreened for their risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening.
- Transgender and intersex inmates are given the opportunity to shower separately.
- Inmates at high risk for sexual victimization who are separated from the general population to ensure their safety have access to programs, privileges, education and work opportunities.
- Facility provides multiple ways for inmates to report sexual abuse and sexual harassment, including a way to report to a public or private entity that is not part of the agency.
- Facility maintains or has attempted to enter into a memoranda of understanding with the community's sexual assault service provider who is

able to provide inmates with confidential emotional support services related to sexual abuse.

- Staff members are required to immediately, and in accordance with facility policy, report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any confinement facility.
- Upon learning that an inmate was sexually abused security staff are required to (§115.64):
 - Separate the alleged victim and abuser.
 - Preserve and protect the crime scene.
 - Request the alleged victim not take any actions that could destroy evidence.
 - Ensure the alleged abuser does not take any action that could destroy evidence
- Facility maintains a written coordinated sexual abuse response plan.
- Facility monitors reporters and victims of sexual abuse for retaliation.
- Facility ensures that all allegations are investigated or referred to an agency that has the authority to investigate
- Facility reports the investigation outcome to the alleged victim.
- Treatment services, including access to emergency contraception and sexually transmitted infections prophylaxis, are provided to victims of sexual abuse without cost.
- Within 30 days of the conclusion of a sexual abuse investigation where the allegation has been determined substantiated or unsubstantiated, the facility conducts an incident review and documents its recommendations for improvement.
- The facility prepares an annual report of its sexual abuse data, problem area and corrective actions and posts the report to its public website

4. Interview with the Agency Contract Administrator revealed:

- The Agency Contract Administrator confirms that they monitor new and renewed contracts for confinement services to determine if the contractor complies with required PREA practices by completing the contract compliance review report for all contracted facilities that house inmates. They assure that the document covers all standards and was developed specifically for this purpose. They are in contact with 13 facilities and complete compliance reviews for all of them during non-audit years. The process consists of site reviews, training documentation reviews, operational and policy compliance.
- The Agency Contract Administrator affirms that 12 jails are currently in audit this year and for the 13th they have completed an audit compliance review.
- The Agency Contract Administrator confirms that half of the jails have completed PREA compliance results and the other half will complete prior to the 3 year audit cycle.

Finding:

	Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency Policy ED 72 • Agency Policy Staffing Plans • Agency Policy Unannounced Supervisory Rounds • WIDOC Staffing Plan Annual Review Log • OCI Staffing Plan 2025 • OCI sample of logbook entries • Interview with Warden • Interview with PREA Compliance Manager • Interview with PREA Coordinator • Interview with Intermediate or Higher-level facility staff • Onsite Observations • Photos of areas that required corrective action • Copy of work order for required corrective action • Memo of new process related to staffing ratio on escorts • Copies of emails to facility management and all staff implementing new process Reasoning and analysis (by provision) 115.13 (a) 1. Review of the PAQ revealed: • The agency confirms that they require each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. • The agency confirms that since their last audit the average daily number of inmates is 828 and that is the same number the staffing plan is predicated. 2. Agency Staffing Plan reveals: • “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.

3. Review of OCI Staffing Plan 2025 reveals:

- Oakhill Correctional Institution’s design capacity is 344; however, current general and restricted housing capacity is 785 inmates. An additional 65 beds are allocated for the newly opened medial referral assisted needs housing unit, the ANU. The OCI ANU is comprised of 50 beds in a dormitory setting, and an addition 15 beds in a hospital setting, for a total of 65 beds. The ANU is a special referral housing unit. General population, restricted housing, and ANU results in a population capacity of 830. In planning for staffing patterns for all of OCI, recommendations are made based on the physical plant, sexual safety needs, and DAI allocated position as provided by the legislative approval.
- The facility has a minimum-security designation it also houses minimum community (those waiting for transfer to Wisconsin Correctional Center System (WCCS) inmates, in addition to inmates in restricted housing requiring maximum supervision.
- The population is diverse and fluid; it spans age, gender, race and ethnicity. OCI does house inmates who identify as transgender and/or intersex.
- OCI houses inmates with a host of predatory characteristics (i.e. gang affiliation, prior violent outbursts, poor discipline history, etc.) and unique needs (i.e. persistent mental illness, intellectual disabilities and physical disabilities, etc.). Risk of sexual abusiveness risk has been identified with some of this population resulting in the “pair with care” designation to address sexual safety needs. Psychological Services in conjunction with Security create these designations and placements to address sexual safety concerns.
- OCI takes care to identify those inmates with unique needs who may be especially vulnerable to abuse, including sexual. These potentially vulnerable inmates, identified as having a PREA risk of victimization and/or general vulnerability concerns are “paired with care” under the consultation with Psychological Services and takes into consideration mental health needs and

PREA risk assessment screening to address physical, emotional, and sexual safety concerns.

- OCI has 17 housing units, a Restrictive Housing (RHU) Unit, and the ANU. It is noted that the ANU is one building comprised of three housing units, per PREA standard definitions of a housing units. Additionally, the Cottage 12 building is comprised of two units, per the PREA Standard definitions of a housing unit. Cottage 12 consists of a down stairs C-12 Dorm unit and an upstairs C-12 standard housing unit. This results in OCI having 17 general population units, 1 RHU, and 3 ANU specialized medical units (total of 20 living units). Non-residential buildings include; a health services unit (HSU), chapel, food service, MARS (Social Services / Psychological Services/Property), education, Badger State Industries (BSI), and administration. OCI also has a Power House which is located outside the fence. Many areas with inmate access are outfitted with video monitoring; some locked and controlled doors, and mirrors.
- Cameras are also placed in special observation cells to supplement the security and monitoring for inmates that are at safety risk of harm to themselves/others or for medical observation. These cameras are monitored by security staff. Same gender security staff observes cell activities when an inmate is showering, toileting or changing clothing, except in exigent circumstances. Toileting area cameras are blacked out to allow for privacy. Showers are conducted for inmates in a separate single shower stalls outside of the cell with a metal door and privacy magnets to prevent cross-gender viewing.
- Vulnerable areas with minimal security staff supervision include: chapel, Social Services, Psychological Services, BSI, and food service. Security staff have increased rounds in these identified areas. All volunteers and staff assigned to these areas are required to equip themselves with personal body alarms, or a radio to quickly notify security staff in the event of an emergency; they may also dial #555 on any phone to be connected to control. Additional cameras have been added to the Food Service building in various areas with the expectation that Security Staff maintain the frequency of rounds.
- Mirrors have been installed in various locations within the facility to prevent blind spots. OCI has added cameras to housing units and other areas of the facility to increase monitoring of PIOC and increase sexual safety through monitoring to prevent, detect, and respond to sexual abuse and sexual harassment concerns.
- OCI is allotted a total of fourteen (14) Security Supervisors; seven (6) lieutenants and seven (8) captains. Two supervisors are assigned to first and second shift seven days per week and two security supervisors are assigned to third shift Monday through Friday. One security supervisor is assigned to third shift Saturdays and Sundays. Ideally, one supervisor of each rank is assigned, but depending upon availability two captains or two lieutenants may be on duty. Further, OCI has three Institution Unit Supervisors and one Corrections Program Supervisor.
- OCI is subject to staffing allocations as determined through the Wisconsin

State biennial budget process. Currently, OCI is allocated positions for 95.5 correctional officers, 96.0 sergeants, and 9 limited term officers. Additionally, 14 security supervisors (8 captains and 6 lieutenants) oversee daily security operations. Security staff assignments are based upon programming, inmate movement and behavioral needs. All uniformed and non-uniformed supervisory staff conduct random unannounced rounds in all areas of the facility. The following chart illustrates OCI's staffing pattern.

- Cottages 1-12 house between 47-54 inmates and contains (1) unit sergeant on first and second shift. Cottage 12 dorm houses 20 inmates and contains (1) officer on first and second shift. Unit A-1 and B-1 house between 49-51 inmates and contain (1) unit sergeant on first and second shift. Unit A-2 and B-2 house between 48-49 inmates and contain (1) officer on first and second shift. RH unit houses 50 inmates and contains (1) sergeant and (2) officers on first shift and (1) sergeant and (1) officer on second shift. ANU North houses 25 inmates and contains (1) sergeant on first and second shift. ANU South and infirmary houses between 15-25 inmates and contains (1) officer on first and second shift.
- 1st shift hours consist of (0600-1800 and 1000-2200)
- 2nd shift hours consist of (1800-0600 and 2200-1000)
- In addition to security staff, OCI has allotted 6 full time Social Workers, 1 Clinical Social Worker, 7 full time Treatment Specialists, 4 full time licensed Psychologists, and Health Services medical staff. Each housing unit has either a Social Worker or Treatment Specialist assigned. Psychologists are also assigned to housing units. Non-uniformed professional service staff have offices off of the housing units, however, do schedule intermittent inmate meetings on units. Each housing unit has a Corrections Program Supervisor as well as two Security Supervisor liaisons, with the exception of RH where there is one security supervisor. Health Service Unit (HSU) medical staff work primarily in the HSU, though may see inmates in all of the housing units, particularly the ANU which is attached to the HSU building.
- OCI offers the following programming:
 - Thinking for a Change
 - Pre-release curriculum (self-guided resource)
 - Adult Basic Education
 - Continuing Education courses
 - Vocational Education
 - Substance Use Disorder (SUD)
 - Earned Release Program (ERP)
 - Mental Health Treatment Programming
 - DWD Job Center
 - Windows to Work
 - Restorative Justice
- The above programs are offered in multi-purpose buildings and facilitated by fulltime employees of OCI, contract staff or volunteers. Security staff conducts periodic rounds to monitor for security and safety.
- In 2024, OCI had 7 sexual abuse allegations. 2 were determined to be

Substantiated and 5 were determined Unfounded. All investigation dispositions were made using a preponderance of evidence as outlined in the PREA standards.

- OCI has not observed a trend substantiated in sexual abuse incidents that would indicate a need to adjust staffing patterns. The majority of alleged incidents occurred on the housing units in areas accessible to inmates. One allegation allegedly occurred in an assigned inmate working location that is in the open view of staff and other inmates.
- OCI is not subject to any findings of inadequacy by any courts, Federal investigative agencies or internal/external oversight bodies.

4. Interview with Warden:

- Warden confirms that the facility has a staffing plan with adequate staffing levels to protect inmates against sexual abuse. Warden confirms that video monitoring is part of this plan and that the facility has over (300) cameras. Warden confirms that the staffing plan is documented on yearly reviews.
- Warden states the agency is progressive in their approach. Administrative staff conduct rounds and tour facilities. There are constant reviews for any problematic areas, camera need, etc. Mirrors are implemented throughout the facility as monetary needs are requested to replace with cameras at a later date. Review of PREA sexual abuse and harassment cases are considered to identify if the facility has any problematic trends in certain areas.
- Warden states compliance is reviewed by gathering staffing reports and conducting the yearly reviews to ensure the facility is complaint.

5. Interview with PREA Compliance Manager:

- PREA Compliance Manager confirms that when assessing adequate staffing levels and need for video monitoring staffing is reviewed along with the inmate population and needs. Completed PREA investigations are considered. Actions needed are identified and actions plans are implemented as needed. Programs, supervisory staff placement, and composition of the physical plant are discussed during the yearly review.

6. Onsite Observations:

- During the site review the audit team was able to observe all areas of the facility. Each area visited had appropriate staffing to include units, recreation areas, medical, and programming areas. There was good camera coverage throughout the facility. Cameras were reviewed in the facility 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:

- Unit Basement storage areas: Staff stated this area of the unit was not used often but while on tour the products located in this area appear to be items that were needed for day to day operations such as toilet paper and unit supplies. Staff indicated they would bring inmates with them to retrieve items and also indicated it would be a one on one escort when gathering unit supplies. There is no camera coverage in this area of the units.
- Locker room area: Staff stated this area of the facility was not used often but may have inmates in the area to retrieve supplies or work on maintenance. Staff indicated they would bring inmates with them to retrieve items and also indicated it could be a one on one escort. There is no camera coverage in this area of the facility.
- Woodshop Carpentry area (B-28)- due to storage placement there is a blind spot in the back corner of this room. Mirror implementation is required. There is a staff breakroom located in this area that had all windows covered up. These covering need to be removed as there is no sight into the breakroom area.
- Living areas had no areas of concern or blind spots. The bathrooms had adequate privacy and there were no coverage concerns.
- Informal conversations with staff and the population did not reveal any concerns.

Finding:

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.

The facility shall establish new procedure to ensure there is a two on one ratio when escorting inmates into the unit basement and locker room areas. They will also implement signage on these areas and complete a memo to all staff to ensure they are aware of the new procedures.

The facility shall ensure that bubble mirrors are implemented in the Woodshop Carpentry area to improve vision to the back corner area of the room.

The facility shall ensure that the staff breakroom in the Woodshop Carpentry area has all window coverings removed as to provide proper vision into the area.

The auditor was provided with a memo to all staff and photos of the signage placed on basement and locker room areas. The memo is to all staff and states "For awareness, and accountability purposes, two staff members shall be present when residents enter this basement area. This practice does not supersede emergency operations and inclement weather practices". The auditor was also provided with a copy of the email from the Warden to facility management and all staff related to the new procedure.

The auditor was provided with photos of the Woodshop Carpentry area confirming that all window coverings into the staff breakroom area were removed and bubble mirrors have been implemented to improve staff visuals into the back corner of the room. The auditor was also provided with a copy of the work order for mirror implementation.

After completion of these corrective action items, the facility demonstrated substantial compliance with this standard.

115.13 (b)

1. Review of the PAQ reveals:

- The agency posted NA for whether each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.
- The agency clarified that while they did not have any deviations over the documentation period, any deviations would be documented on the shift report logs.

2. Agency Policy ED 72 reveals:

- 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. Agency Policy Staffing plans reveals:

- 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. Interview with the Warden:

- Warden confirms that all deviations and explanations for deviations would be documented on the shift logs.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.13 (c)

1. Review of the PAQ revealed:

- The agency confirms that at least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

2. Review of Agency Staffing Plan Review Log reveals:

- Full listing of all WIDOC facilities and dates associated with yearly staffing plan reviews. Logs inception was in 2015 and documents Facility name, Date of review, facility lead reviewer, and any notes.

3. Review of Agency Policy Staffing plans reveals:

- “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.

4. Review of OCI Staffing Plan 2025 reveals:

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

5. Review of Sample of training records reveal:

- PREA Coordinator reviewed and signed the staffing plan for Oakhill.

6. Interview with the PREA Coordinator:

- PREA Coordinator confirms that they review the staffing plan with all facilities yearly and requests adjustments as needed.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.13 (d)

1. Review of the PAQ revealed:
 - The facility confirms that they require intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.
 - The facility confirms that they do document unannounced rounds.
 - The facility confirms that rounds cover all shifts.
 - The facility confirms that they prohibit staff from alerting other staff of the rounds.
2. Review of Agency Policy ED 72 reveals:
 - 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. Review of Agency Policy Unannounced Supervisory Rounds reveals:
 - 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. Review of Sample Logbook entries of unannounced supervisory rounds reveals:
 - Log documents day, time, shift, and staff.
 - Review of logs shows that rounds are conducted regularly throughout the month. Rounds are conducted daily, and all shifts are captured. There are rounds documented on the weekends and times conducted appear sporadic, ensuring they are not always in the unit at the same hours.
5. Onsite observations:
 - Auditor reviewed logbook entries throughout the facility tour and noted rounds are conducted regularly throughout the month. Rounds are conducted daily, and all shifts are captured.
6. Interview with Intermediate or Higher-Level Facility Staff:
 - Intermediate or higher-level staff member confirms they do conduct

	unannounced rounds on every shift and that the rounds are documented in the logbooks for each area. To prevent staff from alerting others of the rounds the staff member does not call ahead, mixes up their route, and always varies their start times. Staff states policy restricts staff from alerting others. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency Executive Directive #72 • Agency Notice of Movement 2016 • Agency Policy Youthful Inmates Reasoning and analysis (by provision) 115.12 (a) (b) (c) 1. Review of the PAQ revealed: • The agency of Division of Adult Institutions/Oakhill Correctional Institute does not house youthful inmates. 2. Agency Executive Directive #72 XIII. Placement section (D) Youthful Inmates indicates: • Youthful inmates shall not be placed in a housing unit in which they have sight, sound or physical contact with any adult PIOC through use of a shared dayroom or other common space, shower area or sleeping quarters. In areas outside of housing units, DOC shall either: maintain sight and sound separation between youthful inmates and adult PIOC's or provide direct staff supervision when youthful inmates and adult PIOC's have sight, sound or physical contact. Adult facilities shall make best efforts to avoid isolating youthful inmates to comply with this provision. Absent exigent circumstances, adult facilities shall not deny youthful inmates daily large muscle exercise and

any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. Such exigent circumstances leading to the denial of large-muscle exercise, legally required education services and/or other programming shall be documented.

3. Agency Notice of Movement 2016 states:

- The Wisconsin Department of Corrections (DOC) Division of Adult Institutions (DAI) has taken measures to achieve compliance with the Prison Rape Elimination Act (PREA), Youthful Inmate federal standard 115.14. Specifically, DAI has moved all youthful inmates out of the adult institutions and they now are housed within Division of Juvenile Corrections (DJC) facilities. All of the youthful inmates who were previously housed at Prairie du Chien Correctional Institution, Columbia Correctional Institution, Milwaukee Secure Detention Facility, Dodge Correctional Institution, and Racine Youthful Offender Correctional Facility were moved to the DJC facility. Additionally, no youthful inmates will be housed at any of the above stated facilities, or at any DAI facilities, from this point forward. Please note that new male inmates coming into the DOC are processed at Dodge Correctional Institution, for approximately two hours prior to transfer to DJC.

4. Agency Policy Youthful Inmates states:

- Adjudicated juveniles who are less than 18 years of age shall not be admitted to a DAI facility or the WRC.
- Juveniles sentenced as adults shall be admitted to LHS or CLS and transferred to a DAI facility on the 18th birthday. If the 18th birthday falls on a weekend or a holiday, arrangements shall be made ahead of time to ensure the transfer will occur and the DAI receiving site is prepared for the admission.
- DCI or TCI admission staff shall make appropriate notifications to DAI and DJC facility staff regarding admission of these adjudicated juveniles or juveniles sentenced as adults to DCI or TCI.
- Fingerprinting, photographing and collection of required intake demographics for juveniles sentenced as adults shall occur at DCI or TCI prior to the juvenile's transfer to LHS/CLS. They shall not be admitted to DCI or TCI for completion of these processes.
- PIOC placed at LHS or CLS pursuant to Section I. B. shall be classified in accordance with Wisconsin Administrative Code Ch. DOC 302.
- Juveniles with a DCC Hold status shall not be accepted at any DAI facility including MSDF and STF.
- Juveniles shall not be placed at any DAI facility for ATR programming.
- Adult sentenced youth with a concurrent SJO order shall be admitted to LHS/CLS and retained in a DJC facility until their 18th birthday.

	Finding: Based on this analysis, the facility is substantially compliant with these provisions.
--	---

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency Policy ED 72 • Agency Policy Clinical Observation • Agency Policy Opposite Gender Viewing and Announcing • Agency Policy Searches of PIOC • Agency Policy Use of Body Cameras • Agency Pat Search Preference Request Form • Agency Searches Lesson Plan • Agency Cross Gender Search Training Spreadsheet • Interview with non-medical staff (involved in cross-gender strip or visual searches) • Interview with Random Sample of Staff • Interview with Random Sample of Inmates • Onsite Observations Reasoning and analysis (by provision) 115.15 (a) - Review of the PAQ revealed: • The agency confirms that they do not conduct cross-gender strip or cross-gender visual body cavity searches of inmates and have not conducted any over the past 12 months. - Review of Agency Policy ED 72 reveals: • 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. - Review of Agency Policy Searches of PIOC reveals:

- 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. Review of Agency Policy Use of Body Cameras reveals:

- 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.
- Auditor did not view any staff at the facility wearing a body worn camera.

5. Agency Policy Opposite Gender Viewing and Announcing reveals:

- All viewing and searches shall be performed in accordance with DAI Policies 306.17.02, 500.00.05, and 500.70.24.

6. Agency Policy Clinical Observation reveals:

- Cross gender constant observation may be conducted when privacy accommodations are provided for toileting, showering and changing clothing. Exceptions are allowed in exigent circumstances. Privacy accommodations may be accomplished through a variety of means, including but not limited to:
 - Ensuring the individual has a smock, paper gown, etc., to maintain privacy while toileting.
 - Providing a shower with a partial curtain or other privacy shields which still allow staff to observe the patient and ensure his/her wellbeing.
 - Having staff of the same gender provide the constant observation or at minimum, substituting staff of the same gender during these activities.
 - Exigent circumstances shall be documented.

7. Site review observations:

- Observation of the areas where strip searches and body scan searches are conducted were viewed by the audit team. There were no concerns noted regarding privacy.
- No security staff were witnessed to have been wearing body worn cameras.
- Informal conversations with staff revealed female staff were not involved in strip searches but if they were they would only be an observer of the staff conducting the search and would not have any view of the inmates while they were naked.
- Auditor reviewed strip search logs while on tour and did not witness any logs noting female staff involved in the search.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.15 (b)

1. Review of the PAQ reveals:

- The agency confirms that OCI does not house female PIOC's.

2. Review of Agency Policy ED 72 reveals:

- Except in exigent circumstances, adult facilities do not permit cross-gender pat-down searches of female PIOC's. Exigent circumstances shall be documented.

3. Review of Agency Policy Searches of PIOC's reveals:

- 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. Onsite observations:

- Auditor did not witness any female inmates while onsite.

- Informal conversations with staff and inmates confirm that OCI does not house female inmates.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.15 (c)

1. Review of the PAQ revealed:

- The agency confirms that policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.
- The facility confirms that they do not house female inmates at OCI.

2. Review of Agency Policy Searches of PIOC reveals:

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.15 (d)

1. Review of the PAQ revealed:

- The agency confirms that they have implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera).

- The agency confirms that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

2. Review of Agency Policy ED 72 reveals:

- 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.

3. Review of Agency Policy Opposite Gender Viewing and Announcing reveals:

- 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

4. 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.

5. Interview with Random Sample of Inmates:

- (23) inmates were interviewed.
- (18) of (23) inmates confirmed that female staff did announce their presence when entering the housing unit.
- (5) of (23) inmates stated female staff did not announce their presence when entering the housing unit.
- (23) of (23) inmates stated they were not ever naked in full view of female staff.

6. Interview with Random Sample of Staff:

- (15) staff were interviewed.
- (14) of (15) staff confirmed that when staff of the opposite gender enter a housing unit they do announce their presence.
- (15) of (15) staff confirm that inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

7. Onsite observations:

- During the site review, the audit team witnessed female staff enter living units and push the gender notification doorbell that was located at the officer station. The bell indicator was loud enough for inmates to hear the notification. 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 majority of camera footage does

	not show areas where inmates may be in the state of undress. There were (2) locations noted in facility which had camera coverage in toileted areas. The cameras were reviewed by staff and confirmed that the toilet areas were blurred out and staff did not have access to remove the blurring. • Informal conversations with the population indicated all inmates felt they had sufficient privacy to disrobe and toilet within the facility. Finding: Based on this analysis, the facility is substantially compliant with this provision. 115.15 (e) 1. This provision is not applicable to compliance finding. 115.15 (f) 1. This provision is not applicable to compliance finding.
--	--

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 Policy • Agency ED 71 Policy • Agency Handbook Large Print and Spanish • Agency Interpretation, Translation Services Contract • Agency Policy ADA 7.7.2025 • Agency Policy Language Assistance for Limited English Proficiency (LEP)

Inmates

- Interview with Agency Head
- Interview with Inmates (with disabilities or who are limited English proficient)
- Interview with Random Sample of Staff
- Agency Posted Language Policy Notice
- Site Observations

Reasoning and analysis (by provision)

115.16 (a)

1. Review of the PAQ revealed:

- The agency confirms that they have 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. Agency Policy ED 72 (XI) (B) (4) reveals:

- PIOC's with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of PIOC education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with PIOC's with disabilities.

3. Review of Agency Handbook in Large Print reveals:

- Contains the same information as the regular handbook but in a much higher font to better assist vision impaired inmates in understanding the information. This version is 28 pages long compared to the regular handbook which is 15 pages.

4. Agency Interpretation and translation services contract reveals:

- Contract consists of (6) 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
- The contract further identifies which vendors are available for which regions and the type of services they provide such as in-person, telephonic, video, or written translation.

5. Agency ADA Policy reveals:

- Facilities shall attempt to modify their practices or facility procedures to make its services, programs and activities accessible to individuals with disabilities.
 - Modifications may not fundamentally alter the nature of the service, program or activity or create an undue administrative or financial burden or a significant risk to the safety and/or security of the facility, staff or PIOC.
 - Facilities shall seek alternative means of achieving accessibility for qualified individuals with disabilities if a requested modification is not feasible.
- PIOC with a disability are able to participate in programs and activities of daily living with the same opportunity as other PIOC.
 - This can be accomplished by non-structural changes such as relocating a program, service or activity to an accessible area or through structural changes such as making a physical change to an existing building or area.
 - Participation may also be made accessible with the use of auxiliary aids.
- Deaf and hard of hearing
 - PIOC access to adaptive hearing devices for telephone calls shall be equivalent to telephone calls made by hearing PIOC. PIOC using adaptive devices for phone calls may be allowed up to three times the amount of time usually permitted for phone calls.
 - Deaf or hard of hearing members of the public who wish to communicate with PIOC shall submit a DOC-2649 to the attention of the facility ADA Coordinator prior to receiving a telephone call using an adaptive hearing device.
- Blind and visually impaired
 - The facility shall ensure an escort is provided for visually impaired PIOC during an emergency or any type of movement, as necessary.

6. Language Assistance for LEP Inmates policy reveals:

- Identifying and Recording an Inmate's Primary Language
 - DAI shall obtain from each inmate their self-identified primary language at Intake and shall update in WICS as information is obtained or changes.
 - Staff shall use DAI approved "I Speak" cards to assist in determining the language with which an inmate is attempting to communicate.

- If an inmate is illiterate in both English and their primary language, staff shall review court records for any notation of inmate's primary language.
 - If an inmate is unable or unwilling to disclose their primary language, staff shall review court records for any notation of inmate's primary language.
 - Staff shall complete DOC-2466 detailing use or attempted use of "I Speak" cards as language assistance (see Section VI, Documenting Language Assistance Requests and Services.)
- Recording of Inmate Primary Language
 - All facilities shall verify that all inmates in their facilities have self-identified their primary language on WICS screen ORPS011B, which is part of the Demographic/Physical Profile.
 - If the screen shows "Unknown", the facility will ask the inmate to identify their primary language and enter that information into the WICS screen.
- Initiating Language Assistance
 - Inmates may request language assistance by one of the following methods (regardless of primary language and/or skills reported in WICS):
 - Submit DOC-2592 to staff.
 - Request language assistance verbally or in writing in primary language (may require interpretation/translation to English to facilitate staff processing of request).
 - Staff shall initiate provision of language assistance when there is question of an inmate's ability to read/write/speak/understand English, regardless of inmate's primary language, for:
 - Proceedings related to legal issues, health, safety, length of incarceration/supervision, conditions of confinement and discipline even if the inmate does not request or declines language assistance.
 - Instructions, procedures or general communication during day-to-day activities.
- Providing Language Assistance to Inmates
 - During initial intake (DCI, MSDF, TCI, and other short-term inmate admission sites), facilities shall provide LEP inmates with the following documents:
 - Primary language of Spanish
 - PREA pamphlet.
 - Wisconsin Administrative Code Ch. DOC 303.
 - ICRS procedures.
 - DOC-2592.
 - POC-072.
 - Staff shall make these materials available in audio and/or video recorded format for Spanish-language inmates who are illiterate in English and Spanish.

- For inmates whose primary language is other than Spanish, DOC shall provide interpretation (but not written translation) services to facilitate understanding of those documents.
- Spanish translation of routinely-used documents
 - Signs explaining LEP rights shall be posted in prominent locations.
 - Translated official DOC signs, forms, notices and publications posted on myDOC.
- Individual written language assistance (document translation) regardless of primary language (five-percent threshold not applicable)
 - DOC shall translate to/from any inmate's primary language the following types of documents (not all inclusive):
 - Inmate-submitted forms/correspondence in another language (such as
 - a DOC-400 or DOC-3035) shall be translated into English to facilitate staff processing.
 - DOC-produced inmate-specific vital documents shall be translated into the inmate's primary language to facilitate understanding:
 - Documents responding to inmate requests/ correspondence.
 - Reports related to length/condition of confinement, such as classification hearings, DOC-9s, Parole, DOC-400s, etc.
 - The English-language version is the official version of all translated written documents for filing.
- Individual verbal language assistance (interpretation services) shall be provided to all LEP inmates regardless of primary language (five-percent threshold not applicable), which may include, but are not restricted to the following:
 - A professional interpreter present or via phone and/or video during a health appointment or hearing.
 - Interpretation services over the telephone or video conference.
 - Bilingual inmates may be:
 - Hired as tutors/translators under consultation with the LEP EC.
 - Used to communicate routine day-to-day activities, including, but not limited to, directions to locations within the facility, requesting clean laundry, information about meals, chapel/recreation schedules.
 - Used initially in a medical/mental health emergency to communicate information between a LEP inmate and DOC staff and/or medical/mental health personnel until approved interpretation services are accessed.
 - Bilingual inmates shall not interpret in the following situations:
 - Confidential health care information, except in a

medical emergency.

- Issues related to conditions/duration of confinement.
- Sensitive investigations including, but not limited to, PREA, fraternization, threats to institution security.
- Staff response to language assistance requests
 - Staff shall process requested documents/services from LEP inmates per standard procedures for English-language requests.
 - Processing of DOC-2592:
 - Facilities shall ensure inmates have access to DOC-2592.
 - Staff shall sign/date the form acknowledging receipt, along with further details as needed.
 - Staff shall forward the completed DOC-2592 to the facility LEP Coordinator.
 - Processing LEP inmate written and verbal requests
 - Translate/interpret to English to facilitate staff processing of request, as needed.
 - Translate/interpret back to inmate's primary language, as needed, to facilitate inmate's understanding of staff response.
- Language Assistance for Education and Treatment
 - Literacy and language barriers are distinct challenges.
 - LEP inmates may have a language-only barrier (e.g., literate in their primary language, but not in English);
 - Or LEP inmates may have a language barrier, plus low literacy (e.g., low literacy in their primary language and in English).
 - LEP inmates shall be encouraged to develop English-language proficiency through English as a Second Language (ESL)/English Language Learner (ELL) classes and/or individual study.
 - Staff shall use the LEP Education and Treatment Plan to ensure consistency for case planning.
 - When a liberty-interest is at stake, DAI may provide LEP inmates who do not reach English-language literacy entrance criteria with language assistance for treatment programming on a case-by-case basis.
- Sources of Language Assistance
 - Third-party vendors listed on VendorNet within language assistance contracts.
 - Bilingual staff approved by DAI Administrator/designee, in consultation with the LEP EC.
 - Bilingual inmates in limited circumstances as indicated above.

- Interpreter for Off-Site Health Appointments
 - HSU shall complete the DOC-3695 for planned and unplanned off-site medical appointments.
 - Fax completed form to off-site provider for every appointment so that offsite provider knows of the need to arrange for an interpreter.

7. Interview with Agency Head:

- The Agency Head confirms that the agency has established procedures to provide inmates equal opportunities to participate in or benefit from all aspects of the agencies efforts to prevent, detect, and respond to sexual abuse and sexual harassment. They state inmates with disabilities or have limited English proficiency are identified at intake and the facility ADA coordinators will explore appropriate alterations if necessary. Agency head confirms that inmate interpreters are not utilized for PREA purposes and education is available in English, Spanish, and Braille.

8. Interview with Inmates (with disabilities or who are limited English proficient):

- (2) Inmates with disabilities or who were limited English proficient stated that the facility provided information about sexual abuse and sexual harassment that they were able to understand.

9. Review of interpretation services with staff:

- (3) Staff members of different rank/position were asked by the auditor how they would access interpretation services if needed. The staff were able to pull up the information needed on their computer and explained that the steps to access interpretation services were simple and that they have never had issues receiving interpretation services when needed.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.16 (b)

1. Review of the PAQ reveals:

- The agency confirms that they have 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. Agency Interpretation and translation services contract reveals:
 - Contract consists of (6) 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
 - The contract further identifies which vendors are available for which regions and the type of services they provide such as in-person, telephonic, video, or written translation.
3. Language Policy Notice states:
 - The Wisconsin Department of Corrections (DOC) shall within available resource constraints take reasonable steps to continue providing Limited English Proficiency (LEP) offenders in its custody, or under its supervision, meaningful access to vital documents, important information and health services and to ensure they 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 favorable classification. The DOC shall not retaliate against any LEP offender for requesting such access. The DOC does not prohibit communication in languages other than English, either by policy or practice, except where security practices require.
4. Inmate Handbook:
 - Inmate Handbook is available to inmates in a Spanish Version.
5. Interview with Inmates with disabilities or who are limited English proficient:
 - (2) Inmates with disabilities or who were limited English proficient stated that the facility provided information about sexual abuse and sexual harassment that they were able to understand.
6. Review of interpretation services with staff:
 - (3) Staff members of different rank/position were asked by the auditor how they would access interpretation services if needed. The staff were able to pull up the information needed on their computer and explained that the steps to access interpretation services were simple and that they have never had issues receiving interpretation services when needed.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.16 (c)

1. Review of the PAQ revealed:

- The agency confirms that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants 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.
- The agency confirms that they document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.
- The agency states in the past 12 months there were (0) instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

2. Agency ED 71 reveals:

- Determination of Appropriate Language Assistance Services
 - Oral interpretation services. DOC shall evaluate and determine what interpretation services shall be provided based on the identified needs. Each Division shall:
 - Identify and, as feasible, utilize the skills of existing bilingual DOC staff or other oral interpretation services for specific programs and services including, but not limited to, those related to the health, safety, liberty, and legal proceedings of an LEP individual.
 - Evaluate the feasibility and cost effectiveness of hiring new bilingual staff or, as warranted, full or part-time in-house staff interpreters.
 - Maintain relationships to contract for oral interpretation services, including telephonic interpretation services.
 - Not rely upon fellow offenders to provide language services in situations with potentially significant consequences involving LEP offenders, unless an emergency arises. Situations in which another offender may not be used include, but are not limited to, medical and psychological appointments or treatment; information or hearings associated with the Prison Rape Elimination Act (PREA); parole hearings, disciplinary and grievance proceedings and filings, and Program Review

Committee (PRC) hearings.

- Provide ESL services to offenders for whom this need was identified in the educational assessment.
- Written language services. Based upon the identified needs, DOC shall determine the written language services which shall be provided to identified LEP groups. Each Division shall:
 - Identify the languages into which vital documents shall be translated with the goal of translating vital documents for each LEP group that constitutes 5% or 1,000 persons, whichever is less, within the DOC population of offenders served or likely to be affected or encountered by that Division.
 - If there are fewer than 50 persons in a language group that reaches the five percent trigger as identified in V. B. (1), the Division need not translate vital documents but shall provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of such vital documents, free of charge. Similarly, all other non-English speaking populations will receive written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of vital documents, free of charge.
 - Develop procedures for obtaining translations from qualified translation services. Ensure quality control through second or third check measures. Implement procedures to ensure confidentiality and avoid conflicts of interest. Notwithstanding V.B. 6 offenders may be used to create draft translations of generic documents so long as such translations undergo quality control measures by qualified translation services prior to distribution.
 - Make efforts to provide oral interpretation of vital documents in the case of languages that are not historically written, such as Hmong.
 - Develop procedures for obtaining translations of written material that is uniquely important to an individual offender (e.g., PRC hearing results). Other offenders shall not be used in such cases. Under certain circumstances such documents can be orally interpreted.

3. Agency ED 72 (XVI) (A) (4) reveals:

- 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. Language Assistance for LEP inmates policy reveals:

- Individual verbal language assistance (interpretation services) shall be provided to all LEP inmates regardless of primary language (five-percent threshold not applicable), which may include, but are not restricted to the following:
 - A professional interpreter present or via phone and/or video during a health appointment or hearing.
 - Interpretation services over the telephone or video conference.
 - Bilingual inmates may be:
 - Hired as tutors/translators under consultation with the LEP EC.
 - Used to communicate routine day-to-day activities, including, but not limited to, directions to locations within the facility, requesting clean laundry, information about meals, chapel/recreation schedules.
 - Used initially in a medical/mental health emergency to communicate information between a LEP inmate and DOC staff and/or medical/mental health personnel until approved interpretation services are accessed.
 - Bilingual inmates shall not interpret in the following situations:
 - Confidential health care information, except in a medical emergency.
 - Issues related to conditions/duration of confinement.
 - Sensitive investigations including, but not limited to, PREA, fraternization, threats to institution security.

5. Interview with Random Sample of Staff:

- (10) of (15) random staff stated the facility would not use inmate interpreters for anyone who is making an allegation of sexual abuse or sexual harassment.
- (3) of (15) random staff stated they would take information but as soon as it was identified that it was related to sexual abuse or harassment they would transition to telephonic interpretation services.
- (1) of (15) random staff stated they didn't know if that was allowed.
- (1) of (15) random staff stated they would use inmate interpreters if necessary.

6. Interview with Inmates with disabilities or who are limited English proficient:

- (2) Inmates with disabilities or who were limited English proficient stated that the facility provided information about sexual abuse and sexual harassment that they were able to understand.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

--	--

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency Policy ED 72 • Agency Policy ED 42 Arrest and Conviction • Agency Policy Non-DOC Personnel Visitors • Agency Policy Employment References • Agency Policy Background Check • Agency Procedure Fingerprint • Agency Procedure Background Checks • Agency Non-DOC Personnel Visitors form • Agency 1098D Background Check Authorization Form • Agency 2674 Contractor (Non-DOC Personnel) Background Check • Agency 1098R Candidate Reference Check • Interview with Administrative (Human Resources) Staff • Sample Personnel files Reasoning and analysis (by provision) 115.17 (a) 1. Review of the PAQ revealed: • The agency confirms that policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) 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); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. 2. Review of Agency Policy ED 42 Arrest and Conviction reveals: • DOC will not hire or promote an applicant for a position which may have

contact with persons in our care, clients or youth 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. Review of Agency Policy ED 72 reveals:

- Hiring and Promotion Decisions
 - The DOC shall not hire, promote, or enlist the services of anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any staff member Cross Gender strip searches of PIOC are prohibited, except in exigent circumstances or when performed by medical practitioners.

4. Review of Agency Non-DOC Personnel Visitors Form reveals:

- Section titled PREA Compliance requires the prospective non-doc personnel to answer the following:
 - HAVE YOU EVER BEEN ENGAGED IN SEXUAL ABUSE IN A PRISON, JAIL, LOCKUP, COMMUNITY CONFINEMENT FACILITY, JUVENILE FACILITY, OR OTHER INSTITUTION OR PLACE OF DETENTION?
 - HAVE YOU EVER BEEN CONVICTED OF ENGAGING OR ATTEMPT 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?
 - HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN THE ACTIVITY DESCRIBED ABOVE?
- Section titled background check and acknowledgements states the following:
 - 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.

5. Review of Agency Policy Non-DOC Personnel Visitors reveals:

- Page 5 states the following:
 - 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. Candidates shall submit a completed DOC-2674.

6. Review of Agency Procedure Background Checks reveals:

- Cross gender constant observation may be conducted when privacy accommodations are provided for toileting, showering and changing clothing. Exceptions are allowed in exigent circumstances. Privacy accommodations may be accomplished through a variety of means, including but not limited to:
 - Ensuring the individual has a smock, paper gown, etc., to maintain privacy while toileting.
 - Providing a shower with a partial curtain or other privacy shields which still allow staff to observe the patient and ensure his/her wellbeing.
 - Having staff of the same gender provide the constant observation or at minimum, substituting staff of the same gender during these activities.
 - Exigent circumstances shall be documented.

7. Review of Sample Personnel Files:

- Facility provided additional (11) staff personnel files for review.
- All files contained completed 1098D forms noting the questions were required and answered by all staff members.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.17 (b)

1. Review of the PAQ reveals:

- The agency confirms that policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

2. Review of Agency Procedure Background Checks reveals:

- Page 5 states “Moreover, the agency will consider incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with inmates, offenders, or juveniles”

3. Review of 1098D Background Check Authorization Form reveals:

- Page one requires the prospective employee/contractor to state yes or no as to whether they have engaged in sexual harassment in the community or confinement setting and requires a narrative related to the incident if they marked yes.

4. Interview with Administrative (Human Resources) Staff:

- Human resources staff confirm that the facility does consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with inmates. They indicate that there are a series of questions and background disclosures during the hiring/promotion process which will capture this information for review.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.17 (c)

1. Review of the PAQ revealed:

- The agency confirms that policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.
- The facility confirms that over the past 12 months (83) persons who may have contact with inmates were hired and background checks were completed for

all of them.

2. Review of Agency Policy ED 72 reveals:

- 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.

3. Review of Agency Policy Employment References reveals:

- 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- I 098R or the local HR office must utilize the enterprise-approved reference checking software (if available) to ensure the proper PREA questions are asked.
- The following questions are included in the reference check form (DOC-I 098R) and have been incorporated in the enterprise-approved on-line reference check software for DOC positions. These questions must be asked when references are conducted for any positions, including limited-term, project, seasonal, permanent, and unclassified employees.
 - To your knowledge, has it been determined that the candidate has ever engaged in any incident of sexual misconduct or sexual harassment, while employed with your company? If so, what were the circumstances and outcome?
 - Did the candidate resign during a pending investigation of an allegation of sexual abuse or sexual harassment before the investigation was completed?
- Additionally, the following question must be asked for all positions that may have contact with youth or adult persons in our care and have been incorporated into the reference check form and on-line tool.
 - Has the candidate ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention?
- The Prison Rape Elimination Act (PREA) requires asking the above questions of all current/prior employers which qualify as an institutional employer, so regardless of whether the candidate lists a reference from an employer meeting this definition, best efforts must be made to contact the institutional employer. This can occur through the HR Office if a supervisory name and contact information is unavailable.

4. Review of Agency Background Check Procedure reveals:
- This procedure will provide guidance on conducting both criminal and non-criminal background checks for applicants, contractors performing work similar to department employees, and persons 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.
 - 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.
5. Review of Agency Procedure Fingerprint reveals:
- Employing units are responsible for ensuring fingerprints are completed and cleared prior to allowing unescorted access for any new hires, contractors, volunteers, etc. who will be on DOC premises. Fingerprints may be taken no earlier than one week prior to when the individual will report to the worksite.
 - Fingerprints may be completed at the worksite in which the individual will be reporting provided a LiveScan fingerprint machine is onsite. Fingerprint at other locations must be scheduled with the proper contact person at that site.
6. Review of Personnel Files:
- Facility provided (5) background check examples for review.
 - Auditor requested an additional (11) background checks which were all provided by the facility and completed appropriately.
7. Interview with Administrative (Human Resources) Staff:
- Human Resources staff confirmed that they perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions. This is also completed for contractors. They indicate a full background check is completed on both new hires and those who are internal promotions.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.17 (d)

1. Review of the PAQ revealed:

- The agency confirms that policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates.
- The agency confirms that in the past 12 months 9/10 contracts for services where criminal background checks were conducted on all staff covered in the contract who might have contact with inmates.
- Facility was contacted as to why one 9/10 were completed and they indicate this was a mistake in OAS submission and it should have been 9/9 contacts for 100%.

2. Review of Agency Policy ED 72 reveals:

- 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

3. Review of Agency Policy Background Checks reveals:

- Warden/designee shall assign one or more facility staff members to conduct background checks and to approve/deny facility entry applications.
- In accordance with DAI 309.06.03, background checks for Non-DOC Personnel, Business & Professional Visitors applying for facility entry privileges at multiple DAI facilities may be carried out by the DAI Security Chief/designee (e.g. other state or federal agencies, Remington Center, statewide vendors/contractors).

4. Review of Agency Policy Non-DOC Personnel Visitors reveals:

- Facilities shall conduct/review background check in accordance with DAI policy 300.00.92.
 - Standard DOA and DOC procurement procedures may require contracting agency/vendor to perform background checks.
 - DAI shall conduct criminal history review on each non-DOC personnel applicant and cannot accept external agency data for this purpose.
 - Contracting agency/vendor may consult DOC and/or submit preliminary DOC-2674, if certain individual employment decisions are conditional on DAI facility entry privileges.

5. Review of Agency Procedure Background Checks reveals:

- 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).
- Criminal background checks will be conducted after certification, unless otherwise approved by the Bureau of Merit Recruitment & Selection (BMRS) Director, but prior to the extension of offer of employment.
- 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.
- When a current Department of Corrections employee is moving to a position which has significantly different duties than his or her current position, a criminal background check will be conducted before an offer of employment is extended.

6. Interview with Administrative (Human Resources) Staff:

- Human Resources staff confirmed that they perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions. This is also completed for contractors. They indicate a full background check is completed on both new hires and those who are internal promotions.

7. Review of Personnel Files:

- Facility provided (5) background check examples for review.
- Auditor requested an additional (11) background checks which were all provided by the facility and completed appropriately.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.17 (e)

1. Review of the PAQ revealed:

- The agency confirms that policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

2. Review of Agency Policy ED 42 Arrest and Conviction reveals:

- 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
 - An Appointing Authority may not engage the services of a contractor, intern or job shadow who may have contact with persons in our care, clients or youth until a criminal background check is performed and approved. 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.

3. Review of Agency Policy ED 72 reveals:

- 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 a criminal background records check every five years for current staff members.

4. Review of Agency Procedure Background Checks reveals:

- To maintain compliance with PREA as well the FBI's CJIS security policies, fingerprints must be retaken at least once every five years.

5. Interview with Administrative (Human Resources) Staff:

- Human Resources staff confirm that fingerprint checks are ran for all staff every five years.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.17 (f) (g)

1. Review of the PAQ revealed:

- The agency confirms that policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

2. Review of the Agency Policy ED 42 Arrest and Conviction reveals:

- 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 work day 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 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.
- 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 work day 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.
- Failure to disclose criminal convictions, failure to provide accurate details regarding criminal convictions, or failure to cooperate in a background check process may result in the release of the contractor or person participating in an internship or a job shadow opportunity.
- If it is discovered during the period of the contract, internship or job shadow that the individual has a prior criminal record and that the individual did not provide this information, the contractor or person participating in an internship or a job shadow may not be retained.

3. Review of Agency Policy ED 72 reveals:

- 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.

4. Review of 1098D Background Check Authorization form:

- States the following affirmation:
 - “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. I authorize the Department of Corrections to conduct a background check”

5. Review of 2674 Agency Non-DOC Personnel Visitor Form:

- Background Check and Acknowledgment section contains the following:
 - “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”

6. Interview with Administrative (Human Resources) Staff:

- Human Resources staff confirm that all questions from section A are required for applicants that I chosen to move forward with the process and that all employees are required to report Law Enforcement Contact except where they are the victim. The requirement is within 48 hours or next work shift, which ever comes first.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.17 (h)

1. Review of Agency ED 72 reveals:

- 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.

2. Interview with Administrative (Human Resources) Staff:

	Human Resources staff confirm that when a former employee applies for work at another institution they would provide information from HR to HR including all other states related to required information. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: - The Facility PAQ - Agency Maintenance Request Form (Blank, Effective 8.19.2022) 09-30-24 Core Team meeting 10-14-24 Core Team meeting 07-08-24 Core Team meeting 06-24-24 Core Team meeting 06-10-24 Core Team meeting - Interview with Agency Head - Interview with Warden Reasoning and analysis (by provision) 115.18 (a) 1. Review of the PAQ revealed: - The agency affirms that they have not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit. 2. Review of Agency Maintenance Request Form: - Blank form DOC 2635 was uploaded to demonstrate the process for requesting a expansion or modification to any area of the facility. The form contains the following sections:

- Description of the project.
- Justification of need
- Risk assessment
- Miscellaneous comments related to the project
- Describe how the proposed project will enhance the facility's ability to protect inmates from sexual abuse.

3. Interview with Agency Head

- The Agency Head stated that the department considers how modifications or expansions to facilities affect the ability to protect inmates from sexual abuse. They have a cross-agency team who work collaboratively to focus on security, camera placement, sight/sound separation, and overall safety for the facilities. The team focuses on how other facilities are designed and they conduct a thorough review of prior expansions to ensure prior issues do not recur.

4. Interview with Warden

- Confirmed that when planning any expansion or modification to existing facilities, the facility considers the effect of the design, expansion, or modification on the facilities ability to protect inmates from sexual abuse. Staff within the PREA department are part of the process and assist in ensuring the safety of the population.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.18 (b)

1. Review of the PAQ revealed:

- The agency confirms that they have installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.

2. Core Team Meetings ranging from 6-10-24 through 10-14-24 revealed:

- Participants include facility management, supervisory staff, health and mental health services staff, and PREA compliance manager.
- Initiation date for the camera project.
- Updates on installation for certain locations.
- Review for prea concerns such as blind spots, privacy, or potential cross-

	gender viewing during implementation. • Discussions related to blurring out toileted areas within cells used for suicide watch/observation. • Implementation of security mirrors in certain locations. 3. Interview with the Agency Head: • The Agency Head states they use monitoring technology to enhance the protection of inmates by installing mounted cameras in locations that have sight gaps to ensure constant visual within the facility. Physical layout and privacy concerns are always considered when implementing this technology. We utilize the camera footage during investigations to hold perpetrators accountable and to consider additional camera placement if we identify locations in which we have poor visual capabilities. 4. Interview with Warden: • The Warden states the facility uses technology to enhance inmates' protection from sexual abuse by installing over 300 cameras in locations specifically to increase safety by improving blind spot coverage and increasing visibility. The Warden states in addition to camera coverage the facility has implemented a pipe system to track staff and better understand their placement during shifts, and increased staff rounds in segregation from 60 minutes to 30 minutes. 5. Site Review: • During the site review, the auditor observed numerous convex security mirrors to improve visibility and several locations in which the facility has installed junction boxes in preparation for additional cameras once funding has been received. • The camera system was reviewed and areas in which the population were showering, toileting, or changing were not visible. In areas which were utilized for suicide watch/observation or high risk, the toileting area was blocked out to provide sufficient privacy. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

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

Auditor Discussion

Evidence Relied upon in making the compliance determinations:

- The Facility PAQ
- Agency ED 72
- Agency Policy Evidence Preservations
- Agency Policy HSU Response
- Agency Healthcare Manual
- Agency Inmate Handbook
- MOU with Rape Crisis Center of Dane County
- Certificate of Completion for Support Services Workshop
- Agency Support Services and Retaliation Monitoring Policy
- Agency VSC Checklist
- Agency Law Enforcement Compliance Request
- Interview with Safe/Sane Staff
- Interview with Random Sample of Staff
- Interview with PREA Compliance Manager
- Interview with Inmates who Reported Sexual Abuse

Reasoning and analysis (by provision)

115.21 (a)

1. Review of the PAQ revealed:

- The agency confirms that the agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).
- The agency confirms that they are not responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).
- The agency confirms that Fitchburg Police Department is responsibility for conducting either administrative or criminal sexual abuse investigations.
- The agency confirms that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

2. Review of Agency Policy Evidence Preservation reveals:

- All staff shall maintain the integrity and credibility of evidence to be used in PIOC disciplinary proceedings and/or criminal cases.
 - Each facility shall maintain a working relationship with the local law enforcement agency and/or district attorney's office to form a mutual understanding in regard to criminal cases.
 - This understanding shall detail the level of involvement the local

agency will have in regards to evidence collection within the facility.

- When PIOC, staff, contractor, volunteer or visitor is suspected of committing a crime or a policy/rule/regulation violation, staff shall follow specific steps to ensure the preservation of evidence for the state's case rights and to protect the legal rights of the accused.
- Securing and protecting the scene.
 - Identify suspects, victims and witnesses and keep these individuals separated from one another.
 - If alleged sexual abuse occurred within approximately 120 hours, request alleged victims of sexual abuse not take any actions which may destroy physical evidence (e.g. washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating).
 - If alleged sexual abuse occurred within approximately 120 hours, ensure alleged suspects of sexual abuse not take any actions which may destroy physical evidence.
 - Secure any entryways.
 - Cordon off the area using evidence tape, if appropriate. Ensure objects are not moved or touched unless an item may constitute a risk or danger if not secured.
 - Photograph and/or digitally record the area as outlined in Section II.
 - Document names of individuals in the area and direct them away from the scene.
 - Ensure all PIOC and unnecessary staff are kept out of the area.
 - Ensure notifications are made to the appropriate staff.
 - Do not collect the evidence if the incident is criminal in nature and may result in outside charges, unless the agreement with the local law enforcement allows.
 - Complete DOC-1445 for proper chain of custody documentation for collecting criminal evidence.
 - Collect and document the material/items if the evidence appears to be contraband and is not criminal in nature in accordance with DAI Policy 306.00.16.
 - Document all contact with law enforcement in accordance with DAI Policy 303.00.05.
 - Ensure all staff involved complete a DOC-2466.
 - In the event of a death, law enforcement and coroner/medical examiner shall be notified immediately. Unless cleared by law enforcement, the body shall not be moved until digital recordings/ photographs have been taken and the coroner/medical examiner has arrived.
- Photographing/Digital Recording of the Area Relating to the Scene Shall Include:
 - All injuries related to the incident.
 - Views from all angles of the scene.
 - 1. Location of evidence before collected (as appropriate).
 - 2. Blood spills related to an assault.

- Images taken from three vantage points:
 - 1. Long-range (overall).
 - 2. Mid-range.
 - 3. Close up.
- Photographs shall be printed or stored electronically.
 - 1. If printed, staff signature, date, location and time shall be placed on the back of each picture.
 - 2. Poor quality photos shall be included and not deleted from the storage media.
- Media Storage
 - 1. Digital evidence shall be stored separately for each incident.
 - 2. Digital evidence shall include the following documentation:
 - Name of staff who collected digital evidence.
 - Date/time of incident.
 - Location of incident.
 - Description of digital evidence.
- Collection, Preservation and Logging of Evidence/Contraband
 - Wear PPE when collecting evidence.
 - Minimize the number of individuals handling the evidence.
 - Evidence shall be handled in a manner as not to leave fingerprints or smudge fingerprints that are on the object.
 - 1. Staff shall use a plastic glove or tongs.
 - 2. In the event staff does place fingerprints on evidence, it shall be documented within the DOC-2466.
 - 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.
 - All evidence, including clothing/linens, contaminated with blood, body fluids or other potentially infectious materials shall be placed in a clean paper bag.
 - 1. The paper bag shall then be placed in a red biohazard bag for transport.
 - 2. Once in the evidence storage area, the biohazard bag is opened and rolled down so that the paper bag is exposed to air and resting on top of the biohazard bag to prevent leakage. These types of contaminated items shall be allowed to air dry to preserve their evidentiary value.
 - 3. After the evidence has been allowed to dry, it shall be re-secured in the biohazard bag.
 - Use extreme caution in handling sharp objects.
 - 1. Ensure sharp objects are secured in a puncture resistant container.
 - 2. Label the container as a biohazard and place in evidence storage.
 - Place other physical evidence such as drugs, papers or non-liquid items in an evidence bag.

- 1. Separate bags for each type of evidence collected shall be used.
- 2. Multiple drug types shall be placed in separate bags. If a narcotics testing kit was utilized, photograph the results of the test.
- 3. Any drugs or weapons shall be picked up/escorted by a Security Supervisor/designee to the evidence storage area.
- For all contraband evidence which involves a DOC-9 or DOC-2466, a DOC 1266 shall be completed and attached to the report. Secure the form directly to all items too large for a bag or container.
- A DOC-1445 shall be completed and attached to all criminal evidence. When evidence is transferred from one person to another, a notation shall be made on the DOC-1445.
- Evidence/contraband secured in a storage area shall be:
 - 1. Stored separately and cross-referenced.
 - 2. Stored separately when there is both contraband evidence and criminal evidence.
 - 3. Logged on a DOC-2477.
 - 4. Placed in a designated evidence storage area.
 - 5. Removed only by approved staff.
 - 6. Logged on the DOC-1445 by the person removing the evidence from the storage area when it is criminal evidence.
 - 7. Retained at the discretion of the local law enforcement when it involves criminal evidence.
 - 8. Retained and disposed of in accordance with DAI Policy 306.00.16 when it involves contraband evidence.
- The release or disposal of any evidence shall be documented on the evidence log.
- At any time criminal evidence is released to local law enforcement, a picture of the evidence along with the original DOC-1445 shall be retained by the facility and filed by the Security Director/designee.

3. Review of Agency Training Curriculum reveals:

- Training program for new uniformed staff covers the following topics:
 - Understand the zero-tolerance policy of sexual harassment or sexual abuse in the DOC
 - Learn the origins of PREA and related definitions
 - Outline the staff responsibilities regarding reported PREA incidents
 - Discuss the dynamics of sexual abuse/harassment in confinement, including victim responses
 - Identify prevention/detection techniques related to sexual abuse/harassment; and
 - Define the responding and reporting requirements related to sexual harassment or sexual abuse.

4. Interview with Random Sample of Staff reveals:

- (15) Random staff were interviewed.
- (12) of (15) staff confirmed they did understand the agencies protocol for obtaining usable physical evidence during a case of sexual abuse.
- (3) of (15) staff indicated they were not-security and they were unsure on evidence gathering.
- (11) of (15) random staff confirmed they were aware of who conducted sexual abuse investigations and stated it would be the Captain, Lieutenants, Supervisors, Unit Supervisors, or designated sexual abuse investigators.
- (4) of (15) random staff were unsure of who conducts sexual abuse investigations.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.21 (b)

1. Review of the PAQ reveals:

- The agency indicates not applicable as to whether the protocol is developmentally appropriate for youth. The facility does not house youthful inmates.
- The agency states no as to whether the protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.
 - The facility states the protocol was based on the National Commission on Correctional Health Care - Response to Sexual Abuse.

2. Agency Healthcare Manual Reference reveals:

- Wisconsin Department of Corrections (DOC) 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, which is developmentally appropriate or based upon "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative source. Rather, DOC conforms to healthcare standards in the reference manual below.
 - REFERENCE (Print copy-only): Standards for Health Services in Prisons (2014 ed). (2018). Chicago, Illinois: National Commission on Correctional Health Care.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.21 (c)

1. Review of the PAQ revealed:

- The agency confirms that they offer all inmates who experience sexual abuse access to forensic medical examinations.
- The agency states they do not offer all inmates who experience sexual abuse access to forensic medical examinations onsite.
- The facility confirms that they offer all inmates who experience sexual abuse access to forensic medical examinations at an outside facility.
- The facility notes Meriter Hospital as the Healthcare Center that conducts forensic examinations on their behalf.
- The facility confirms that forensic medical examinations are offered without financial cost to the victim.
- The facility confirms where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs)
- The facility confirms when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.
- The facility confirms that they document efforts to provide SANE or SAFEs.
- The facility confirms that there were no instances during the documentation period that would require a forensic examination.

2. Agency Policy HSU Response reveals:

- The medical plan of care shall include:
 - 1. Timely and unimpeded access to emergency medical treatment without cost to the PIOC.
 - 2. Transfer to offsite for a SANE assessment when determined evidentiarily or medically appropriate by health care staff in consultation with the SANE.
 - 3. Contact the PSU Supervisor/designee or on-call clinician to initiate mental health services.
- When determined evidentiary or medically appropriate by health care staff in consultation with the SANE, send the alleged victim to the designated ED for the SANE to conduct an evidentiary exam.
- Alleged victims shall be encouraged to comply with transport to the ED for a SANE examination.

3. Agency ED 72 (XVI) (B) (2-3) reveals:

- All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care.
- The DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis. Further, all victims shall be offered access to forensic medical examinations at an offsite medical facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed at an offsite medical facility by other qualified medical practitioners. The facility shall document its efforts to provide SANEs.

4. Review of Agency Inmate Handbook reveals

- States inmates have a right to receive free medical and mental health care and ongoing support following an incident of sexual abuse or harassment.
- Provides updated information related to Executive directive 72 as it relates to PREA implementation.
- Email to all staff contained further information on PREA response and Policy additions and their responsibility to know and understand the policy requirements.

5. Interview with Safe/Sane Staff reveals:

- Nursing supervisor for Meriter Hospital was interviewed.
- They confirm that Meriter Hospital would conduct a forensic exam for Oakhill Correctional Institute if they needed one.
- They confirm when a patient would arrive at their facility they would be processed through triage then moved to the ER department where all nurses are SAFE/SANE certified.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.21 (d)

1. Review of the PAQ revealed:

- The agency confirms that they document that they attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means.
 - The facility identifies the following as their victim advocacy resource:

- RCC: Sexual Violence Resource Center: Aka Dane County Rape Crisis Center.

- The agency confirms that their efforts are documented.
- The agency confirms that If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

2. MOU with Rape Crisis Center of Dane County reveals:

- This Memorandum of Understanding (MOU) between the Wisconsin Department of Corrections (referred to herein as DOC) and Rape Crisis Center of Dane County (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 Prison Rape Elimination Act (PREA) (42 U.S.C. § 15601) and the Prison Rape Elimination Act final rule (28 C.F.R. Part 115). This MOU is intended to provide an outline of the roles and responsibilities of DOC and SASP, which shall enhance their cooperative commitment to providing advocacy services to victims of sexual abuse in confinement.
- Sexual Assault Service Provider agrees to:
 - Provide an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview processes, as requested by the victim via DOC, if available.
 - Provide emotional support services to victims of sexual abuse. Support shall include emotional support, crisis intervention, information and referral and may be conducted by mail, in person, by telephone, or an approved telecommunications method. The SASP advocate shall connect with facility personnel (i.e., Victim Services Coordinator) to coordinate telephone, telecommunication and/or in-person meetings.
 - The SASP advocate shall obtain consent and a release of information from the victim before reporting an incident of sexual abuse, any fears or concerns the victim has related to safety, or disclosing other confidential information to DOC.
 - Work with designated DOC officials to obtain security clearance for the SASP advocate(s) trained to provide services under this agreement.
 - Participate in an orientation and tour of each local DOC facility in which the SASP is agreeing to provide services for, if provided. Comply with all guidelines for safety and security.

3. Certificate of Attendance reveals:

- Acknowledges the completion for the support services workshop related to gender inclusive response, forensic medical examinations, victim accompaniment, support services, and PREA compliance for the facility staff

member identified as the alternative in case a community victim advocate was not available.

4. Interview with PREA Compliance Manager:

- The PREA Compliance Manager confirms that if victim advocacy is requested they would reach out to the local rape crisis center and set up services. They state that if it was related to a case of sexual abuse, it is incorporated into their response plan that facility staff ensure victim advocacy is available to the victim.
- The PREA Compliance Manager states they would offer victim advocacy for any case of sexual abuse. If the request related to ongoing support services they would refer to local mental health and they would proceed with setting up potential victim advocacy services.

5. Interview with Inmates who Reported Sexual Abuse:

- (2) Inmates who reported sexual abuse were interviewed.
- (1) of (2) inmates who reported sexual abuse stated they were not provided information at time of allegation but already had the information and was able to set up services by calling the Rape Crisis Center.
- (1) of (2) inmates who reported sexual abuse stated they were not provided services at time of allegation but was given contact information by mental health staff that they did not utilize.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.21 (e)

1. Review of the PAQ revealed:

- The agency confirms that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

2. Agency ED 72 reveals:

- The facility shall attempt to make available to the victim an advocate from a local sexual assault service provider. As requested by the victim, such a person shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. If a sexual assault

service provider is not available to provide victim advocate services, the DOC shall make available a staff member (i.e., VSC) who has been screened for appropriateness to serve in this role and has received education concerning general sexual assault and forensic examination issues. Facilities shall document efforts to secure services from a local sexual assault service provider.

3. Review of Support Services and Retaliation Monitoring Policy reveals:

- 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.

4. Review of Agency VSC Checklist reveals:

- Section stating If SASP is not available, VSC will:
 - Accompany and support the alleged victim through the forensic medical examination process when requested.
 - Accompany and support the alleged victim through the investigatory interviews if requested.
 - Provide emotional support, crisis intervention, information and referrals.

5. Interview with PREA Compliance Manager:

- PREA Compliance Manager states they provide the services agreed to and provided by the County Rape Crisis Center.

6. Interview with Inmates who Reported Sexual Abuse:

- (2) Inmates who reported sexual abuse were interviewed.
- (1) of (2) inmates who reported sexual abuse stated they were not provided information at time of allegation but already had the information and was able to set up services by calling the Rape Crisis Center.
- (1) of (2) inmates who reported sexual abuse stated they were not provided services at time of allegation but was given contact information by mental health staff that they did not utilize.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.21 (f)

1. Review of the PAQ revealed:

- The agency confirms that they have requested that the responsible agency follow the requirements of paragraphs §115.21 (a) through (e) of the standards.

2. Agency Law Enforcement Compliance Request reveals:

- Email forwarded to all law enforcement agencies associated with Wisconsin DOC notes the following:
 - The State of Wisconsin is committed to preventing, detecting, and eliminating sexual abuse and sexual harassment in confinement. To achieve this mission, Wisconsin Department of Corrections (WIDOC) practices zero tolerance and complies with the Prison Rape Elimination Act of 2003 (PREA). The National PREA Standards (Standards) include requirements that address a confinement agency's responsibility for ensuring that all allegations of sexual abuse and sexual harassment are investigated. While WIDOC conducts administrative investigations, the agency depends upon local law enforcement partners to conduct criminal investigations. Accordingly, PREA Standards 115.21(f) and 115.321(f) requires WIDOC to request that any law enforcement agency conducting criminal investigations within a WIDOC facility follow certain Standards.
 - As a law enforcement agency with criminal jurisdiction over one or multiple WIDOC facilities, WIDOC respectfully requests your compliance with the following Standards.
 - 115.21(a)/115.321(a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
 - 115.21(b)/115.321(b): The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.
 - 115.21(c)/115.321(c): The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse

Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

- 115.21(d)/115.321(d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.
- 115.21(e)/115.321(e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals
- Thank you for reviewing these Standards. WIDOC values your partnership and your efforts to assist the agency in eliminating sexual abuse and sexual harassment in confinement.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.21 (h)

1. Certificate of Attendance reveals:

- Acknowledges the completion for the support services workshop related to gender inclusive response, forensic medical examinations, victim accompaniment, support services, and PREA compliance for the facility staff member identified as the alternative in case a community victim advocate was not available.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • OCI Investigation Summary Page • Agency Employee Disciplinary Investigations Policy • Agency PIOC Investigations Policy • Agency Policy Law Enforcement Referral • Law Enforcement Referral Template • Agency Website Law Enforcement Referral • Interview with Investigative Staff • Interview with Agency Head Reasoning and analysis (by provision) 115.22 (a) 1. Review of the PAQ revealed: • The agency confirms that they ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct). • The agency states they have had (15) allegations of sexual abuse and sexual harassment that were received over the past 12 months. • The agency states that (15) allegations of sexual abuse and sexual harassment resulted in an administrative investigation. • The agency states that (5) allegations were referred for criminal investigation. • The agency states no related to whether all allegations have been completed over the past 12 months. The facility states (1) investigation is awaiting the sexual abuse investigation review process. 2. Review of Agency ED 72 Policy reveals: • 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 3. Review of OCI Investigation Summary Page reveals:

- Confirms that OCI has initiated 15 investigations into sexual abuse or harassment over the past 12 months.
- (10) allegations were related to sexual harassment and (5) were related to Staff sexual misconduct or inmate on inmate abusive sexual contact.

4. Interview with Agency Head:

- Agency Head confirms that policy ED 72 ensures that criminal or administrative investigations are conducted for all allegations of sexual abuse or sexual harassment. We also refer all criminal allegations to local law enforcement to initiate a criminal investigation.
- Agency Head states they will take information related to allegations of sexual abuse or harassment from any source and the facility staff are expected to complete the following:
 - Promptly review the allegation and begin investigation.
 - Separate victims from accused and address safety concerns immediately.
 - Utilize investigators who have received appropriate training.
 - Refer to Local Law Enforcement if criminal elements are included.
 - Conduct retaliation monitoring on victims and reporters.
 - Conduct sexual abuse incident reviews to review staffing and physical plant issues that may have been identified.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.22 (b)

1. Review of the PAQ reveals:

- The agency confirms they have a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.
- The agency confirms that the policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means.
- The agency confirms that they document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

2. Agency ED 72 reveals:

- 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.
- Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC's website.
- The 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 [§115.21(a, b), §115.321(a, b)]. When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e) and §115.321(a-e) [§115.21(f), §115.321(f)].
- Investigators shall preserve and/or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator [§115.71(c), §115.371(c)].
- The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as PIOC or staff member. The DOC shall not require a PIOC who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation [§115.71(e), §115.371(f)].
- Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse [§115.71(f), §115.371(g)].
- The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated [§115.72, §115.372].
- Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years. Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings [§115.71(f, i), §115.371(g, j)].
- The departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation [§115.71(i), §115.371(d, k)].
- When outside agencies investigate sexual abuse, the facility shall cooperate

with outside investigators and shall work to remain informed about the progress of the investigation [§115.71(1), §115.371(m)].

- 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.
- Following a substantiated or unsubstantiated allegation of staff-on-PIOC sexual abuse the DOC shall inform the alleged victim, and document such notification, whenever the staff member is no longer posted within the alleged victim's unit; the staff member is no longer employed at the facility; or the DOC learns that the staff member has been indicted or convicted on a charge related to the initial allegation of sexual abuse [§115.73(c, e), §115.373(c, e)].
- Following an allegation of PIOC-on-PIOC sexual abuse, the DOC shall inform the alleged victim, and document such notification, whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse.

3. Agency Employee Disciplinary Investigations Policy (VI) (D) reveals:

- 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 involve potentially criminal behavior shall be referred to law enforcement. All referrals shall be documented.

4. Agency PIOC Investigations Policy reveals:

- All reports from staff, PIOC, third parties and anonymous sources of PIOC 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.
- All report of sexual harassment which involve potential criminal behavior shall be referred to law enforcement.
- Sexual abuse and sexual harassment investigations involving PIOC suspects shall be documented on the DOC 2135A and subsequently, uploaded to SINC.

5. Agency Policy Law Enforcement Referral reveals:

- The Warden/designee shall refer the following to LE:
 - Allegations of sexual abuse or sexual harassment as defined by ED 72 that involve potentially criminal behavior.
- Allegations of sexual abuse or sexual harassment as defined by ED 72 that

involve potentially criminal behavior may be documented on and referred using DOC-2986. Completed DOC-2986 shall be uploaded to the investigation file in SINC.

6. Law Enforcement Referral Template:

- Contains section to notate the Wisconsin DOC facility associated with the referral.
- Contains section to notate the law enforcement agency receiving the referral.
- States "PREA Standards §115.22 and §115.322 require the Wisconsin Department of Corrections (WI DOC) to notify an agency with legal authority to conduct criminal investigations upon receiving a report of sexual abuse or sexual harassment of a person(s) or youth in our care (PIOC) that involves potentially criminal behavior. Please accept this referral in accordance with the aforementioned Standards and WI DOC policy". This statement is followed by a section proving a summary of the allegation and those involved.
- The referral ends in a section noting Wisconsin DOC will cooperate with all efforts related to the criminal investigation and provides contact information for facility staff if assistance is required.

7. Agency Website Screenshot reveals:

- Section titled Prison Rape Elimination Act contains a link to Executive Directive 72.
- Section titled Community Members notes that DOC referrals all allegations that involve potentially criminal behavior to local law enforcement.

8. Review of Agency Website:

- Auditor reviewed agency website and confirmed that Executive Directive 72 is available.
- Pg 16 within Executive Directive 72 contains information related to law enforcement referrals.

9. Interview with Investigative Staff reveals:

(2) Investigative staff were interviewed.

(2) of (2) investigators confirmed that the agency policy requires allegations of abuse and harassment be referred for investigation to an agency that has legal authority to conduct criminal investigations.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.22 (c)

1. Review of Agency Website:

- Auditor reviewed agency website and confirmed that Executive Directive 72 is available.
- ED 72 states DOC has a zero-tolerance policy. Further:
 - The DOC provides a coordinated victim-centered response to reports of sexual abuse and sexual harassment. This includes providing medical and mental health services to victims, as appropriate, while investigating all allegations.
 - The DOC provides multiple avenues to report allegations of sexual abuse and sexual harassment and, further, recognizes the right of staff members and PIOC's to be free from retaliation for reporting or participating in the investigation of sexual abuse and sexual harassment.
 - The DOC trains all employees, contractors and volunteers to recognize, respond to and report sexual abuse and sexual harassment.
 - The DOC provides PIOC's with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment and report-related retaliation.
 - The DOC employs a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identify core causal factors and take corrective action so as to align with a zero-tolerance environment.
 - 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. Agency Law Enforcement Compliance Request reveals:

- Email forwarded to all law enforcement agencies associated with Wisconsin DOC notes the following:
 - The State of Wisconsin is committed to preventing, detecting, and eliminating sexual abuse and sexual harassment in confinement. To achieve this mission, Wisconsin Department of Corrections (WIDOC) practices zero tolerance and complies with the Prison Rape Elimination Act of 2003 (PREA). The National PREA Standards (Standards) include requirements that address a confinement agency's responsibility for ensuring that all allegations of sexual abuse and sexual harassment are investigated. While WIDOC conducts administrative investigations, the agency depends upon local law enforcement partners to conduct criminal investigations. Accordingly, PREA Standards 115.21(f) and

115.321(f) requires WIDOC to request that any law enforcement agency conducting criminal investigations within a WIDOC facility follow certain Standards.

- As a law enforcement agency with criminal jurisdiction over one or multiple WIDOC facilities, WIDOC respectfully requests your compliance with the following Standards.
- 115.21(a)/115.321(a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
- 115.21(b)/115.321(b): The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.
- 115.21(c)/115.321(c): The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.
- 115.21(d)/115.321(d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.
- 115.21(e)/115.321(e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and

	investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals ◦ Thank you for reviewing these Standards. WIDOC values your partnership and your efforts to assist the agency in eliminating sexual abuse and sexual harassment in confinement. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Agency Training Curriculum • Agency Training Module All Staff • Sample of Training Records • Agency Policy Update Announcement 2022 and 2024 • Agency Training Modules 2017, 2019, 2021, 2023 • Agency 1558 Policy Acknowledgement • OCI PREA Training Completed Spreadsheet • Interview with Random Sample of Staff Reasoning and analysis (by provision) 115.31 (a) 1. Review of the PAQ revealed: • The agency confirms that they train all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment. • The agency confirms that they 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.

- The agency confirms that they train all employees who may have contact with inmates on the right of inmates to be free from sexual abuse and sexual harassment.
- The agency confirms that they 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.
- The agency confirms that they train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement.
- The agency confirms that they train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims.
- The agency confirms that they train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse.
- The agency confirms that they train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates.
- The agency confirms that they train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates.
- The agency confirms that they 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.

2. Agency ED 72 (XI) (A) reveals:

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

3. Review of Agency Training Curriculum reveals:

- Training program for new uniformed staff covers the following topics:
 - Understand the zero-tolerance policy of sexual harassment or sexual abuse in the DOC
 - Learn the origins of PREA and related definitions
 - Outline the staff responsibilities regarding reported PREA incidents
 - Discuss the dynamics of sexual abuse/harassment in confinement, including victim responses
 - Identify prevention/detection techniques related to sexual abuse/harassment; and
 - Define the responding and reporting requirements related to sexual harassment or sexual abuse.

4. Review of Agency Training Module for All Staff reveals:

- Zero-tolerance policy for sexual abuse and sexual harassment is addressed on page 2.
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures is addressed on page 11.
- Inmates' rights to be free from sexual abuse and sexual harassment is addressed on page 4.
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment is addressed on page 11.
- The dynamics of sexual abuse and sexual harassment in confinement is addressed on page 5.
- The common reactions of sexual abuse and sexual harassment victims is addressed on page 7.
- How to detect and respond to signs of threatened and actual sexual abuse is addressed on pages 12-13.
- How to avoid inappropriate relationships with inmates is addressed on pages

9-11.

- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates is addressed on pages 9-11.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities is addressed on page 11.

5. Interview with Random Sample of Staff:

- (15) Random staff were interviewed.
- (14) of (15) random staff stated they had received training on:
 - The agency's zero--tolerance policy on sexual abuse and sexual harassment
 - How to fulfill your responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, in accordance with agency policies and procedures
 - Inmates' right to be free from sexual abuse and sexual harassment
 - Inmates' and employees' right 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 inmates
 - How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender non--conforming inmates
 - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
- (1) of (15) random staff stated;
 - This staff member remembered all other training subjects but was unsure if they had received training on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

6. Review of Sample of training records reveal:

- Auditor requested training documentation for (10) random staff.
 - The facility provided proof of initial PREA training and subsequent bi-annual refresher training for the requested (10) staff members.
 - The acknowledgment and understanding of training is completed within the refresher course and the facility provided an example screenshot of the section and button required to complete the training.

115.31 (a) (9)

1. This provision is not applicable to compliance finding

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.31 (b)

1. Review of the PAQ reveals:

- The agency confirms that training is tailored to the gender of the inmates at the facility.
- The agency confirms that employees who are reassigned from facilities housing the opposite gender are given additional training.

2. Agency ED 72 reveals:

- The DOC shall train all new employees on the department's zero-tolerance policy for sexual abuse and sexual harassment. All employees shall receive training every two years; in years in which an employee does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies. The training shall include, but is not limited to the subparts listed below. Each employee shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received.
- Policy indicates training is tailored to male and female inmates.

3. Review of Staff Training Module reveals:

- Training is gender neutral and applicable to all inmates.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.31 (c)

1. Review of the PAQ revealed:

- The agency confirms 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.

- The agency states that when new policies/directives regarding sexual abuse and sexual harassment are released all employees who may have contact with inmates are informed via myDOC, PREA Page, email or classroom instruction.
- The agency states staff receive refresher training during odd years. Refresher (biennial) training was released in the winter of 2021.

2. Review of Agency Policy Update Announcements for 2022 and 2024 reveals:

- Distributed in a Weekly Update format for all staff.
- Provides updated information related to Executive directive 72 as it relates to PREA implementation.
- Email to all staff contained further information on PREA response and Policy additions and their responsibility to know and understand the policy requirements.

3. Review of Agency Training Modules 2017 2019 2021 2023 reveals:

- Refreshers contain information related to zero tolerance, response requirements, definitions, scenarios, culture, support services, retaliation monitoring, audits, and quizzes to cover the staff members knowledge on what they learned.

4. Review of ED 72 reveals:

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

5. Review of Sample of training records reveal:

- Auditor requested training documentation for (10) random staff.
- The facility provided proof of initial PREA training and subsequent bi-annual refresher training for the requested (10) staff members.
- The acknowledgment and understanding of training is completed within the refresher course and the facility provided an example screenshot of the section and button required to complete the training.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.31 (d)

1. Review of the PAQ revealed:

- The agency confirms that they document that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.
- The agency states initial training and biennial modules are online;
 - participation and understanding is 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. Agency 1588 Policy Acknowledgment reveals:

- Form states “Employees of the Department of Corrections (DOC) are required to read, understand and abide by all DOC policies and procedures, including but not limited to, the Executive Directives and policies listed below. It is the responsibility of the employee to bring any questions or concerns regarding their understanding of these Executive Directives or policies to their supervisor or Human Resources contact for clarification”.
- Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) is one of the required policies on the form.
- The form has a section titled Employee Statement which is followed by “I attest to the fact that: I understand that I have the responsibility to read, understand and abide by all Department of Corrections policies and procedures, including but not limited to, the Executive Directives and policies listed above. I further understand that it is my responsibility to bring any questions or concerns about my understanding of these Executive Directives and policies to my supervisor or Human Resources contact for clarification. I understand that this signed acknowledgement of receipt will become a permanent part of my personnel file”
- Form has a section at the bottom for the employee’s name, date, and signature.

3. Review of Agency Policy Update Announcements for 2022 and 2024 reveals:

- Distributed in a Weekly Update format for all staff.
- Provides updated information related to Executive directive 72 as it relates to PREA implementation.
- Email to all staff contained further information on PREA response and Policy additions and their responsibility to know and understand the policy

requirements.

4. Review of Agency Training Modules 2017 2019 2021 2023 reveals:

- Refreshers contain information related to zero tolerance, response requirements, definitions, scenarios, culture, support services, retaliation monitoring, audits, and quizzes to cover the staff members knowledge on what they learned.

5. Review of ED 72 reveals:

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

6. Review of Sample of training records reveal:

- Auditor requested training documentation for (10) random staff.
- The facility provided proof of initial PREA training and subsequent bi-annual refresher training for the requested (10) staff members.
- The acknowledgment and understanding of training is completed within the refresher course and the facility provided an example screenshot of the section and button required to complete the training.

7. OCI PREA training Completed Spreadsheet reveals:

- Spreadsheet identifies all staff, training module titles, employee position, assignment dates, and completion transcript status.
- Spreadsheet can be filtered to identify specialty training requirements for investigators and medical/mental health practitioners.
- Training will not show as complete unless the employee clicks the acknowledgment and understanding button at the end of the module. Transcripts marked compete indicate the acknowledgment and understanding was completed.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency Brochure-Guide for Non-DOC personnel English and Spanish • Agency Policy Non-DOC Personnel and Visitors • Agency Non-DOC Personnel Visitors Form 2674 • Agency Policy Volunteer Attachments • Agency Volunteer Full Orientation • Agency Volunteer Manual • Interview with Volunteers or Contractors who have contact with inmates. • Training records for Volunteers and Contractors Reasoning and analysis (by provision) 115.32 (a) 1. Review of the PAQ revealed: • The agency confirms that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. • The agency states they have (688) volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. 2. Agency Policy Non-DOC Personnel and Visitors (VI) reveals: • Non-DOC personnel are required to complete role-specific orientation as detailed in Attachment A prior to facility entry and PIOC interaction. All orientation sessions shall incorporate facility-specific information including: ◦ Tier 1 – required PREA training (POC-0054) ■ DOC-2674 application process incorporates review of POC-0054 as minimum orientation for all non-DOC personnel entering DAI facilities. ■ Individuals are encouraged to ask their Staff Advisor for clarification of any questions. 3. Review of Agency NON-DOC Personnel Visitor Forms reveals:

- PREA Compliance section requires personnel to confirm they have read the informational brochure and have had an opportunity to ask questions about DOC PREA Policies. They also require personnel to confirm they understand the following:
 - 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.
 - Duty to immediately report any knowledge, suspicion or information of sexual abuse or harassment of an inmate/offender/youth using one or more methods.
 - Notifying an onsite facility supervisor
 - Submitting via the DOC website [<https://doc.wi.gov/Pages/-AboutDOC/PrisonRapeEliminationAct.aspx>]
 - Emailing the PREA Office [docsecosopreainvestigations@wisconsin.gov]
 - 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. Agency Brochure-Guide for Non-DOC personnel English and Spanish contains:

- Information related to the agencies Zero tolerance stance on sexual abuse and sexual harassment.
- Information on non-doc personnel requirement to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment; Retaliation against a victim or reporter of sexual abuse or sexual harassment; and/or Any staff, volunteer or contractor neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- Information on methods to report.
- Information related to definitions of sexual abuse, voyeurism, and sexual harassment.
- Information related to vulnerable populations and indicators of abuse.

5. Review of Agency Policy Volunteer Attachment reveals:

- Chart and process information related to types of non-doc personnel and requirements for each type.
- Provides the agency a method to clarify the type of training level required based on the amount of contact the personnel has with the inmate

population.

6. Review of Agency Volunteer Full Orientation:

- Provides information specific to zero tolerance, reporting duties, and state/ federal law stipulating inmates cannot consent to any sexual contact.
- Educates volunteers on maintaining professional boundaries, fraternization policies, inmate manipulation, and avoidance strategies.

7. Review of Agency Volunteer Manual:

- Provides volunteers with vital information and a brief history of PREA implementation. Specifically, maintaining professional boundaries, fraternization policies, inmate manipulation, best practices, how to avoid being targeted, and avoidance strategies.

8. Interview with Volunteers and Contractors who have contact with inmates:

- (2) Volunteers and (2) Contractors who have contact with inmates were interviewed.
- (4) volunteers and contractors confirm they have received training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response per agency policy and procedure.

9. Training Records for Volunteers and Contractors:

- Auditor requested training documentation for (10) Volunteers.
 - The facility provided signed DOC-2674 or the orientation roster confirming completion of required PREA training.
- Auditor requested training documentation for (10) Contractors.
 - The facility provided signed DOC-2674 or DOC-2786 confirming completion of required PREA training.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.32 (b)

1. Review of the PAQ reveals:

- The agency confirms that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates.

- The agency confirms that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

2. Interview with Volunteers and Contractors who have contact with inmates:

- (2) Volunteers and (2) Contractors who have contact with inmates were interviewed.
- (1) Contractor stated they were trained on zero tolerance and how to deal with sexual abuse and sexual harassment situations, how to report, definitions, inmates cannot give consent, response actions, and potential consequences for staff if found to have committed sexual abuse or harassment against the population.
- (1) Contractor stated they received training on zero tolerance and response requirements, how to identify reactions to abuse, reporting methods and requirements, how to document and evidence preservation.
- (1) Volunteer stated they were trained in how and who to report to and their obligation to report the information. They were informed on how to aid prevention however possible. They state they understand how to report and would report to their supervisor and custody if they were a first responder.
- (1) Volunteer stated they receive training biannually related to how and who to report to, zero tolerance, and how all forms of sexual abuse are not tolerated within the agency. They stated if they were a first responder they would notify security staff and their immediate supervisor.

3. Training Records for Volunteers and Contractors:

- Auditor requested training documentation for (10) Volunteers.
 - The facility provided signed DOC-2674 or the orientation roster confirming completion of required PREA training.
- Auditor requested training documentation for (10) Contractors.
 - The facility provided signed DOC-2674 or DOC-2786 confirming completion of required PREA training.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.32 (c)

1. Review of the PAQ revealed:

	• The agency confirms that they maintain documentation confirming that volunteers and contractors understand the training they have received. 2.Training Records for Volunteers and Contractors: • The facility requires all volunteers and contractors to complete DOC-2786 after receiving required training. • DOC 2786 requires the non-doc personnel to confirm they understand the training they have received. • The facility provided (10) signed DOC-2674 examples. • The auditor requested and received an additional (20) training documentation requests for volunteers and contractors confirming they all received and understand the training they received. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Agency Facilitator Guide • Agency Handbook English and Spanish • Agency Audio Reference • Agency Braile Reference • Agency ID Card Statement • Agency Policy PREA Education • Agency Policy Inmate Education • Agency Comprehensive Video References • Agency Inmate Acknowledgment User Guide • Agency Inmate Acknowledgment English and Spanish (Blank) • PREA Education Acknowledgments Spreadsheet • Sample of PREA Education Acknowledgments • Inmate Education Directive • Interview with Intake Staff • Interview with Random Sample of Inmates

- Onsite Observations

Reasoning and analysis (by provision)

115.33 (a)

1. Review of the PAQ revealed:

- The facility confirms that 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.
- The facility confirms states that 702 inmates were admitted during the past 12 months and that 702 were given information about zero-tolerance and how to report incidents or suspicions of sexual abuse or sexual harassment.

2. Agency Facilitator Guide reveals:

- Provides the following initial information:
 - In accordance with DAI Policy 410.20.01 Inmate PREA Education, this document is intended to serve as a guide for facility-based staff tasked with educating inmates and youth upon admission of DOC's sexual abuse and sexual harassment zero tolerance policy and practices. The guide may be modified to suit each facility.
 - If an inmate or youth has a known limitation that inhibits their ability to understand PREA education, please ensure that they are provided this information in an alternate format in accordance with division/facility policy and procedure
- The guide states to then show the video titled "Sexual Abuse and Sexual Harassment Prevention and Intervention" and allow the inmates to ask follow up questions.
- Leads staff to follow up with the facilities Zero-Tolerance policy and provide education on the definitions associated with sex abuse and sexual harassment.
- Tells inmates to direct their attention to the handbook they were provided to go over inmates rights, tools to remain safer, steps to take, reporting options, support and recovery, and the investigative process.
- The next sections educates the inmates on the cross-gender announcement procedures, victim services coordinator identification, and information on the local rape crisis center available to the population.
- Concludes the presentation with facility specific information the inmate population would need to know based on where they are housed.

3. Inmate Handbook Addendum:

- Provides the population with information specific to the local rape crisis center. Mailing address, phone extension, and information related to how they

can assist the population is covered within this information. This addendum also notifies the population that their pin is not needed and that calls will not be recorded or monitored.

4. Agency ID statement reveals:

- The backside of inmate IDs have the following information:
 - WI DOC has ZERO TOLERANCE for victimization. You have the right to remain safe. To report sexual abuse or harassment:
 - Tell or write a staff member
 - Dial 777 or 999
 - Submit grievance
 - Ask a family member or friend to report at www.doc.wi.gov
 - Write law enforcement.
 - For support, contact your victim services coordinator or dial 999.
- The auditor witnessed this statement on the back of IDs throughout the tour and interview process.

5. The Agency Inmate Handbook reveals:

- Provided to all inmates upon entry to WI DOC facilities.
- The handbook covers the following information:
 - Departments zero-tolerance stance
 - Inmate Rights
 - Important Definitions
 - Tools to help keep you safe
 - Steps to take if you have been abused
 - How to report
 - The investigation process
 - Opportunities for support and recovery
 - Potential consequences for violating the sexual safety of others

6. Agency Policy PIOC PREA Education

- General Intake Guidelines
- Upon arrival at an intake facility each PIOC shall receive:
 - 1. POC-0041.
 - 2. POC-0041B complete with local sexual assault service provider contact information.
- Within 30 days of intake, each PIOC shall be provided comprehensive PREA education, which includes:
 - 1. Viewing the video “Sexual Abuse and Sexual Harassment Prevention and Intervention.”
 - 2. Following the video, a staff facilitated discussion shall occur and include:

- The facility's cross-gender announcement procedure.
 - Local sexual assault service provider contact information.
 - Notable facility-specific PREA procedures.
- 3. Facilities shall use POC-0041C to guide their comprehensive education.
- II. General Transfer Guidelines
- Upon transfer to a facility, each PIOC 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 PIOC shall be provided comprehensive PREA education, which includes, at minimum, a staff facilitated discussion of:
 - 1. The agency's zero tolerance for sexual abuse, sexual harassment and report-related retaliation.
 - 2. Sexual abuse and sexual harassment reporting options.
 - 3. The facility's cross-gender announcement procedure.
 - 4. Local sexual assault service provider contact information.
 - 5. The facility's response procedure.
 - 6. Notable facility-specific PREA procedures.
- Facilities shall use POC-0041C to guide their comprehensive education.
- III. Acknowledgment of Education
- At the intake facility, PIOC shall acknowledge they received POC-0041, POC0041B and comprehensive education by signing the Acknowledgement of PREA Education offender standard form in WICS using an electronic signature pad.
 - PIOC with disabilities or who have limited English proficiency shall be provided with access to interpreters or alternate formats to assist them with comprehension of the information in accordance with DAI Policies 300.00.35 and 300.00.61.
 - Alternate formats of education may include:
 - a. POC-0041 Audio recording (obtain from PREA Office).
 - b. POC-0041 Braille translation (obtain from PREA Office).
 - c. POC-0041S, POC-0041BS Spanish translation.
 - d. Spanish and subtitled versions of the PREA education video (select from video menu options).
 - e. Special education teacher or similar to facilitate education.
 - 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.
- Accessibility of PREA Education and Information

- 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.

7. Agency Video References reveals:

- States the following:
 - Video titled, "Sexual Abuse and Sexual Harassment Prevention and Intervention" (2017). Produced by Wisconsin Department of Corrections, Wisconsin Coalition Against Sexual Assault and a local media firm. The video may be viewed via the department's public website at <https://doc.wi.gov/Pages/AboutDOC/PrisonRapeElimination-Act.aspx>
 - Content is available in nine versions:
 - Male Inmate (English)
 - Male Inmate (English Subtitles)
 - Male Inmate (Spanish)
 - Female Inmate (English)
 - Female Inmate (English Subtitles)
 - Female Inmate (Spanish)
 - Youth (English)
 - Youth (English Subtitles)
 - Youth (Spanish)
 - Facilities play the appropriate video(s) depending upon the audience's needs.

8. Interview with Intake Staff:

- Intake staff confirm 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. Staff member states PREA education is conducted every Tuesday and that all inmates participate.

9. Interview with Random Sample of Inmates:

- (23) inmates were interviewed.
- (23) of (23) confirmed that they did receive information when they first arrived about the facilities rules against sexual abuse and sexual harassment.

10. Onsite Observations:

- Informal conversations:
 - Auditor asked inmates throughout the tour if upon arrival they received any information related to PREA and all inmates replied that they received the handbook that contained PREA information.
 - Auditor identified throughout the tour that all inmates had the PREA information on the back of their IDS.
- PREA posters were strategically placed throughout the entire institution in all living units and in places where inmates congregate such as dining halls, education, recreation, and medical. The information on the department's zero-tolerance stance and how to report instances of abuse is readily available in all areas of the institution. The posters are in English and Spanish and the font and poster placement make the information readable for all inmates to include those with ADA needs.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.33 (b)

1. Review of the PAQ reveals:

- The agency confirms that (630) inmates were admitted during the past 12 months and that all (630) received comprehensive education on 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 within 30 days of intake.

2. PREA Education Acknowledgment Spreadsheet:

- Auditor reviewed the spreadsheet for completions and identified there were discrepancies within the OAS reported numbers.
- Auditor confirmed 495 inmates arrived at the facility during the 12 month documentation period.
 - (94) percent were completed timely.

3. Interview with Intake Staff:

- Intake staff state that policy ensures all inmates receive the appropriate education. The information is posted throughout the facility and within the handbooks they all receive. All inmates who arrive at Oakhill will receive comprehensive education on the Tuesday following their arrival.
- Intake staff state the population receive this information immediately upon arrival, at their intake risk assessment, then again at PREA orientation.

4. Interview with Random Sample of Inmates:

- (23) inmates were interviewed.
- (22) of (23) confirmed that they received information about their right to not be sexually abuse or sexually harassed.
- (1) of (23) stated they were unsure if they received that information.
- (23) of (23) confirmed that they received information about how to report sexual abuse or sexual harassment.
- (21) of (23) confirmed that they received information about their right to not be punished for reporting.
- (2) of (23) were unsure if they received that information.
- (16) of (23) confirmed that they received information right away or within the first week.
- (7) of (23) confirmed they received this information within the first month of arrival.

5. Onsite Observations:

- Mock Comprehensive Education:
 - The auditor spoke with the facility staff member who conducts weekly PREA education. Staff member confirmed that education is completed every Tuesday. We reviewed the facilitator guide and where the process takes place. The facility provides copies of the inmate handbook, in both English and Spanish, the handbook addendum, also in English and Spanish. Orientation is a mix of the the video, "Sexual Abuse and Sexual Harassment Prevention and Intervention," and staff interactions to allow for questioning. The staff is also expected to cover definitions and reiterate the facilities zero tolerance stance. During the intake process any language needs or accommodations are identified and provided to ensure all inmates understand the information. Interpretation services were explained and easy for all staff to receive if the identified need arose.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.33 (c)

1. Review of Facility PAQ:

- The facility confirms 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. Inmate Education Directive reveals:

- Email to all staff in 2016 stating the following:
 - As all staff have been trained in PREA, we are excited to release the inmate education materials. Please see the attached memo regarding the release of PREA inmate education materials. In addition, the following items have also been attached:
 - PREA Handbook addendum, POC-41B (also available on MyDOC)
 - PREA Inmate education script
 - The script can be tailored to the need of each facility and facility-specific information needed to be entered is highlighted in yellow.
 - The inmate education videos in English and Spanish will be distributed to all Warden's at their meeting on December 18, 2015. We hope that this inmate education program will be incorporated into all intake processes beginning in January, 2016 and we expect all inmates who are already at facilities to be educated prior to April 30, 2016.
 - The PREA standards for inmate education are as follows:
 - § 115.33 Inmate education.
 - (a) During the intake process, inmates shall receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
 - (b) Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
 - (c) Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.
 - (d) The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.
 - (e) The agency shall maintain documentation of inmate

participation in these education sessions.

- (f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.
- WIDOC Inmate PREA Education
- The inmate education is expected to occur during the intake process and will be comprehensive, thus eliminating the requirement to educate at intake and again within 30 days of intake. The inmate education occurring during the intake process will include all of the following:
 - Provide all inmates with the revised PREA handbook, Adult English POC-41 or Adult Spanish POC-41S, or confirm that the inmate already has an updated copy, revision date of July, 2015
 - Provide all inmates with the facility specific PREA handbook addendum, POC-41B. Make sure to fill out your facility specific information prior to printing the addendum
 - Play the PREA inmate education “PREA: What you need to know” video, available with audio and subtitles in English and Spanish
 - Following the video, use the PREA inmate education script to facilitate conversation, field questions, and convey facility specific information
 - Document inmate participation in this education
- The PREA inmate education, as outlined above, is expected to begin at all facilities in January, 2016. For those inmates who are being educated upon intake, documentation can be included in intake records. It is not required to have inmate signatures confirming they received the education. Documentation confirming inmate participation in this education should be easily accessible for an auditor to review. Additionally, there are inmates already at our facilities that need to be educated as outlined above. Each facility is expected to have all inmates who did not receive the education during the intake process educated as outlined above by April 30, 2016. Documentation for the participation of those inmates not educated during the intake process can be completed on the PREA education log. Please note that the auditors will request documentation of all inmates’ participation in PREA education so it is recommended that a separate file with these records or copies of these records be kept to ease the audit preparation and process.
- Inmate PREA handbooks are available in Braille and the ADA Committee in conjunction with BTM are in working on an audio version to be released in the near future.
- At this time, we are requesting that all inmates receive this education upon each intake, meaning that inmates who receive this education

upon intake at DCI, TCI, or MSDF will also receive the education at each facility that they transfer to.

- Following information provides the PREA orientation facility based script and a copy of the Sexual Abuse and Sexual Harassment in Confinement a Resource for Offenders POC-41B.

3. Agency Policy ED 72 (XI) (B) (2-3) reveals:

- Within 30 days of intake at adult facilities and within 10 days at juvenile facilities, the facility shall provide comprehensive education to PIOC's either in person or through video regarding [§115.33(b), (§115.333(b))]:
 - 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.
- Upon transfer to another facility, PIOC's shall receive education specific to the facility's sexual abuse, sexual harassment and report-related retaliation policies and procedures to the extent they differ from the previous facility [§115.33(c), §115.333(c)].

4. Agency Policy Inmate Education reveals:

- Upon transfer to a facility, each PIOC 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 PIOC shall be provided comprehensive PREA education, which includes, at minimum, a staff facilitated discussion of:
 - 1. The agency's zero tolerance for sexual abuse, sexual harassment and report-related retaliation.
 - 2. Sexual abuse and sexual harassment reporting options.
 - 3. The facility's cross-gender announcement procedure.
 - 4. Local sexual assault service provider contact information.
 - 5. The facility's response procedure.
 - 6. Notable facility-specific PREA procedures.
- Facilities shall use POC-0041C to guide their comprehensive education.

5. Interview with Intake Staff:

- Intake staff state that policy ensures all inmates receive the appropriate education. The information is posted throughout the facility and within the handbooks they all receive. All inmates who arrive at Oakhill will receive comprehensive education on the Tuesday following their arrival.

6. PREA Education Acknowledgment Spreadsheet:

- Auditor reviewed the spreadsheet for completions and identified there were discrepancies within the OAS reported numbers.
- Auditor confirmed 495 inmates arrived at the facility during the 12 month documentation period.
 - (94) percent were completed timely.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.33 (d)

1. Review of Facility PAQ:

- The facility confirms that PREA education is available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, disabled, or those who are limited in their reading skills.

2. Agency Policy ED 72 (XI) (B) (4) reveals:

- PIOC 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. Agency Policy Inmate Education reveals:

- PIOC 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 (select from video menu options).
 - Special education teacher or similar to facilitate education.
- 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.

4. Inmate Handbook and Addendum:

- Inmate handbook and addendum are available to the population in Spanish language.

5. Agency Audio Reference reveals:

- The audio recording of the inmate handbook titled "Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates" is available by request to the local PREA office.

6. Agency Braille Reference reveals:

- The Braille version of the inmate handbook titled "Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates" is available by request to the local PREA office.

7. Onsite Observations:

- Mock Comprehensive Education:
 - The auditor spoke with the facility staff member who conducts weekly PREA education. Staff member confirmed that education is completed every Tuesday. We reviewed the facilitator guide and where the process takes place. The facility provides copies of the inmate handbook, in both English and Spanish, the handbook addendum, also in English and Spanish. Orientation is a mix of the the video, "Sexual Abuse and Sexual Harassment Prevention and Intervention," and staff interactions to allow for questioning. The staff is also expected to cover definitions and reiterate the facilities zero tolerance stance. During the intake process any language needs or accommodations are identified and provided to ensure all inmates understand the information. Interpretation services were explained and easy for all staff to receive if the identified need arose.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.33 (e)

1. Review of Facility PAQ:

- The facility confirms that they maintain documentation of inmate participation in PREA education sessions.

2. Review of Agency Inmate Acknowledgement:

- Documents the inmates name, admission date, DOC#, facility, and education date.
- Provides a section for the inmate to acknowledge that they have received the inmate handbook, resource sheet, and sexual abuse and sexual harassment in confinement education.
- The form further explains that through education they have been educated on:
 - their right to be free from abuse, harassment, or report-related retaliation.
 - DOCs zero-tolerance stance on abuse and harassment
 - Reporting methods
 - Response procedures.
- The bottom portion of this form documents the inmates signature or their refusal to sign.
- This form is available in both English and Spanish.

3. PREA Education Acknowledgment Spreadsheet:

- Auditor reviewed the spreadsheet for completions and identified there were discrepancies within the OAS reported numbers.
- Auditor confirmed 495 inmates arrived at the facility during the 12 month documentation period.
 - (94) percent were completed timely.

4. Samples of PREA education acknowledgment:

- Facility provided the auditor with (5) samples of the completed PREA acknowledgment form.

5. Agency Inmate Acknowledgment user guide:

- Provides step-by-step information for staff to electronically gather the PREA inmate acknowledgement information.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.33 (f)

	1. Review of Facility PAQ: - The facility confirms 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. Onsite Observations: - The facility provides copies of the inmate handbook, in both English and Spanish, the handbook addendum, also in English and Spanish. - Informal conversations: - Auditor asked inmates throughout the tour if upon arrival they received any information related to PREA and all inmates replied that they received the handbook that contained PREA information. - Auditor identified throughout the tour that all inmates had the PREA information on the back of their IDS. - PREA posters were strategically placed throughout the entire institution in living units and in places where inmates congregate such as dining halls, education, recreation, and medical. The information on the department's zero-tolerance stance and how to report instances of abuse is readily available in all areas of the institution. The posters are in English and Spanish and the font and poster placement make the information readable for all inmates to include those with ADA or comprehension needs. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: - The Facility PAQ - Agency ED 72 - Agency Investigation Resource Guide 9.2024 - Agency Investigation Training

- Agency Trained Investigators Updated 3.2025
- Interview with Investigative Staff

Reasoning and analysis (by provision)

115.34 (a)

1. Review of the PAQ revealed:

- The agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

2. Agency ED 72 (XI) (A) (4) reveals:

- 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. Review of Agency Investigation Resource Guide reveals:

- Comprehensive guide for investigators providing information related to Agency Contacts, Policy information, Miranda Warnings, Roles and responsibilities related to the investigation electronic processing program (SINC), Investigation process information, and information related to audit preparation.

4. Review of the Agency Investigation Training Module reveals:

- The module provides in-depth training related to agency investigations such as:
 - Types of investigations and special considerations.
 - Investigative tools and resources.
 - Vulnerabilities within the inmate population.
 - Identifying, gathering, and reviewing evidence.
 - Preparing and conducting interviews with victims, accused, and witnesses.
 - Documenting evidence, interviews, and a summary of the investigation.

5. Interview with Investigative Staff reveals:

- (2) investigative staff confirmed that they did receive specialized training for conducting agency sexual abuse and harassment investigations in confinement settings.
- (1) Investigative staff states they were trained in the following:
 - How to manage investigations within the electronic program (SINC).
 - Interviewing techniques and how to ask questions.
 - Types of evidence and how to collect.
 - Garrity warnings.
 - All criminal cases are referred to local law enforcement.
- (1) Investigative staff states they were trained in the following:
 - How to process investigations through the (SINC) program.
 - Interviewing procedures.
 - Garrity warnings.
 - Evidence required to substantiate cases.
 - Evidence collection in confinement settings.
- Review of Agency Trained Investigators document:
 - (2) Investigators interviewed were found to have completed investigations training in 2017 and 2019.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.34 (b)

1. Interview with Investigative Staff reveals:

- (2) Investigative staff confirmed that training consisted of interviewing techniques, proper use of miranda warnings, sexual abuse evidence collection in confinement settings, and the types of evidence required to substantiate sexual abuse cases.

2. Review of Agency Trained Investigators document:

- (2) Investigators interviewed were found to have completed investigations training in 2017 and 2019.
- The facility provided a list of (21) current investigators at OCI. All investigators have completed the required investigations training.

3. Review of Agency Investigation Resource Guide reveals:

- Comprehensive guide for investigators providing information related to Agency Contacts, Policy information, Miranda Warnings, Roles and responsibilities related to the investigation electronic processing program (SINC), Investigation process information, and information related to audit

	preparation. 4. Review of the Agency Investigation Training Module reveals: • The module provides in-depth training related to agency investigations such as: ◦ Types of investigations and special considerations. ◦ Investigative tools and resources. ◦ Vulnerabilities within the inmate population. ◦ Identifying, gathering, and reviewing evidence. ◦ Preparing and conducting interviews with victims, accused, and witnesses. ◦ Documenting evidence, interviews, and a summary of the investigation. Finding: Based on this analysis, the facility is substantially compliant with this provision. 115.34 (c) 1. Review of the PAQ revealed: • The agency confirms that they maintain documentation showing that investigators have completed the required training. • The agency states they have 659 investigators currently employed who have completed the required training. 2. Review of Agency Trained Investigators document reveals: • Document contains information related to staff name, title, division, location, and investigator training completion dates. • Document is broken down by each facility and does contain 659 agency staff. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied upon in making the compliance determinations:

- The Facility PAQ
- Agency ED 72 Excerpt
- Agency Healthcare Module
- OCI PREA Training spreadsheet
- Interview with Medical and Mental Health Staff
- PREA Compliance-Contractors
- PREA Compliance-Volunteers

Reasoning and analysis (by provision)

115.35 (a)

1. Review of the PAQ revealed:

- The agency confirms that they have a policy related to the training of medical and mental health practitioners who work regularly in its facilities.
- The facility states they have 41 medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy.
- The facility states that 100% of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy.

2. Review of Agency ED 72:

- All medical and mental health care practitioners who work regularly in a DOC facilities shall be trained on the following:
 - 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.
 - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

3. Agency Healthcare Module:

- Healthcare module trains staff on the following:
 - First responder duties.
 - Initial assessment.
 - Recognizing signs of abuse.
 - Reporting requirements.

- How to respond and communicate effectively with the victim.
- Preserving evidence.
- Safe/Sane exam expectations and education for the population.
- Providing care and support services
- Requires staff to complete an exam of 10 questions with a requirement of 80% before completing the module.

4. Interview with Medical and Mental Health Staff

- (2) Medical and Mental Health Staff were interviewed, both confirmed they received specialized training related to sexual abuse and sexual harassment. Staff confirm their training consists of how to detect and assess signs of abuse, how to preserve physical evidence, how to respond effectively and professionally with victims, and how and whom to report allegations or suspicions of sexual abuse or harassment.

5. OCI PREA Training Spreadsheet:

- Documented all PREA training for the facility.
- The spreadsheet was filtered down to the following staff:
 - Nurse clinicians
 - Nurse assistants
 - Medical Program Assistants
 - Physicians
 - Psychologists
 - Nursing Supervisor
- Spreadsheet identified 41 staff and documented their completion of "PREA for healthcare staff"

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.35 (b)

1. Review of the PAQ revealed:

- The facility confirms that they do not conduct forensic medical exams within the facility.

2. Interview with Medical and Mental Health Staff revealed:

- (2) Medical and Mental Health Staff were interviewed, both confirmed that forensic medical exams are not completed at the facility, they would be

transferred to the local hospital if they required a forensic exam.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.35 (c)

1. Review of the PAQ revealed:

- The agency confirms that they maintain documentation showing medical and mental health practitioners have completed the required training.

2. OCI PREA Training Spreadsheet:

- Documented all PREA training for the facility.
 - The spreadsheet was filtered down to the following staff:
 - Nurse clinicians
 - Nurse assistants
 - Medical Program Assistants
 - Physicians
 - Psychologists
 - Nursing Supervisor
- Spreadsheet identified 41 staff and documented their completion of "PREA for healthcare staff"

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.35 (d)

1. Review of requested documentation for contractors and volunteers revealed:

- (20) volunteer and contractor staff PREA training documentation was requested.
- Facility provided completed copies of form DOC 2674 confirming the contractor/volunteer received information related to:
 - Definitions related to sexual abuse and harassment.
 - Traits that put inmates at a higher risk for victimization.
 - Red flag behavior.
 - Duty to report information.
 - How to report information.
 - Professional boundaries.

	◦ Evidence retention information. • Form gathers a signature from the contractor/volunteer acknowledging their understanding of the PREA requirements. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Agency Policy for Screening for Risk of Sexual abusiveness and Sexual Victimization • Agency Risk Screening Directive • WICS Screening Warning • Agency Screener User Guide Sections A-D • OCI PREA Risk Screening Spreadsheet • Interview with PREA Coordinator • Interview with PREA Compliance Manager • Interview with Staff responsible for risk screening • Interview with Random Sample of Inmates • Onsite observations Reasoning and analysis (by provision) 115.41 (a) 1. Review of the PAQ revealed: • The agency confirms policy requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 2. Review of Agency ED 72 (XII) Policy reveals: • Risk Screening

- PIOC's shall be assessed during an intake screening within 72 hours of arrival at the facility, and again within 72 hours of transfer to another facility, for risk of being sexually abused by other PIOC's or sexually abusive towards other PIOC's. The objective screening instrument shall include, at minimum, the following criteria:
 - 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 nonconforming;
 - Previously experienced sexual victimization;
 - Prior acts of sexual abuse, prior convictions for violent offenses and/or history of prior institutional violence or sexual abuse; and
 - PIOC's perception of vulnerability.
- PIOC's may not be disciplined for refusing to answer or for failing to disclose information in regards to the screening questions [§115.41(h)].
- Facilities shall not consider lesbian, gay, bisexual, transgender or intersex identification or status as an indicator or likelihood of being sexually abusive [§115.342(c)].
- Juvenile Facility-Based Screening- In addition to the screenings detailed in section XII.A., the facility shall periodically reassess the PIOC's risk throughout their confinement. Risk shall be ascertained using the screening tool referenced above; through conversations with the PIOC during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the PIOC's files [§115.341(a, d)].
- Adult Facility-Based Screening-In addition to the intake screenings detailed in section XII.A., within 30 days of arrival the facility shall reassess the PIOC's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the last screening [§115.41(f)]. Thereafter, a PIOC's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the PIOC's risk of sexual victimization or abusiveness [§115.41(g)].
- If the intake screening, transfer screening or rescreening indicates a PIOC has previously experienced prior sexual victimization, whether it occurred in an institutional or community setting, staff shall ensure the PIOC is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. If the screening indicates a PIOC has previously perpetrated sexual abuse, whether in an institutional or community setting, staff shall ensure the PIOC is offered a follow-up meeting with a mental health

practitioner within 14 days of the screening.

- Appropriate controls shall be placed on the dissemination of information gathered from the screenings to ensure that sensitive information is not exploited to the PIOC's detriment by staff or other PIOC's [§115.41(i), §115.341(e)]. Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health practitioners and other staff members, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law [§ 115.81(d), §115.381(c)]. Medical and mental health practitioners shall obtain informed consent from PIOC's before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the PIOC is under the age of 18.

3. Agency Policy Screening for Risk of Sexual abusiveness and Sexual Victimization

- Screening
 - A. 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.
 - B. Within 30 days of admission, PIOC shall be rescreened to determine if additional, relevant risk factors are present.
 - C. Thereafter, 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(s) 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 PIOC risk of sexual victimization or abusiveness.
 - D. Each facility shall identify the staff member(s) responsible for screening, including a coverage plan in the event the designated staff member(s) is away from the facility and unable to conduct screenings in a timely manner.
 - E. All screening shall be documented in WICS.
 - DOC-2781 A or B shall be used when WICS is not immediately available.
 - Responses recorded on DOC-2781 A or B shall be transferred to WICS as soon as possible and shredded immediately.
 - F. Screening shall be administered to PIOC in a private location.
 - G. Reviewing PHI may be necessary to determine PIOC risk. Staff shall

review and record the minimum necessary to complete the task.

- H. PIOC may not be disciplined for refusing to answer or for failing to disclose responses to the screening questions.
- Use of Screening Information
 - Depending upon each PIOC responses and history, the screening tool categorizes each as being designated a ROV, ROA, or None. ROV and ROA categorizations shall be recorded as a security special handling type and security housing recommendation in WICS.
 - In accordance with DAI Policy 500.70.27, if PIOC identifies as transgender or discloses an intersex condition, the screener shall notify the facility's PSU Supervisor or designated staff member to, in consultation with classification, security and/or healthcare staff, ensure:
 - Housing and programming assignments are made on a case-by-case basis. Such placement decisions shall ensure the PIOC health and safety, which includes giving serious consideration to the PIOC own view of safety and any management or security problems.
 - Transgender and intersex PIOC shall be given the opportunity to shower separately from other PIOC who are not transgender or intersex.
 - Placement and programming assignments for each transgender or intersex PIOC shall be reviewed at a reclassification hearing a minimum of every six months to review any threats to safety experienced by the PIOC.
 - If PIOC discloses sexual abuse that occurred at another confinement facility and there is no documentation of prior notification, the Warden/ Superintendent shall notify the head of the confinement facility where the abuse allegedly occurred.
 - Notification via DOC-2933 shall be provided as soon as possible, but no later than 72 hours after receiving the disclosure.
 - Notification shall be documented on a DOC-2466 and recorded in SINC as a follow-up action.
 - If the screening indicates PIOC has experienced prior sexual victimization and/or previously perpetrated sexual abuse, whether it occurred in a confinement setting or in the community, the PIOC shall be offered a followup 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.
 - 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.

4. Interview with Random Sample of Inmates:

- (15) inmates who arrived at the facility within the last 12 months were interviewed.
- (15) of (15) stated they were asked the risk assessment questions by the social worker upon arrival at the facility.

5. Interview with Staff Responsible for Risk Screening:

- Social worker confirms their department is responsible for conducting all risk screenings at the facility.

6. Onsite Observations:

- Auditor identified that the social workers at the facility completed all risk screenings.
- Auditor toured the area in which risk screenings were completed and confirms that they were completed in a confidential area (social workers offices).
- Auditor conducted a mock risk assessment process with the social worker and reviewed the system in which the risk assessment are captured and retained.
- While on tour auditor had informal conversations with multiple inmates in dayroom areas and they confirm they are aware of what PREA means and did speak with someone upon arrival to answering the "PREA questions".

115.41 (d) (7)

1. This provision is not applicable to compliance finding.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.41 (b)

1. Review of the PAQ reveals:

- The agency confirms that policy requires inmates be screened for risk of

sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake.

- The facility confirms that over the past 12 months 686 inmates entered the facility and stayed at least 72 hours, of those 686 inmates all 686 had been screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.
- Upon further review the auditor identified discrepancies within the reported numbers. Based on auditor review the facility received 471 inmates. 470 stayed at least 72 hours. 463 risk assessments were completed within 72 hours for a completion percentage of 98%.

2. Review of Agency ED 72 (XII) Policy reveals:

- Risk Screening
- PIOC's shall be assessed during an intake screening within 72 hours of arrival at the facility, and again within 72 hours of transfer to another facility, for risk of being sexually abused by other PIOC's or sexually abusive towards other PIOC's. The objective screening instrument shall include, at minimum, the following criteria:
 - 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 nonconforming;
 - Previously experienced sexual victimization;
 - Prior acts of sexual abuse, prior convictions for violent offenses and/or history of prior institutional violence or sexual abuse; and
 - PIOC's perception of vulnerability.

3. Agency Risk Screening Directive:

- Email to all staff stating
 - "All facilities: Inmates in all facilities need to be screened as assessments are made at each facility not just intake sites. Intake sites (DCI, MSDF, TCI) should be using the intake tool and all other facilities please use the transfer tool. Similar to the inmate education, we need to ensure that all inmates currently in our population are screened to best inform our housing decisions and assess for safety. As previously stated, the standards went into effect August 20, 2012, therefore all inmates who entered the facility on or after that date need to be screened, however it is best to screen all inmates (including those prior to 8-20-12). 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”.

4. Agency Policy Screening for Risk of Sexual Abusiveness and Sexual Victimization

- 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.

5. PREA risk screening spreadsheet reveals:

- Upon review the auditor identified discrepancies within the reported numbers. Based on auditor review, the facility received 471 inmates. 470 stayed at least 72 hours. 463 risk assessments were completed within 72 hours for a completion percentage of 98%.

6. Interview with Random Sample of Inmates:

- (15) inmates who arrived at the facility within the last 12 months were interviewed.
- (15) of (15) stated they were asked the risk assessment questions by the social worker upon arrival at the facility.

7. Interview with Staff Responsible for Risk Screening:

- Social worker confirms that the majority of inmates are screened on their first day but everyone should be screened prior to 72 hours.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.41 (c)

1. Review of Facility PAQ:

- The facility confirms that risk assessments are conducted using an objective screening instrument.

2. Review of Risk Assessment User Guide:

- The screening is divided into two sections.
- Section A involves an inmate interview to obtain information. Inmates are asked

- their age
- height
- weight
- questions about the inmates' own perception of themselves and their safety
- including whether they consider themselves gay or bisexual, and if others think they are gay or bisexual
- if they are transgender or have an intersex condition
- if they have ever been the victim of unwanted or abusive sexual contact in the community
- if they have ever been the victim of unwanted or abusive sexual contact while confined
- if they have ever had sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them, and
- if they have any concerns about their safety in this particular facility.
- Section B, of the objective screening tool, is comprised of a records review. Staff review inmate records to answer the following questions:
 - whether the inmate has a mental illness, developmental limitation or physical disability that might make them vulnerable in a confinement setting
 - if the inmate is serving a first prison sentence and has been confined for less than one year
 - if the inmate has any convictions for violent offenses or sexual offenses
 - if the inmate has a history of previous sexual victimization while confined or has ever been the perpetrator in a substantiated sexual abuse case while confined
 - if the inmate has ever received a conduct report for either sexual assault, or physical assault, while confined.
- Section C, allows for the screener to apply an override to an inmate if information was received that does not align with the scoring mechanism or if the inmate scores high in both victimization or abusiveness.
- The assessment tool has instructions for staff completing the screening and notifies them about information to read to inmates, as they conduct interviews with inmates. The tool has a scoring mechanism, based on inmate answers, which calculates an objective number score denoting the inmates' risk of victimization or abusiveness.
- The assessment tool is automated through the Wisconsin Integrated Corrections System (WICS), a computerized agency database. It asks all inmates the same questions and each response has specified value to it. The final scoring allows a determination to be made whether the inmate at risk of either victimization (ROV) or abusiveness (ROA).

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.41 (d)

1. Review of Risk Assessment User Guide:

- The screening is divided into two sections.
- Section A involves an inmate interview to obtain information. Inmates are asked
 - their age
 - height
 - weight
 - questions about the inmates' own perception of themselves and their safety
 - including whether they consider themselves gay or bisexual, and if others think they are gay or bisexual
 - if they are transgender or have an intersex condition
 - if they have ever been the victim of unwanted or abusive sexual contact in the community
 - if they have ever been the victim of unwanted or abusive sexual contact while confined
 - if they have ever had sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them, and
 - if they have any concerns about their safety in this particular facility.
- Section B, of the objective screening tool, is comprised of a records review. Staff review inmate records to answer the following questions:
 - whether the inmate has a mental illness, developmental limitation or physical disability that might make them vulnerable in a confinement setting
 - if the inmate is serving a first prison sentence and has been confined for less than one year
 - if the inmate has any convictions for violent offenses or sexual offenses
 - if the inmate has a history of previous sexual victimization while confined or has ever been the perpetrator in a substantiated sexual abuse case while confined
 - if the inmate has ever received a conduct report for either sexual assault, or physical assault, while confined.

2. Interview with Staff responsible for risk screenings:

- Social worker states that risk assessment are conducted in their office where they ask the individual about age, height, weight, LGBTQ status and how they are perceived, and history of victimization and abusiveness. There is a second

portion of the assessment completed without the individual in which the social worker will verify information through a records review. Information gathered involves prior convictions for violent offenses or sex offenses and whether they have perpetrated sexual abuse while confined.

3. Onsite observations:

- Auditor identified that the social workers at the facility completed all risk screenings.
- Auditor toured the area in which risk screenings were completed and confirms that they were completed in a confidential area (social workers offices).
- Auditor conducted a mock risk assessment process with the social worker and reviewed the system in which the risk assessment are captured and retained. The staff member indicated that the risk assessment results can be accessed by all staff to assist with housing and security concerns but risk assessment questions and answers were restricted to only staff that need access.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.41 (e)

1. Review of Risk Assessment User Guide:.

- Section B, of the objective screening tool, is comprised of a records review. Staff review inmate records to answer the following questions:
 - whether the inmate has a mental illness, developmental limitation or physical disability that might make them vulnerable in a confinement setting
 - if the inmate is serving a first prison sentence and has been confined for less than one year
 - if the inmate has any convictions for violent offenses or sexual offenses
 - if the inmate has a history of previous sexual victimization while confined or has ever been the perpetrator in a substantiated sexual abuse case while confined
 - if the inmate has ever received a conduct report for either sexual assault, or physical assault, while confined.

2. Interview with Staff responsible for risk screenings:

- Social worker states that risk assessment are conducted in their office where they ask the individual about age, height, weight, LGBTQ status and how they are perceived, and history of victimization and abusiveness. There is a second portion of the assessment completed without the individual in which the social

worker will verify information through a records review. Information gathered involves prior convictions for violent offenses or sex offenses and whether they have perpetrated sexual abuse while confined.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.41 (f)

1. Review of Facility PAQ:

- The facility confirms that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.
- The facility indicates 630 out of 630 inmates received over the past 12 months received a reassessment within 30 days of arrival.
- Upon review the auditor identified discrepancies within the reported numbers. Based on auditor review the facility received 471 inmates. 465 stayed at least 30 days. 453 risk assessments were completed within 30 days for a completion percentage of 97%.

2. Agency ED 72:

- In addition to the intake screenings detailed in section XII.A., within 30 days of arrival the facility shall reassess the PIOC's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the last screening [§115.41(f)]. Thereafter, a PIOC's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the PIOC's risk of sexual victimization or abusiveness.

3. Agency Policy Screening of Risk of Sexual Abusiveness and Sexual Victimization:

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

4. Review of Risk Assessment:

- The risk screening instrument includes the 30-day reassessment on the same assessment that was completed for the intake to ease tracking and completion requirements.

- The previous information is applied to the reassessment and staff expected to ask whether that information has changed since their last meeting.

5. Interview with Staff Responsible for Risk Screening:

- Social worker confirms that reassessments are completed within 30 days of arrival to the facility.

6. Interview with Random Sample of Inmates:

- (15) inmates who arrived within the last year were interviewed.
- (13) of (15) inmates confirmed that they were asked those questions again after the first time.
- (10) of (15) inmates stated the reassessment was completed within 30 days.
- (3) of (15) stated they weren't sure or it was more than 30 days later.
- (2) of (15) inmates were unsure or stated they did not get questioned a second time.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.41 (g)

1. Review of Facility PAQ:

- The facility confirms that the policy requires that an inmate's risk level be reassessed when 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.

2. Review of Agency ED 72:

- In addition to the intake screenings detailed in section XII.A., within 30 days of arrival the facility shall reassess the PIOC's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the last screening [§115.41(f)]. Thereafter, a PIOC's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the PIOC's risk of sexual victimization or abusiveness.

3. Agency Policy Screening of Risk of Sexual Abusiveness and Sexual Victimization:

- PIOC may be referred for a follow-up rescreening by any staff member if and when:
 - 1. The PIOC is the alleged victim or suspect of sexual abuse;
 - 2. The PIOC discloses identification as lesbian, gay, bisexual, transgender or intersex and their identification was not revealed during the last screening;
 - 3. The PIOC discloses a past unwanted or abusive sexual experience(s) while confined and the experience(s) was not revealed during the last screening;
 - 4. The PIOC requests a rescreening;
 - 5. The PIOC is referred for a rescreening by facility staff; or
 - 6. Additional information is received that bears on PIOC risk of sexual victimization or abusiveness.

4. Review of Reassessment User guide:

- A rescreening shall be administered, as needed, when:
 - An inmate is the victim or suspect of a substantiated sexual abuse case;
 - An inmate discloses identification as lesbian, gay, bisexual, transgender or intersex and their identification was not revealed during the initial screening;
 - An inmate discloses a past unwanted or abusive sexual experience(s) while confined and the experience(s) was not revealed during the initial screening;
 - An inmate requests a rescreening;
 - An inmate is referred for a rescreening by facility staff; or
 - Additional information is received that bears on an inmate's risk of sexual victimization or abusiveness.
- If a staff member receives any of the information above they shall notify the staff responsible for conducting rescreenings at the facility.

5. Interview with Staff Responsible for Risk Screening:

- Social worker confirms that reassessments are completed when there are physical assaults, if the inmate was involved in a substantiated sexual abuse situation, or if the facility received new information that may need to be entered into the assessment information.

6. Interview with Random Sample of Inmates:

- (15) inmates who arrived within the last year were interviewed.
- (13) of (15) inmates confirmed that they were asked those questions again after the first time.
- (10) of (15) inmates stated the reassessment was completed within 30 days.

- (3) of (15) stated they weren't sure or it was more than 30 days later.
- (2) of (15) inmates were unsure or stated they did not get questioned a second time.

7. Samples of Rescreenings completed:

- The facility provided (4) samples of rescreenings completed on inmates who were involved in allegations of sexual abuse while at the facility. Screenings were completed in line with the investigation process.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.41 (h)

1. Review of Facility PAQ:

- The facility confirms that policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.

2. Agency ED 72:

- PIOC may not be disciplined for refusing to answer or for failing to disclose information in regards to the screening questions

3. Agency Policy Screening of Risk of Sexual Abusiveness and Sexual Victimization:

- PIOC may not be disciplined for refusing to answer or for failing to disclose responses to the screening questions

4. Interview with Staff Responsible for Risk Screening:

- Social worker confirms that inmates are not required to answer any of the questions and would not receive discipline for refusals.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.41 (i)

1. Interview with Staff Responsible for Risk Screening:

- Social worker states risk assessment results can be accessed by all staff to assist with housing and security concerns but risk assessment questions and answers were restricted to only staff that need access.

2. Interview with PREA Compliance Manager:

- PREA Compliance Manager states staff are provided with the ROV and ROA status to ensure there is proper separation between inmates with risk factors.

3. Interview with PREA Coordinator:

- PREA Coordinator confirms that the agency has outlined who has access to risk assessment information. They stated the facilities decide who will conduct the assessments at their facility and they are provided with access. Confidentiality is addressed when the screening is opened.

4. Onsite observations:

- Auditor identified that the social workers at the facility completed all risk screenings.
- Auditor toured the area in which risk screenings were completed and confirms that they were completed in a confidential area (social workers offices).
- Auditor conducted a mock risk assessment process with the social worker and reviewed the system in which the risk assessment are captured and retained. The staff member indicated that the risk assessment results can be accessed by all staff to assist with housing and security concerns but risk assessment questions and answers were restricted to only staff that need access.

5. WICS PREA Risk assessment warning screenshot:

- States "You are attempting to access PREA risk screening data. This information is sensitive, private, highly confidential and may include protected health information; it must only be accessed if you have a valid business reason. The Wisconsin Department of Corrections reserves the right to audit all user transactions in a manner consistent with State and Federal Laws. Any illegal or unauthorized use of PREA risk screening data by any persons 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”. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency Policy ED 72 • Agency Policy Inmate Drivers • Agency Policy Risk Screening • Agency Policy Special Placement Needs • Agency Policy Work Placement • Agency Policy Review for Housing Consistent with Gender Identity • Agency Policy Transgender Management and Care • OCI LGBTQI listing • Transgender Housing Evaluation form DOC 3793 • Classification Action Plan examples for (4) inmates • Agency Classification Documentation Manual • Agency Pre-Hearing Classification Process directive • Agency Screener User Guide, Housing Recommendations and Security Special Handling Entry. • Agency Work Assignment Placement Form • Interview with PREA Compliance Manager • Interview with Staff Responsible for Risk Screening • Interview with Transgender/Intersex Inmates • Interview with PREA Coordinator • Interview with Transgender/Intersex/Gay/Lesbian Inmates Reasoning and analysis (by provision) 115.42 (a-b)

1. Review of the PAQ revealed:

- The agency confirms that they use information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
- The agency confirms that they make individualized determinations about how to ensure the safety of each inmate.

2. Review of Agency Policy ED 72 reveals:

- 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.

3. Review of Agency Policy Risk Screening reveals:

- 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.

4. Review of Agency Policy Inmate Drivers reveals:

- 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.

5. Review of Agency Policy Special Placement Needs reveals:

- Substantiated inmate on inmate sexual abuse is one of the criteria that requires special needs placement.

6. Review of Agency Policy Work Placement reveals:

- 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

7. Review of Agency Screener User Guide, Housing Recommendations and Security Special Handling Entry reveals:

- Covers the process for entering housing recommendations related to PREA.
- Covers the process for entering special housing recommendations for inmates at a high risk for victimization or abusiveness.

8. Review of Agency Work Assignment Placement Form reveals:

- Contains section titled "PREA risk category has been reviewed and considered" ensuring that risk needs are reviewed for all inmates placed in work and programming assignments.

9. Interview with PREA Compliance Manager:

- PREA Compliance Manager states all inmates classified as a risk of victimization or risk of abusiveness are reviewed prior to housing placement or programming assignments. PREA Compliance Manager states the electronic system in place will not allow for placement into any programs that show conflicts to ensure the safety of all inmates.

10. Interview with Staff Responsible for Risk Screenings:

- Staff responsible for risk screenings states risk assessment information is used to ensure that inmates who are classified at a higher risk for victimization or abusiveness are continually separated within housing and programming placements.

Finding:

Based on this analysis, the facility is substantially compliant with these provisions.

	115.42 (c-g) 1. These provisions are no longer applicable. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Agency Policy Protective Confinement • Agency Policy Risk Screening • Agency RHU Review (Blank).doc • Agency TLU Review (Blank).docx • Interview with staff who supervise inmates in segregated housing • Interview with Warden Reasoning and analysis (by provision) 115.43 (a) 1. Review of the PAQ revealed: • The facility states they have a policy prohibiting the placement of 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. • The facility states they have zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.

2. Agency ED 72 XIII Placement (B) 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.

3. Agency Policy 306.05.01 Protective Confinement (I)(B):

- 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.

4. Agency Policy 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization (II) (I)(J) states:

- (I) Inmates at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made there are no available alternative means of separation from likely abusers.
- (J) 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 involuntarily separated from the general population the facility shall document the basis for the facility's concern for the inmate's safety and the reason an alternate placement cannot be arranged.

5. Interview with Warden:

- The Warden confirms that policy and procedure restrict staff 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.43 (b)

1. Interview with Staff who Supervise Inmates in Segregated Housing:

- Staff confirm that if sent to segregation due to high risk for sexual victimization they would be placed on temporary lockup status and they would receive access to the same programs, privileges, education, and work opportunities that they would have access to in general population.
- Staff confirm that if any opportunities were restricted the duration and reasons for restriction would be documented.

2. Agency Policy 306.05.01 Protective Confinement (I)(C)(3):

- PIOC who need protective confinement because he/she is a high risk for sexual victimization shall have access to programs, privileges, education and work opportunities to the extent possible. If access is restricted due to placement in RH, the facility shall document on DOC-30 which opportunities have been limited; the duration of the limitation; and the reasons for such limitations.

3. Onsite observations revealed:

- Segregation unit is split into two sections. One section acts as a intake/reception unit in which inmates receive the same opportunities that inmates in general population would receive. Staff confirm that if inmates were sent to segregation based on a high risk of victimization they would be placed on the intake/reception side so that their opportunities would not be restricted.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.43 (c)

1. Review of the PAQ revealed:

- The facility states zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

2. Interview with Staff who Supervise Inmates in Segregated Housing:

- Staff confirm that the facility would place victim into separate general population housing prior to moving them to segregation but if they were placed in segregation they would receive the same opportunities as they would receive in general population.
- Staff reiterate that placement in segregation would only be based on housing availability and if they were placed on any restriction it would not be for more than 24-48 hours.

3. Interview with Warden:

- Warden confirms that all other means are attempted prior to placement into involuntary segregation.
- Warden states that placing victims in segregation for high risk of sexual victimization is not the facilities normal procedure and they would remove them from that unit as soon as possible if placement was not avoidable.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.43 (d)

1. Review of the PAQ revealed:

- Facility states there were zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged.

2. Agency Policy 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization (II) (I)(J) states:

- (I) Inmates at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made there are no available alternative means of separation from likely abusers.
- (J) 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 involuntarily separated from the general population the facility shall document the basis for the facility's concern for the inmate's safety and the reason an alternate placement cannot be arranged.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.43 (e)

1. Review of the PAQ revealed:

- The facility confirms that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

2. Agency Policy 306.05.01 Protective Confinement (II)(E)

- Policy states facilities shall ensure PIOC protective confinement placement is reviewed every 30 days to determine if placement remains necessary. Document reviews of existing protective confinement placement on DOC-30.

3. Agency Policy 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization (II) (J) states:

- Involuntary separation from the general population shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days.
- Every 30 days, the facility shall review the inmate's circumstances to determine whether there is a continuing need for separation from the general population and document accordingly.

4. Review of facility forms for documentation:

- Facility provided blank DOC-30 which documents 30-day reviews for inmates placed in restricted housing.
- Facility provided blank DOC-68 which documents 7-day reviews for inmates placed in temporary lockup.

5. Interview with Staff who Supervise Inmates in Segregated Housing:

- Staff confirms that reviews for temporary lockup would occur every 7 days to determine levels and housing if placed in segregation.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency Policy ED 72 • OCI PREA Incident Reports Log • Agency PREA Posters English and Spanish • Agency Inmate Handbook English and Spanish • Agency Third Party Reporting Poster • Interview with Random Sample of Staff • Interview with Random Sample of Inmates • ICE locations in Wisconsin printout • Interview with PREA Compliance Manager • Onsite Observations Reasoning and analysis (by provision) 115.51 (a) 1. Review of the PAQ revealed: • The agency confirms that they have 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. Review of Agency Policy ED 72 (XIV) reveals: • PIOC Reporting ◦ 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. In addition, the DOC shall provide at least one way for PIOC's to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC. • Third Party Reporting ◦ 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. Review of Agency Inmate Handbook reveals:

- REPORTING METHODS If you experience, witness or suspect sexual abuse or sexual harassment you can report in ANY of these ways:
 - Tell ANY staff person.
 - Send a request to ANY staff person.
 - Call 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 (navigate to the Prison Rape Elimination Act page).
 - File a complaint.
 - Contact local law enforcement.
- The same information related to reporting is found in the Spanish version of the inmate handbook.

4. Review of Agency PREA Posters English and Spanish:

- TO REPORT SEXUAL ABUSE AND SEXUAL HARASSMENT PLEASE
 - Tell any staff person
 - Write to any staff person
 - Dial #777 A PIN is not needed
 - Dial #888 To report outside of WI DOC. A PIN is not needed.
 - File a grievance
 - Tell a family member, friend or support person. They may report on your behalf.
 - Write to local law enforcement
 - Anonymous reports are welcome, but oftentimes difficult to respond to. Please provide as much detail as safely possible.
- The same information related to reporting is found in the Spanish version of the Agency PREA poster.

5. Review of Agency Third Party Reporting Poster:

- WIDOC has zero tolerance for sexual abuse and sexual harassment, To report on the 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 on the same poster.

6. Interview with Random Sample of Staff:

- (15) Random Staff were interviewed.
- (15) of (15) Random staff were able to provide at least one of the following reporting methods when asked how inmates can private report abuse, harassment, or retaliation:

- PREA Hotline
- Outside agency report
- Anonymous Kite
- In-person to any staff member
- Third Party via family or friends

7. Interview with Random Sample of Inmates:

- (23) Random Inmates were interviewed.
- (21) of (23) Random inmates were able to provide at least one of the following reporting methods when asked how they would report any instances of abuse, harassment, or retaliation:
 - Call Hotline #777
 - Call outside agency #888
 - Telling staff
 - Call law enforcement
 - Third-Party through friends or family
 - Report via kite
- (2) of (23) Random inmates stated they weren't sure or wouldn't report it.

8. Onsite Observations:

- PREA posters were strategically placed throughout the entire institution in all living units and in places where inmates congregate such as dining halls, education, recreation, and medical. The information on the department's zero-tolerance stance and how to report instances of abuse is readily available in all areas of the institution. The posters are in English and Spanish and the font and poster placement make the information readable for all inmates to include those with ADA needs.
- Auditor tested the hotline and outside entity reporting method while onsite and received confirmation from agency staff that they received the test calls.
- Third Party testing through the departments website was conducted and the auditor received confirmation from agency staff that they had received the report.
- Informal conversations with staff- Auditor spoke with multiple staff members while on tour. Auditor asked them if they were provided an allegation of sexual abuse or sexual harassment how and when would they report it. Staff was able to indicate a report to their supervisor would be completed "immediately" and they would also document the information on an incident report.
- Information conversations with the inmate population-Multiple inmates were spoken to while onsite. All inmates were aware of reporting methods and were able to identify where within their living unit the PREA posters were posted. All inmates stated they felt safe in the facility and would not have issues reporting if something had happened to them.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.51 (b)

1. Review of the PAQ revealed:

- The agency confirms 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 agency confirms that they do not detain inmates solely for civil immigration purposes and provided the ICE detention centers in Winsconsin. The ICE detention centers in Wisconsin are located in Juneau and Kenosha.

2. Review of Agency Policy ED 72 (XIV) reveals:

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

3. Review of Agency PREA Posters English and Spanish:

- TO REPORT SEXUAL ABUSE AND SEXUAL HARASSMENT PLEASE
 - Tell any staff person
 - Write to any staff person
 - Dial #777 A PIN is not needed
 - Dial #888 To report outside of WI DOC. A PIN is not needed.
 - File a grievance
 - Tell a family member, friend or support person. They may report on your behalf.
 - Write to local law enforcement
 - Anonymous reports are welcome, but oftentimes difficult to respond to. Please provide as much detail as safely possible.

4. Interview with PREA Compliance Manager:

- PREA Compliance Manager reports that the facility provides an outside entity reporting method through their phone system. The #888 which does not require a pin is transmitted to the State Capitol Police who record the

voicemail and immediately forward back to the agency for processing.

5. Interview with Random Sample of Inmates:

- (23) Random Inmates were interviewed.
- (21) of (23) Random inmates were able to provide at least one of the following reporting methods when asked how they would report any instances of abuse, harassment, or retaliation:
 - Call Hotline #777
 - Call outside agency #888
 - Telling staff
 - Call law enforcement
 - Third-Party through friends or family
 - Report via kite
- (2) of (23) Random inmates stated they weren't sure or wouldn't report it.
- (20) of (23) Random inmates stated they were able to make a report without giving their name.
- (3) of (23) stated they weren't sure if they needed to give their name.

6. Onsite Observations:

- PREA posters were strategically placed throughout the entire institution in all living units and in places where inmates congregate such as dining halls, education, recreation, and medical. The information on the department's zero-tolerance stance and how to report instances of abuse is readily available in all areas of the institution. The posters are in English and Spanish and the font and poster placement make the information readable for all inmates to include those with ADA needs.
- Auditor tested the hotline and outside entity reporting method while onsite and received confirmation from agency staff that they received the test calls.
- Third Party testing through the departments website was conducted and the auditor received confirmation from agency staff that they had received the report.
- Informal conversations with staff- Auditor spoke with multiple staff members while on tour. Auditor asked them if they were provided an allegation of sexual abuse or sexual harassment how and when would they report it. Staff was able to indicate a report to their supervisor would be completed "immediately" and they would also document the information on an incident report.
- Information conversations with the inmate population-Multiple inmates were spoken to while onsite. All inmates were aware of reporting methods and were able to identify where within their living unit the PREA posters were posted. All inmates stated they felt safe in the facility and would not have issues reporting if something had happened to them.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.51 (c)

1. Review of the PAQ revealed:

- The agency confirms that they have a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.
- The facility confirms that they staff are required to “immediately” document verbal reports.

2. Review of Agency Policy ED 72 (XIV) (C) reveals:

- Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports [§115.51(c), §115.351(c)]; and immediately report [§115.61(a), §115.361(a)]:
 - Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC;
 - Any incidents of retaliation against PIOC's or staff who reported such an incident; and/or
 - Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

3. Review of OCI Incident Report Log reveals:

- Report capturing author name, incident type, report #, Incident summary, and date of incident.

4. Interview with Random Sample of Staff:

- (15) random staff were interviewed.
- (15) of (15) random staff confirmed that inmates are allowed to report verbally, in writing, anonymously, or through third parties and that all verbal reports will be documented immediately or as soon as possible.

5. Interview with Random Sample of Inmates:

- (23) random inmates were interviewed.
- (23) of (23) random inmates confirmed that they can make reports of abuse or harassment in person or in writing and that someone else such as family or friends can report on their behalf.

6. Onsite Observations:

- PREA posters were strategically placed throughout the entire institution in all living units and in places where inmates congregate such as dining halls, education, recreation, and medical. The information on the department's zero-tolerance stance and how to report instances of abuse is readily available in all areas of the institution. The posters are in English and Spanish and the font and poster placement make the information readable for all inmates to include those with ADA needs.
- Auditor tested the hotline and outside entity reporting method while onsite and received confirmation from agency staff that they received the test calls.
- Third Party testing through the department's website was conducted and the auditor received confirmation from agency staff that they had received the report.
- Informal conversations with staff- Auditor spoke with multiple staff members while on tour. Auditor asked them if they were provided an allegation of sexual abuse or sexual harassment how and when would they report it. Staff was able to indicate a report to their supervisor would be completed "immediately" and they would also document the information on an incident report.
- Information conversations with the inmate population-Multiple inmates were spoken to while onsite. All inmates were aware of reporting methods and were able to identify where within their living unit the PREA posters were posted. All inmates stated they felt safe in the facility and would not have issues reporting if something had happened to them.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.51 (d)

1. Review of PAQ revealed:

- The agency confirms that they have established procedures for staff to privately report sexual abuse and sexual harassment of inmates.
- The agency confirms staff are informed of these procedures through agency policy ED 72.

2. Review of Policy ED 72 (XIV) (C) reveals:

- 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. Interview with Random Samples of Staff: • (15) random staff were interviewed. • (15) of (15) random staff confirmed that they were able to make a private report by reporting in one of the following methods: ◦ Report to a different facility. ◦ Contact Warden Directly ◦ Contact Deputy Warden ◦ Call the hotline ◦ Report above chain of command if necessary ◦ Contact PREA Headquarters ◦ Through the agency website 4. Testing of private staff reporting method: • Auditor made report through the agency website and received confirmation from agency staff that they had received my report. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Interview with inmates who reported sexual abuse • Agency Admin Code Chapter 310 • Agency ICE Action Steps • Agency Policy Inmate Complaints Reasoning and analysis (by provision) 115.52 (a)

1. Review of the PAQ revealed:

- The agency states they have an administrative procedure for dealing with inmate grievances regarding sexual abuse.

2. Agency Admin Code Chapter 310 states:

- DOC 310.08 PREA complaint procedure. An inmate may file a complaint alleging sexual abuse using the procedures under this chapter. The following provisions apply to complaints alleging sexual abuse or sexual harassment:
 - Notwithstanding s. DOC 310.07 (2), an inmate may file a complaint regarding sexual abuse or sexual harassment at any time. If a portion of the complaint alleges an issue that does not relate to sexual abuse or sexual harassment, the time limits under s. DOC 310.07 apply.
 - Notwithstanding s. DOC 310.07 (1) or (8), an inmate is not required to attempt to resolve the issue with the staff member who is the subject of the complaint or to file a complaint regarding sexual abuse or sexual harassment with the staff member who is the subject of the complaint. The inmate may use an alternative method of filing, including submission of the complaint directly to the warden.
 - Complaints filed under this section will be referred for a PREA investigation. Department policy shall address the requirements that investigations regarding allegations of sexual abuse or sexual harassment be completed within established time frames.
 - Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist an inmate in filing a request for administrative remedies relating to allegations of sexual abuse or sexual harassment and shall also be permitted to file such requests on behalf of inmates. Requests for administrative remedies filed under this section will be referred for a PREA investigation.
 - Emergency grievance procedures for complaints alleging a substantial risk of imminent sexual abuse or sexual harassment will be handled in the following manner:
 - The inmate may contact any staff member who is not the subject of the allegation for immediate corrective action.
 - The inmate may file a complaint. Complaints collected under s. DOC 310.08 shall be immediately forwarded to the warden to determine if immediate action is warranted.
 - Reports of substantial risk of imminent sexual abuse or sexual harassment outside of the complaint process under this chapter shall be immediately forwarded to the warden to determine if immediate action is warranted.
 - Further response will be in accordance with department policy.
 - The warden may discipline an inmate for filing a complaint related to alleged sexual abuse or sexual harassment only if the warden

demonstrates that the inmate filed the complaint in bad faith.

- Time frames are waived for PREA related complaints, this does not apply to PREA related complaint appeals

3. Agency ED 72 XV Administrative Complaints states:

- All sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately referred to facility leadership for review and sexual abuse and/or sexual harassment investigation. See Investigations (section XVII.) for guidelines. PIOC's shall be notified within 30 days of the initial complaint that the portion of the complaint alleging sexual abuse or sexual harassment has been referred for review and possible investigation and the Inmate Complaint Review process has concluded.

Further:

- A time limit shall not be imposed on when a PIOC may submit a complaint regarding an allegation of sexual abuse or sexual harassment though other applicable time limits may still apply to any portion of the complaint that does not allege an incident of sexual abuse or sexual harassment. All appeals shall be made in accordance with Wisconsin State statutory time limits and referred to the appropriate reviewing authority [§115.52(b), §115.352(b)].
- The complaint process shall not include a mandatory informal resolution requirement [§115.52(b), §115.352(b)].
- Each facility shall ensure that a PIOC who alleges sexual abuse or sexual harassment may submit a complaint without submitting it to the staff member who is the subject of the complaint and that such a complaint is not referred to a staff member who is the subject of the complaint. The PIOC may use an alternate method of filing [§115.52(c), §115.352(c)].
- 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 [§115.52(e), §115.352(e)].
- If a PIOC alleges that he or she is subject to a substantial risk of imminent sexual abuse, the PIOC may contact any staff member who is not the subject of the allegation. Staff shall immediately forward the allegation to facility leadership for immediate corrective action. Facility leadership shall provide an initial response within 48 hours and issue a final decision within 5 calendar days. The initial response and final facility decision shall document the facility's determination whether the PIOC is in substantial risk of imminent sexual abuse and the action

taken in response to the emergency complaint. Further response shall be in accordance with Staff Reporting (section XIV. C.) [§115.52(f), §115.352(f)].

- The DOC may discipline a PIOC for a complaint filed alleging sexual abuse or sexual harassment only where the DOC demonstrates that the complaint was filed in bad faith [§115.52(g), §115.352(g)].

4. Agency ICE Action Steps reveals:

- Memo dated March 11, 2022 explains the following process for processing an inmate complaint that alleges sexual abuse or sexual harassment:
 - ICE Action: Upon review of an inmate complaint that has an allegation of any action that may appear to be sexual harassment or sexual abuse the ICE will forward the inmate complaint to the PREA Compliance Manager (PCM) and 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 or PCM backup will review to determine if the allegation meets the definition of sexual abuse or sexual harassment under PREA and if the allegation has been reported previously. The PCM or PCM backup will inform the ICE if the allegation meets the definition and if it has been reported.
 - ICE 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 will dismiss the complaint per ED 72 and refer for investigation
 - Please use the following, updated language for these complaints: Because this complaint alleges sexual abuse or sexual harassment under PREA, per Executive Directive 72, and pursuant to Wis. Admin Code 310.08, it is being immediately referred to the warden for further review and action.
 - If the allegation meets the definition of sexual abuse or sexual harassment and has been previously reported and investigated:
 - The ICE will dismiss the complaint per ED 72 and forward to PCM and 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 will dismiss the complaint per ED 72 and refer for investigation
 - The ICE will complete DOC form 2666D so that the

allegation can be recorded in SINC

- The ICE will 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 will investigate and/or handle per the usual procedures, and process the inmate complaint in the ICTS system

5. Agency Policy Inmate Complaints reveals:

- PROCEDURE I. Receiving and Processing Complaints Alleging Staff Sexual Misconduct Complaints regarding staff sexual misconduct shall be handled according to provisions of Executive Directive 72.
 - 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.52 (b)

1. Review of the PAQ reveals:

- Agency indicates policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.
- Agency states All inmates may report sexual abuse or sexual harassment through the grievance process. However, all complaints alleging sexual abuse or sexual harassment are routed to facility leadership for review and action; the administrative complaint process stops.
- Agency states policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

2. Agency Admin Code Chapter 310 reveals:

- An inmate may file a complaint regarding sexual abuse or sexual harassment at any time.

3. Agency ED 72 reveals:

- 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 harassment.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.52 (c)

1. Review of the PAQ revealed:

- The facility states the agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.
- The facility states the agency's policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

2. Agency Admin Code Chapter 310 reveals:

- An inmate is not required to attempt to resolve the issue with the staff member who is the subject of the complaint or to file a complaint regarding sexual abuse or sexual harassment with the staff member who is the subject of the complaint. The inmate may use an alternative method of filing, including submission of the complaint directly to the warden.

3. Agency ED 72 reveals:

- 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.
- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.52 (d)

1. Review of the PAQ revealed:

- Facility states the agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
- The facility states in the past 12 months, there was 1 grievance filed that alleged sexual abuse.
 - The facility states the report was processed and determined to not be a report of sexual abuse or harassment.
- The facility states in the past 12 months:
 - There were zero grievances alleging sexual abuse that reached a final decision within 90 days from being filed because grievances alleging sexual abuse are reviewed by management to determine further

action and the administrative complaint process stops after the review and decision further action.

- There were zero grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days because grievances alleging sexual abuse are reviewed by management to determine further action and the administrative complaint process stops after the review and decision further action.
- There were zero requests for an extension of the 90-day period because grievances alleging sexual abuse are reviewed by management to determine further action and the administrative complaint process stops after the review and decision further action.
- The facility states they do not notify an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made because grievances alleging sexual abuse are reviewed by management to determine further action and the administrative complaint process stops after the review and decision further action.

2. Interview with Inmates who Reported Sexual Abuse-

- One inmate who reported sexual abuse states they were told in writing about the decision related to their report.
- One inmate who reported sexual abuse stated they were informed one month after the allegation was reported.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.52 (e)

1. Review of the PAQ revealed:

- The facility confirms that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.
- The facility states they do not require the alleged victim to agree to have the request filed on their behalf. The agency will process the complaint regardless of the source or willingness of the alleged victim accordingly.
- The facility reports having zero grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

2. Agency Admin Code Chapter 310 reveals:

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

3. Agency ED 72 XV (d) reveals:

- 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.

4. Site Review reveals:

- Auditors noted during the site review that information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, and on the back of every inmate's ID card. Auditors noted PREA posters, in every housing unit, Dining Room, Health Services, Education Building, and in classrooms and numerous other places that inmates frequent. Information related to third-party reporting is clear and understandable for all inmates.

5. Testing of third-party reporting reveals:

- Auditor sent a test email to the agency third-party reporting email on August 14th and received a response to the email on August 15th.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.52 (f)

1. Review of the PAQ revealed:

- The agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

- The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.
- The agency reports zero emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.
- The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.
- The agency reports zero grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days.

2. Agency Admin Code Chapter 310 reveals:

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

3. Agency ED 72 XV (E) states:

- If a PIOC alleges that he or she is subject to a substantial risk of imminent sexual abuse, the PIOC may contact any staff member who is not the subject of the allegation. Staff shall immediately forward the allegation to facility leadership for immediate corrective action. Facility leadership shall provide an initial response within 48 hours and issue a final decision within 5 calendar days. The initial response and final facility decision shall document the facility's determination whether the PIOC is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

	115.52 (g) 1. Review of the PAQ revealed: • The facility has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. • The facility reports over the past 12 months zero grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith. 2. Agency Admin Code Chapter 310 indicates: • The warden may discipline an inmate for filing a complaint related to alleged sexual abuse or sexual harassment only if the warden demonstrates that the inmate filed the complaint in bad faith. 3. Agency ED 72 XV (F) indicates: • 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. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Agency DOC 2937 Advocacy Request Form English and Spanish • Agency Handbook Addendum • Agency Policy Support Services and Retaliation Monitoring • Samples of Victim Services Report Checklists

- Agency Poster
- MOU Dane County Rape Crisis Center
- Interview with Inmates who reported abuse
- Interview with Random Sample of Inmates
- Onsite observations

Reasoning and analysis (by provision)

115.53 (a)

1. Review of the PAQ revealed:

- The facility confirms that they provide inmates with access to outside victim advocates for emotional support services related to sexual abuse.
- The facility confirms that they provide inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.
- The facility confirms that they provide inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.
- The facility confirms that they do not detain inmates solely for immigration purposes.

2. Review of Agency Advocacy Request Form:

- Form states the following:
 - “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 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 retaliation monitoring.
 - If you have an immediate need for support, please notify any staff member as soon as safely possible. You may also reach a sexual assault service advocate at any time of the day by dialing #999.
 - Following your reported experience of sexual abuse, if you agree, this facility’s victim services coordinator may contact the local advocate on your behalf to schedule a meeting.

- 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 communication 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.
- This is not a consent to release information. If you elect to give an advocate permission to obtain your records, including the sexual abuse investigation related to this inquiry, or share your name with community partners (i.e. DOC, law enforcement, district attorney, healthcare professionals, etc.) you must make the request in accordance with DOC policy and procedure.
- The duration of advocacy services are determined on a case-by-case basis. Services may be terminated by the advocate, DOC, or you depending upon appropriateness or need.
- The information is followed by yes or no checkboxes as to whether the inmates would like to request services.

3. Agency Policy ED 72:

- Thereafter, the facility shall provide PIOC's with access to outside victim advocates, with whom the DOC shall maintain or attempt to enter into memoranda of understanding with, for emotional support services related to sexual abuse. Access includes giving PIOC's mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility shall enable reasonable communication between PIOC's and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to PIOC's of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws [§115.53, §115.353(a-c)]. Juveniles shall be provided reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians

4. Agency Handbook Addendum:

- Provides the inmate population with additional information related to advocacy services that are available. This addendum provides contact

information for the Dane County Rape Crisis Center and notates their address and phone contact information.

- The following statement is located at the bottom of the form, “Every effort is made to ensure that communication with the local sexual assault service provider remains confidential. Your PIN is not needed to make this call, 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. Agency Policy Support Services and Retaliation Monitoring:

- For every alleged victim of sexual abuse, the VSC is tasked with the following responsibilities, which are described in greater detail below: victim accompaniment, facilitating support services, and monitoring for retaliation.

6. Samples of Victim Services Report Checklists:

- Facility provided (5) examples of Victim services checklist for inmates who were involved with prior allegations of abuse. The checklists include the following information:
 - Date of meeting with inmate.
 - Explanation of the role.
 - Providing the inmate with local rape crisis center information.
 - Offering medical, mental health, and chaplain services.
 - Determining ongoing scope of need for the inmate.
 - Setting up contact with local rape crisis center if requested.
 - Setting up ongoing retaliation monitoring.

7. Agency Inmate Poster:

- Identifies the local rape crisis center and provides the population with mailing address and phone number for the identified local agency.
- Poster also states their pin is not required and the calls are not recorded or monitored. Notifies the population that written correspondence may be opened or inspected and may be read with the written approval of the security director.

8. Interview with Random Sample of Inmates:

- (14) of (23) inmates were aware of services available to the population for dealing with sexual abuse.
- (10) of (14) inmates were able to identify that the service related to rape crisis centers to assist with counseling, therapy, emotional support, or reporting assistance.
- (13) of (14) inmates confirmed that the facility did provide mailing addresses to write these services.
- (12) of (14) stated these services were free of charge.
- (12) of (14) stated they were able to call these services at any time as long as the phones were working.

9. Interview with Inmates who reported sexual abuse:

- (2) Inmates who reported abuse were interviewed.
- (2) of (2) inmates who reported abuse stated they were provided contact information for support services and that they are available at any time as long as the phones are on.

10. Onsite Observations:

- During onsite review auditors witnessed the inmate posters in all living units and areas in which the population would congregate such as the dining hall, recreation areas, medical, and education.
- Posters were of the appropriate size and in English and Spanish. Posters were posted in areas accessible to all inmates. The text was appropriately sized and formatting was accommodating for the entire population. Posters were not defaced or covered.
- Auditor conducted a test call while onsite and identified the following:
 - Phones were in working order.
 - #999 did not require a pin and connected to a live person.
 - The person who answered clearly identified the service they had contacted.
- While onsite information conversations with the population verified that phones were always available and were only shut down during count procedures. Inmates also stated they had access to make all calls through their tablets and did not have issue with access to telephonic communication or mailing services.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.53 (b)

1. Review of the PAQ reveals:

- The agency confirms that they inform inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored.
- The agency confirms that they informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

2. Review of Agency Advocacy Request Form reveals:

- 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 communication 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.

3. Agency Handbook Addendum reveals:

- Notifies the population of the following:
 - Every effort is made to ensure that communication with the local sexual assault service provider remains confidential. Your PIN is not needed to make this call, 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.

4. Agency Inmate Poster:

- States a Pin is not need to make the #999 call. The calls are not recorded or monitored. Written correspondence may be opened or inspected and may be read with the written approval of the security director.

5. Interview with Random Sample of Inmates

- (11) of (14) inmates indicated they believed the information communicated with these services would remain private.
- (3) of (14) inmates stated they were not sure if the information was monitored or shared with others.

6. Onsite observations:

- During onsite review auditors witnessed the inmate posters in all living units and areas in which the population would congregate such as the dining hall, recreation areas, medical, and education.
- Posters were of the appropriate size and in English and Spanish. Posters were posted in areas accessible to all inmates. The text was appropriately sized and formatting was accommodating for the entire population. Posters were not defaced or covered.
- All posters included information related to Pin is not need to make the #999 call. The calls are not recorded or monitored. Written correspondence may be opened or inspected and may be read with the written approval of the security director.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.53 (c)

1. Review of the PAQ reveals:

- The facility confirms that they maintain memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse.
- The facility confirms that they maintain copies of the MOU.

2. MOU with Dane County Rape Crisis Center:

- MOU outlines the purpose and scope of the agreement.
- MOU identifies agreements between the Wisconsin Department of Corrections and the Dane County Rape Crisis Center.
- MOU documents Privacy, Confidentiality, and Exchange of information.
- MOU documents termination of services guidelines and terms of the agreement.

	Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Third Party Reporting Poster • Agency Website Reporting • Site Review • Informal conversations with the Population • Testing of the third party reporting system Reasoning and analysis (by provision) 115.54 (a) 1. Review of the PAQ revealed: • The facility confirms that they provide a method to receive third-party reports of inmate sexual abuse or sexual harassment. • The facility confirms that they publicly distribute information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. 2. Agency Third-Party Poster states: • Wisconsin Department of Corrections has ZERO TOLERANCE for sexual abuse and sexual harassment and to report on behalf of an inmate you can tell any staff, go to www.doc.wi.gov, or report to local law enforcement. 3. Testing of the third party reporting: • Auditor sent a test email to the agency third-party reporting email on August 14th and received a response to the email on August 15th.

	4. Site review: - Auditors noted during the site review that information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, and on the back of every inmate's ID card. Auditors noted PREA posters, in every housing unit, Dining Room, Health Services, Education Building, and in classrooms and numerous other places that inmates frequent. Information related to third-party reporting is clear and understandable for all inmates. 5. Informal Conversations with the Population: - During the site tour informal conversations with the population indicates the population is well educated on the fact that family and friends can report on their behalf. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: - The Facility PAQ - Agency ED 72 - OCI Investigation Summary Page - Agency Employee Disciplinary Investigations Policy - Agency PIOC Investigations Policy - Agency Policy Law Enforcement Referral - Law Enforcement Referral Template - Agency Website Law Enforcement Referral - Interview with Investigative Staff - Interview with Agency Head Reasoning and analysis (by provision) 115.61 (a)

1. Review of the PAQ revealed:

- The agency confirms that all staff are required 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.
- The agency states they require all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident.
- The agency states that they require all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (15) allegations of sexual abuse and sexual harassment resulted in an administrative investigation.

2. Review of Agency ED 72 Policy reveals:

- Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports [§115.51(c), §115.351(c)]; and immediately report [§115.61(a), §115.361(a)]:
 - Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC;
 - Any incidents of retaliation against PIOC's or staff who reported such an incident; and/or
 - Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

3. Interview with Random Sample of Staff:

- (15) Random staff were interviewed.
- (15) of (15) staff reported that they are required to report the information immediately to their supervisor.

4. Onsite observations:

- Auditor observed during onsite that all staff had direct access to their immediate supervisor via telephonic or radio communication.
- Staff are expected to gather information, keep the victim safe, secure crime scene, preserve potential evidence, report to their immediate supervisor, and document on an incident report.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.61 (b)

1. Review of the PAQ reveals:

- The agency confirms that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy 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. Agency ED 72 (XIV) (c) (4) reveals:

- 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. Interview with Random Sample of Staff:

- (15) Random staff were interviewed.
- (15) of (15) staff reported that they are required to report the information immediately to their supervisor.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.61 (c)

1. Agency Policy HSU response reveals:

- At the beginning of the medical assessment, 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 the following:
 - 1. Danger to self or others.
 - 2. Abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of intellectually disabled or mentally ill, and a specified victim can be identified. The agency confirms that they offer all inmates who experience sexual abuse access to forensic medical examinations.
 - 3. Physical abuse of a PIOC by a staff member.

- 4. Sexual abuse or sexual harassment of a PIOC while confined.
- 5. Escape plans or attempts

2. Interview with Medical and Mental Health Staff:

- (2) Medical and Mental Health Staff were interviewed.
- (2) of (2) medical and mental health staff state they are required to disclose limitations of confidentiality and duty to report at initiation of services.
- (2) of (2) medical and mental health staff state they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment to their designation supervisor immediately upon learning of allegations.
- (2) of (2) medical and mental health staff state they have been provided information related to sexual abuse or harassment and immediately forwarded the information to their supervisors and responded appropriately.
-

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.61 (d)

1. Agency Policy HSU response reveals:

- At the beginning of the medical assessment, 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 the following:
 - 1. Danger to self or others.
 - 2. Abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of intellectually disabled or mentally ill, and a specified victim can be identified. The agency confirms that they offer all inmates who experience sexual abuse access to forensic medical examinations.
 - 3. Physical abuse of a PIOC by a staff member.
 - 4. Sexual abuse or sexual harassment of a PIOC while confined.
 - 5. Escape plans or attempts

2. Interview with Warden:

- The Warden states there are no juveniles housed at Oakhill but if an allegation related to a vulnerable adult the information would be forwarded to the

	mental health services unit who would complete the report with adult protective services. 3. Interview with PREA Coordinator: • PREA Coordinator states if the agency was dealing with an inmate under the age of 18 or an individual who was a vulnerable adult, law enforcement would be contacted and a report to adult protective services and child protective services would be completed. Finding: Based on this analysis, the facility is substantially compliant with this provision. 115.61 (e) 1. Interview with Warden: • The Warden confirms that the facility responds to all sources of allegations related to sexual abuse or harassment by receiving the information, entering it into their investigation instrument (SINC) which would be followed by an immediate investigation assignment to a local investigator. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 Policy • Interview with Random Sample of Staff • Interview with Warden • Interview with Agency Head Reasoning and analysis (by provision) 115.62 (a)

1. Review of the PAQ revealed:

- The agency confirms that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).
- The agency applies (0) to the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse over the past 12 months.
- The facility states they would immediately take action if the agency or facility made such determinations over the past 12 months.

2. Agency ED 72 Policy (XVI) reveals:

- When the department or facility learns that a PIOC is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the PIOC. First responder actions consist of:
 - 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.
 - 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. Interview with Agency Head:

- Agency Head states that if they learned that an inmate was at substantial risk of imminent sexual abuse the agency would take immediate action to ensure the safety of the inmate. This includes housing movement, faculty changes, or potential administrative leave.

4. Interview with Warden:

- Warden states that if they learned that an inmate was at substantial risk of imminent sexual abuse the facility would separate the victim from the situation, document the allegation, and respond appropriately. We would ensure there was appropriate separation between the victim and the accused.

5. Interview with Random Samples of Staff:

	• (15) Random staff reported they would take action as soon as possible or immediately. Staff state they would report the information, separate the individuals, remove the threat from the area, keep the victim safe, and document all actions. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Response actions for (5) reports received during last 12 months Reasoning and analysis (by provision) 115.63 (a) 1. Review of the PAQ revealed: • The facility confirms that they have a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. • The facility indicates that over the past 12 months they have had 5 allegations that an inmate was abused while confined at another facility. • The facility states their response to these allegations consist of: ◦ Gather information ◦ Notify supervisor and compliance manager ◦ Submit an incident report ◦ Refer the allegation to the head of the facility of the alleged abuse within 72 hours ◦ Assist with investigation as needed. 2. Response actions for (5) reports received during the last 12 months revealed:

- The facility provided form DOC-2933 for each report received within the last 12 months. Each report documents Oakhill's Appointing Authority forwarded the information to the receiving facilities Appointing Authority.

3. Agency ED 72 states:

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

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.63 (b)

1. Review of the PAQ revealed:

- The facility confirms that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

2. Response actions for (5) reports received during the last 12 months revealed:

- The facility provided form DOC-2933 for each report received within the last 12 months. Each report documents the date the information was received, and the date Oakhill's Appointing Authority forwarded the information to the receiving facilities Appointing Authority within 72 hours.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.63 (c)

1. Review of the PAQ revealed:

- The facility confirms that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

2. Blank Agency External Facility Notification DOC 2933:

- Blank form provides sections to document the following:
 - Date information was received.

- Receiving facility head information.
- Sending facility head information.
- Date form was forwarded to receiving facility.
- Contact information at Oakhill to provide any assistance with the potential investigation.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.63 (d)

1. Review of the PAQ revealed:

- The facility confirms that agency policy requires allegations received from other facilities and agencies are investigated in accordance with the PREA standards.
- The facility reports they have received zero allegations of sexual abuse received from other facilities:

2. Agency ED 72

- All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.

3. Interview with Agency Head:

- Agency Head confirms that when a report is received from another facility related to an allegation that occurred within their department the information is forwarded to the facility Warden and local leadership. The information is reviewed to verify whether it is a new report or information that was previously investigated. If the information is new, then the investigation process will begin.

4. Interview with Warden:

- Warden confirms that if the facility receives information related to an allegation that occurred at Oakhill Correctional Institute the information would be forwarded to the PREA Compliance Manager and entered into the investigation management system (Sink) to ensure the investigation process begins. Warden confirms they recall receiving information in the past specifically from Green bay, Wisconsin but is unsure on when the information was received.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

--	--

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Agency First Responder Card Healthcare • Agency First Responder Card Non-Security • Agency First Responder Card Security • Agency Sexual Abuse Response Checklist • Interviews with Random Sample of Staff • Interviews with Inmates who Reported Sexual Abuse • Interview with Security and Non-Security Staff First Responders Reasoning and analysis (by provision) 115.64 (a) 1. Review of the PAQ revealed: • The agency confirms that they have a first responder policy for allegations of sexual abuse. • The agency confirms that agency policy requires upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. • The agency confirms that policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. • The agency confirms that policy requires that if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. • The agency confirms that policy requires if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

- The facility confirms that In the past 12 months, there were (5) allegations that an inmate was sexually abused.
- The facility confirms that of these allegations of sexual abuse in the past 12 months, the first security staff member to respond to the report separated the alleged victim and abuser.
- The facility indicates that (0) of these instances occurred within a time period that still allowed for the collection of physical evidence.
- The facility indicates that (0) of these instances occurred within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: still allowed for the collection of physical evidence.
- The facility indicates that (0) of these instances occurred within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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.
- The facility indicates that (0) of these instances occurred within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

2. Agency ED 72 (XVI) (A) reveals:

- 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. Review of Agency First Responder Card for Healthcare reveals:

- 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).
- Provide emergency medical treatment or crisis intervention.
- Document the reported incident and response.

4. Review of Agency First Responder Card for Non-Security reveals:

- 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.

5. Review of Agency First Responder Card for Security reveals:

- Ask basic questions (e.g. who, what, where and when).
- Notify a 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 actions 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.

6. Review of Sexual Abuse Response Checklist reveals:

- Provides clear definitions of Sexual abuse between staff on inmate and inmate on inmate.
- Provides a checklist for security staff and non-security related to their required responses.
- Section for Communication states the following:
 - Approach the victim calmly; emphasize you are there to help.
 - Victims may express a range of emotions, even laughter. Be prepared for, and normalize, any type of response.
 - Avoid interpreting calmness, composure or forgetfulness as evidence the incident did not occur.

- Allow the victim to tell what happened in their own words, in their own time.
- Encourage medical attention when appropriate.
- Remain respectful of a person's gender identity and sexual orientation. Sexual abuse is motivated by power and control, not identity or orientation.
- Remind the victim that support is available; they may meet with the facility's victim services coordinator or call the community's sexual assault crisis hotline. Know what and who these resources are.
- Give the victim choices (to the extent safely possible). Describe what may happen next.
- First responders may be trained to investigate, but this is not the time. Obtain enough information to achieve immediate safety and security.
- Section for Responding supervisor contains checkboxes for the following:
 - Initial Inquiry. Ask alleged victim (or reporter) basic who, what, where, when.
 - Separate. Use least restrictive means as safely possible for alleged victim. Secure subject in a dry environment.
 - Evidence Preservation. Refer to DAI Policy 306.00.14 Protection, Gathering, and Preservation of Evidence. Use evidence tape to secure incident location; only authorized personnel may pass. See PREA KIT below.
 - Medical Intervention. HSU/PSU to stabilize. Offer referrals if not urgent. Refer to 500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse.
 - Forensic Examination Consult. HSU to discuss transport with local SANE/emergency department in advance. If evidentiarily or medically indicated (typically within 120 hours of incident), transport. Alleged victim is entitled to an exam even if they do not wish to cooperate with an investigation. If sending alleged victim and subject, coordinate timing with provider. SANE CONTACT
 -
 - Authorization for Use and Disclosure of PHI (DOC-1163A). If transporting to hospital for SANE exam, (in advance of transport) request alleged victim and, if applicable, subject authorize release of information for investigative purposes by signing DOC-1163A. Annotated version enclosed for guidance. Alternatively, use hospital-specific release of information, if hospital requires.
 - Law Enforcement Notification. Communicate sexual abuse report (prior to SANE transport, if applicable).
 - Offer Support. Alleged victim may dial #999 from any phone or a confidential call may be arranged in a more private setting. SEXUAL ASSAULT ADVOCATE CONTACT
 - Notification. Inform only those who need to know (i.e. SD, ADO, PCM, VSC, parent/guardian); maintain confidentiality.
 - VICTIM SERVICES COORDINATOR (VSC) CONTACT

- Documentation. Complete DOC-2666D PREA Reporting Form and Incident Report.
- SINC REPORT NUMBER IR NUMBER
- Section for PREA Kit identifies what their response kit should contain and how to proceed with response if appropriate.
- SANE transport section states how to proceed with a transport for a forensic examination and follow up services if appropriate.

7. Interview with Security Staff and Non-Security Staff First Responders:

- (4) Security or Non-Security Staff first responders were interviewed.
 - (4) Staff stated they would ensure the victim and accused were separated.
 - (4) Staff stated they would attempt to preserve evidence by asking that the victim did not destroy evidence.
 - (4) Staff stated they would report the information to their supervisor.
 - (4) Staff stated they would contact medical and mental health.
 - (3) Staff stated they would secure the abuser in segregation and secure evidence.

8. Interview with Inmates who reported sexual abuse:

- (2) Inmates who reported sexual abuse were interviewed.
- (1) Inmate stated they reported directly to staff and were spoken to immediately after making the report. They stated staff reported to the information quickly and that they were not separated from the staff member but the staff member did not work in their housing unit.
- (1) Inmate stated the facility was made aware by reading a message they had sent to their family and they were spoken to regarding the report within 24 hours. They stated the facility responded quickly. They stated the accused lived in the top section of the housing unit but was removed within a couple of weeks.

9. Review of Sexual Abuse Cases reveal:

- Auditor reviewed case files for (3) sexual abuse investigations.
 - The SINC Program assigns tasks for all investigations to include separating victim and subject, providing victim services forms, notifying law enforcement, referring for reassessment, referring for medical/mental health services, and referring for SAFE/SANE assessment.
 - First responder task for all reviewed investigations were marked appropriately with either complete or not applicable based on the type of allegation.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.64 (b)

1. Review of the PAQ reveals:

- The agency confirms that policy requires 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.
- The agency confirms that policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.
- The facility confirms that there were no instances in which a non-security staff was the first responder over the past 12 months.

2. Agency ED 72 (XVI) (A) (2) reveals:

- If the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

3. Interview with Security Staff and Non-Security Staff First Responders:

- (4) Security or Non-Security Staff first responders were interviewed.
- (4) Staff stated they would ensure the victim and accused were separated.
- (4) Staff stated they would attempt to preserve evidence by asking that the victim did not destroy evidence.
- (4) Staff stated they would report the information to their supervisor.
- (4) Staff stated they would contact medical and mental health.
- (3) Staff stated they would secure the abuser in segregation and secure evidence.

4. Interview with Random Sample of Staff:

- (15) Random staff were interviewed.
- (15) of (15) random staff stated they would contact their supervisor, separate the inmates involved, and report the information.
- (11) of (15) stated they would ensure evidence collection and preservation.

5. Review of Sexual Abuse Cases reveal:

- Auditor reviewed case files for (3) sexual abuse investigations.
- The SINC Program assigns tasks for all investigations to include separating victim and subject, providing victim services forms, notifying law

	enforcement, referring for reassessment, referring for medical/mental health services, and referring for SAFE/SANE assessment. • First responder task for all reviewed investigations were marked appropriately with either complete or not applicable based on the type of allegation. • Allegations reviewed were not related to non-security staff as first responders. 6. Review of Agency First Responder Card for Non-Security reveals: • 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. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • OCI Coordinated Response Plan 2025 • Agency Coordinated Response Policy Updated 10-8-24 • Interview with Warden Reasoning and analysis (by provision) 115.65 (a) 1. Review of the PAQ revealed: • The facility confirms that they have developed 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. OCI Coordinated Response Plan 2025

- The facility coordinated response plan clearly identifies the responsibilities of Security Supervisors, Non-Security first responders, Security first responders, Compliance Managers, Medical Staff, Mental Health Staff, Victim Services Coordinators, Investigators, and Appointing Authorities.
- First responders are required to ensure the following:
- Take immediate action to protect the victim from imminent harm by separating them from the accused.
 - Gather information related to the situation.
 - Report the information to the security supervisor or security director.
 - Complete an incident report.
 - Request that the victim and ensure that the accused does not destroy potential evidence. Such actions include bathing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating.
- Compliance Manager duties include:
 - Coordinate and oversee the coordinated response process.
 - Following an investigation, if the suspect is a staff person, notify the victim if the staff person is no longer posted within the victim's unit; is no longer employed at the facility; and/or has been indicted/convicted on a charge related to sexual abuse within the facility.
 - Convene Sexual Abuse Incident Review Team within 30 days of the conclusion of a sexual abuse investigation; all substantiated and unsubstantiated allegations shall be reviewed. Team shall include upper-level leadership, with input from supervisors, investigators and medical or mental health practitioners.
 - Review the Sexual Abuse Incident Response Team's report of its findings.
- Medical and Mental Health staff duties include:
 - Complete a preliminary exam and educate victims on of their right to a SANE examination at no cost. While a victim may not decline the transport to the medical facility, they may decline the examination (in part or full) upon arrival.
 - Inform security staff if a SANE examination is necessary so that arrangements to transport the victim may be made. Complete DOC-3001 Off-Site Service Request and Report form.
 - Coordinate with the SANE regarding follow-up instructions and care for the victim. Provide follow-up medical care consistent with the community level of care and without financial cost, as needed, which may include treatment and care for any injuries; testing for STDs, other communicable diseases and pregnancy; and follow-up testing, prophylactic treatment and follow-up care for STDs and other communicable diseases.
 - Conduct a diagnostic evaluation or crisis assessment to determine the

victim's mental health needs and any risk of suicide. Provide immediate crisis intervention and any needed emergency mental health care without financial cost, as appropriate.

- Conduct a diagnostic evaluation or crisis assessment to determine the victim's mental health needs and any risk of suicide. Provide immediate crisis intervention and any needed emergency mental health care without financial cost, as appropriate.
- Participate on the Sexual Abuse Incident Review team.
- Victim Services Coordinator duties include:
 - Accompany the victim during the SANE examination if a community sexual assault service provider (SASP)/advocate is unavailable and the victim requests such support. Document efforts to secure services from the local SASP.
 - Meet with victim as soon as possible. Discuss internal (i.e. PSU, HSU, Chapel, Social Services) and external (i.e. SASP/advocate) service options. Differentiate role of VSC and advocate. Describe the investigative process. Discuss retaliation and monitoring. Review limits of confidentiality.
 - If victim requests support from an advocate, coordinate meetings. Discuss the method (i.e. in-person, telephone) and frequency of contact with the advocate. Maintain ongoing communication with advocate during the course of services to monitor for safety, appropriateness of services and length of care.
 - In the event of in-person contact between the victim and advocate, ensure advocate is cleared to enter the facility.
 - Accompany the victim during investigatory interviews if a SASP/advocate is unavailable and the victim requests such support. Document efforts to secure services from the local SASP.
 - Provide emotional support, crisis intervention, information and referrals in the absence of a SASP/advocate.
 - Monitor (i.e. periodic status checks) victim and inmate third-party reporters for retaliation for at least 90 days following the initial allegation of sexual abuse (DOC-2767 form via SINC). Monitor beyond 90 days if there is a continuing need. Document efforts to monitor retaliation including actions taken to remedy such retaliation. Efforts to monitor retaliation may be discontinued if the allegation is determined unfounded.
 - Follow-up on victim wellness. External support may be discontinued if the allegation is determined unfounded.
- Investigator duties include:
 - Upon being assigned the case, in a timely manner, gather and preserve any direct and circumstantial evidence; interview alleged victims, suspect(s), and witnesses; and review prior complaints and reports of sexual abuse involving the suspect. Coordinate all actions with the Appointing Authority/Designee.
 - Work in collaboration with local law enforcement, if necessary and as

appropriate.

- Submit completed investigation to Appointing Authority/Designee for disposition.
- Participate on the Sexual Abuse Incident Review team, if requested.
- Appointing Authority duties include:
 - Review investigation, determine disposition and complete Institution Approver tasks in SINC. Send completed file for PREA Approval.
 - Review recommendations of the Sexual Abuse Incident Response Team and implement recommendations for improvement, as appropriate. Document reasons for not implementing any recommendations.
- Coordinated Response Plan also includes the following:
 - Critical contact information
 - Step by Step Investigation Process
 - Victim Services Coordinator Sexual Abuse Incident Flowchart

3. Agency Coordinated Response Policy states:

- 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.
 - Medical and mental health staff
 - Investigators
 - Facility leadership
- 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.

4. Interview with Warden:

- Warden confirms the facility has a plan in place to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership.
- Warden states all staff can be first responders and they are expected to immediately separate the victim from potential harm, preserve evidence, contact law enforcement when necessary, and complete follow up actions as

	required. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Interview with Agency Head Reasoning and analysis (by provision) 115.66 (a) (b) 1. Review of the PAQ revealed: • The agency confirms that they have not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit. 2. Interview with Agency Head: • Agency Head confirms that they have not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit. Finding: Based on this analysis, the facility is substantially compliant with this provision.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency Policy ED 72 • Agency Policy Support Services and Retaliation Monitoring • Agency Staff Retaliation Monitoring Form (Blank) • Agency VSC Retaliation Monitoring Form (Blank) • Interview with Agency Head • Interview with Warden • Interview with Designated Staff Member Charged with Monitoring Retaliation • Interview with Inmates Who Reported Sexual Abuse • Documentation of Retaliation Monitoring • Retaliation monitoring efforts reviewed for a three month period • Staff retraining curriculum and training attendance roster Reasoning and analysis (by provision) 115.67 (a) 1. Review of the PAQ revealed: • The agency confirms that policy protects 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 agency designates the following staff members with retaliation monitoring: ◦ PREA Compliance Manager ◦ Captain ◦ Warden ◦ Victim Services Coordinators 2. Review of Agency Policy ED 72 reveals: • 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. • For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the staff member(s) who reported the sexual abuse to determine if retaliation occurred. Monitoring shall be documented and may include reviews, performance evaluations or work reassignments. Employees shall act promptly to remedy

any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need.

3. Review of Agency Policy Support Services and Retaliation Monitoring reveals:

- Each facility shall identify a primary and back-up staff member to serve as the facility's VSC. Reassignment of either role shall be discussed with the PREA Office.
- The PREA Office shall be responsible for providing orientation to VSCs.
- External 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 SASP.
- For every alleged victim of sexual abuse, the VSC is tasked with the following responsibilities, which are described in greater detail below: victim accompaniment, facilitating support services and monitoring for retaliation.
- At the same time the alleged sexual abuse incident is assigned an investigator(s), the VSC shall be notified of the victim's identity via a SINC notification.
- All contact, including attempts, with an alleged victim shall be documented on DOC-2767 via SINC.
- The VSC shall be notified of the outcome (i.e. substantiated, unsubstantiated, or unfounded) via SINC notification at the close of the investigation.
- The VSC may discontinue services if the allegation is deemed unfounded.
- The VSC is responsible for tracking and managing their queue in SINC, which includes timely data entry, transferring files and/or closing files.
- If an alleged victim transfers to another DOC facility, the VSC shall notify the receiving VSC of their arrival and current or remaining support service needs. The obligation to provide support services shall end if the alleged victim leaves DAI custody.
- When working with an alleged victim, the VSC shall maintain an appropriate degree of confidentiality at all times. Apart from discussing with designated supervisors, staff may not reveal any information related to a sexual abuse incident to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.
- The VSC shall immediately report concerns of an imminent safety or security risk expressed by the alleged victim to the appropriate security staff and PSU clinician(s).
- Upon request of the Warden/designee or PCM, the VSC shall participate on the facility's sexual abuse incident review team and/or community's sexual assault response team.
- The VSC shall use POC-104 as a resource to guide their services.
- During periodic retaliation monitoring status checks described below, the VSC shall ask the alleged victim about the individual's perceived degree of wellness. Support services shall be modified, as needed.
- Following a report of sexual abuse, the VSC shall monitor the conduct and treatment of the reporter and alleged victim once every 30 days for at least

90 days. Monitoring efforts shall continue beyond 90 days if there is a continuing need (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 Agency Staff Retaliation Monitoring Form (Blank) reveals:

- 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 Agency VSC Retaliation Monitoring Form (Blank):

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.67 (b)

1. Review of Agency Policy ED 72 reveals:

- For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the staff member(s) who reported the sexual abuse to determine if retaliation occurred. Monitoring shall be documented and may include reviews, performance evaluations or work reassignments. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need.

2. Review of Agency Policy Support Services and Retaliation Monitoring reveals:

- 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.
- 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.
- During periodic retaliation monitoring status checks described below, the VSC shall ask the alleged victim about the individual's perceived degree of wellness. Support services shall be modified, as needed.

3. Interview with Agency Head:

- Agency Head states the agency protects inmates and staff from retaliation by implementing 90-day retaliation monitoring for staff and inmates. Retaliation is not allowed within the agency and monitoring efforts are monitored by facility victim services coordinators for inmates and PREA Compliance Managers for staff.

4. Interview with Warden:

- The Warden states increases staff presence, improvements to camera coverage, retaliation monitoring efforts, staff training, removing accused staff or inmates from the area where the victim is housed, and potentially placing staff on administrative leave if deemed necessary as protection measure the facility would take to prevent retaliation.

5. Interview with Designated Staff Member Charged with Monitoring Retaliation:

- Staff charged with monitoring retaliation states their role would include immediately making contact with the victim and ensuring 90-day inmate retaliation monitoring is initiated, managing staff retaliation monitoring efforts, investigating the allegation, communicating with unit supervisors, and separating individuals involved with an investigation of sexual abuse by

executing housing re-assignments to avoid potential retaliation. They would also potentially send staff home on administrative leave if deemed necessary.

6. Interview with Inmates who Reported Sexual Abuse:

- (2) Inmates who reported abuse were interviewed.
- (2) of (2) inmates stated they did not feel protected enough against retaliation from staff or inmates at OCI.

7. Documentation of Retaliation Monitoring Efforts:

- (7) Samples were provided by the facility related to cases which required retaliation monitoring efforts.
- (3) of (7) Samples documented the facilities 90-day monitoring period and noted no concerns from the staff or inmate involved.
- (2) of (7) Samples did not contain any information related to retaliation monitoring effort or an explanation as to why monitoring was not conducted.
- (1) of (7) Samples noted retaliation monitoring was completed.
 - Housing changes were implemented.
- (1) of (7) Samples noted no retaliation monitoring conducted due to victim being transferred.
 - Victim was placed in restricted housing.
 - Victim was transferred 2 months after initiation of investigation.

115.67 (c)

1. Review of the PAQ revealed:

- The agency confirms that they monitor the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff.
- The facility confirms that they conduct monitoring for at least 90-days.
- The facility confirms that they do act promptly to remedy any such retaliation.
- The facility confirms that they continue monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- The facility states there has been zero incidents of retaliation over the past 12 months.

2. Review of Agency Policy ED 72 reveals:

- For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the staff member(s) who reported the sexual abuse to determine if retaliation occurred.

Monitoring shall be documented and may include reviews, performance evaluations or work reassignments. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need.

3. Documentation of Retaliation Monitoring Efforts:

- (7) Samples were provided by the facility related to cases which required retaliation monitoring efforts.
- (3) of (7) Samples documented the facilities 90-day monitoring period and noted no concerns from the staff or inmate involved.
- (2) of (7) Samples did not contain any information related to retaliation monitoring effort or an explanation as to why monitoring was not conducted.
- (1) of (7) Samples noted retaliation monitoring was completed.
 - Housing changes were implemented.
- (1) of (7) Samples noted no retaliation monitoring conducted due to victim being transferred.
 - Victim was placed in restricted housing.
 - Victim was transferred 2 months after initiation of investigation.

4. Interview with Warden:

- Warden states they would take immediate action to prevent further retaliation if retaliation was suspected. Actions would include housing changes for inmate on inmate reports and potentially placing staff on administrative leave.

5. Interview with Staff Charged with Monitoring Retaliation:

- Staff charged with monitoring retaliation states they monitor threats against the victim/reported through communication with the victim and discussing ongoing monitoring efforts with unit supervisors. Staff state there is no maximum period of monitoring and that they would evaluate every 30 days and make a determination as to whether monitoring should conclude.

115.67 (d)

1. Documentation of Retaliation Monitoring Efforts:

- (7) Samples were provided by the facility related to cases which required retaliation monitoring efforts.
- (3) of (7) Samples documented the facilities 90-day monitoring period and noted no concerns from the staff or inmate involved.
- (2) of (7) Samples did not contain any information related to retaliation

monitoring effort or an explanation as to why monitoring was not conducted.

- (1) of (7) Samples noted retaliation monitoring was completed.
 - Housing changes were implemented.
- (1) of (7) Samples noted no retaliation monitoring conducted due to victim being transferred.
 - Victim was placed in restricted housing.
 - Victim was transferred 2 months after initiation of investigation.

2. Review of Agency Policy Support Services and Retaliation Monitoring reveals:

- For every alleged victim of sexual abuse, the VSC is tasked with the following responsibilities, which are described in greater detail below: victim accompaniment, facilitating support services and monitoring for retaliation.
- At the same time the alleged sexual abuse incident is assigned an investigator(s), the VSC shall be notified of the victim's identity via a SINC notification.
- All contact, including attempts, with an alleged victim shall be documented on DOC-2767 via SINC.
- During periodic retaliation monitoring status checks described below, the VSC shall ask the alleged victim about the individual's perceived degree of wellness. Support services shall be modified, as needed.
- Following a report of sexual abuse, the VSC shall monitor the conduct and treatment of the reporter and alleged victim once every 30 days for at least 90 days. Monitoring efforts shall continue beyond 90 days if there is a continuing need (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.

3. Interview with Staff Charged with Monitoring Retaliation:

- Staff charged with monitoring retaliation states they monitor threats against the victim/reported through communication with the victim and discussing ongoing monitoring efforts with unit supervisors.

115.67 (b-d)

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 §115.67 and

corrective action is required.

The facility shall ensure retaliation monitoring efforts are conducted when a victim is placed in restricted housing.

The facility will need to retrain staff on the requirements associated with 115.67

The facility will need to provide the auditor with information on all facility investigations over a three month period to review the facilities retaliation monitoring efforts.

The auditor reviewed investigations for a three month period. Staff completed retaliation monitoring efforts for all cases that required monitoring. Individuals were met with for the appropriate period of time or until a case was determined unfounded.

The auditor was provided with training curriculum for associated staff tasked with retaliation monitoring. Facility also provided a roster for all staff that completed the required training.

After completion of this corrective action items, the facility demonstrated substantial compliance with these standard provisions.

115.67 (e)

1. Review of Agency Policy ED 72 reveals:

- For PIOC's or staff members who express fear of retaliation, the facility shall take appropriate protective measures.

2. Interview with Agency Head:

- Agency head states if someone who cooperates with an investigation expresses fear of retaliation the agency would respond accordingly. Response would be dependent on the situation and the PREA Compliance Managers and Victim Services Coordinators would work through the process. Creating separation between individuals and providing support and follow up communications.

3. Interview with Warden:

- The Warden states increases staff presence, improvements to camera coverage, retaliation monitoring efforts, staff training, removing accused staff or inmates from the area where the victim is housed, and potentially placing staff on administrative leave if deemed necessary as protection measure the facility would take to prevent retaliation.
- Warden states they would take immediate action to prevent further retaliation if retaliation was suspected. Actions would include housing changes for

	inmate on inmate reports and potentially placing staff on administrative leave. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Interview with Warden • Interview with Staff who Supervise Inmates in Segregated Housing • Agency RHU Review Form (Blank) • Agency Policy Protective Confinement • OCI file 1008037 movement history • Agency Policy Special Needs Placement 1.27.2025 • Agency ED 72 Excerpt.pdf Reasoning and analysis (by provision) 115.68 (a) 1. Review of the PAQ revealed: • The agency confirms that they have 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 agency states they had zero inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. • The agency states they had zero inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. • The agency states they had zero case files of inmates who allege to have

suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH

- (a) a statement of the basis for facility's concern for the inmate's safety,
 - (b) the reason or reasons why alternative means of separation could not be arranged:
- The agency confirms that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

2. Review of Agency ED 72 states:

- Any use of restricted status housing to protect a PIOC who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43 and §115.343 as found within Placement (section XIII.) [§115.68, §115.368]

3. Agency Policy Special Needs Placement 1.27.2025 III SPN process (C)(5)(D) indicates:

- One or more of the following criteria shall be met for the SPN to be considered for approval
 - Serious assault situations involving staff or PIOC. Considerations include:
 - Substantiated PIOC on PIOC sexual abuse

4. Agency Policy 306.05.01 Protective Confinement (I)(C)(3):

- PIOC who need protective confinement because he/she is a high risk for sexual victimization shall have access to programs, privileges, education and work opportunities to the extent possible. If access is restricted due to placement in RH, the facility shall document on DOC-30 which opportunities have been limited; the duration of the limitation; and the reasons for such limitations.

5. Interview with Warden:

- Warden confirms that policy and procedure align with not housing in segregation for inmates at high risk for sexual victimization or who have alleged sexual abuse.
- Warden confirms that all other means of housing are reviewed prior to placement.
- Warden confirms that they do not place them in segregated housing for these instances.
- Warden reaffirms that they do not place inmates in segregated housing to

protect an inmate who is alleged to have suffered from sexual abuse.

6. Interview with Staff who Supervise Inmates in Segregated Housing:

- (1) Staff who supervise inmates in segregated housing confirm if placed in segregated housing they would be on TLU status which is non-punitive lockup. These inmates would have access to programs, privileges, education, and work opportunities.
- (1) Staff who supervise inmates in segregated housing confirm any restriction to programming would be documented in the unit logbook.
- (1) Staff who supervises inmates in segregated housing confirms that inmates placed in involuntary segregation could be moved into other general population beds if available but if they were on TLU status in segregation they would still receive the same opportunities as other general population inmates.
- (1) Staff who supervise inmates in segregated housing indicate placement is on a case-by-case basis and time in the unit could range between 24-48 hours.
- (1) Staff who supervise inmates in segregated housing indicate that inmates in the unit would receive weekly reviews to determine levels and housing placement.

7. OCI file 1008037 and movement history:

- Auditor reviewed file and confirms allegation of staff on inmate sexual abuse was forwarded April 19th, 2025. Victim was placed on temporary lockup status on the day the allegation was reported. Movement history indicates the victim remained in restricted housing until demotion and transfer in June 2025.
- Upon further review of the investigation, it was determined that placement in TLU for this specific case was not related to the victim designation and it was based on the overall security of the institution as coercion of other staff and attempts to introduce contraband was also a factor in this case. TLU placement is not a normal practice and would only occur in situations in which the facility security was at risk.
- TLU is a non-punitive placement status and status is reviewed in regular increments and rationale for continued placement is documented.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency Policy ED 72 • Agency Policy Employee Disciplinary Investigations • Agency Policy Law Enforcement Referrals • Agency Policy PIOC Investigations • Agency Internal Affairs Office Expansion Email • Agency SINC user guide • Interview with Investigative Staff • Interview with Inmates who reported sexual abuse • Interview with Warden • Interview with PREA Coordinator • Interview with PREA Compliance Manager • Sample Investigative Records • Onsite Observations Reasoning and analysis (by provision) 115.71 (a) 1. Review of the PAQ revealed: • The agency confirms that they have a policy related to criminal and administrative agency investigations. 2. Review of Agency Policy ED 72 (XVII) reveals: • Investigations ◦ The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigations [§115.22(a, d), §115.322(a, d), [§115.71(a), §115.371(a)]. ◦ The facility shall request an investigation case number within 72 hours of learning of a sexual abuse or sexual harassment incident or allegation. ◦ Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC's website [§115.22(b,
--	--

c), §115.322(b, c), §115.71(h), §115.371(i)].

- 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 [§115.21(a, b), §115.321(a, b)]. When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e) and §115.321(a-e) [§115.21(f), 115.321(f)].
- Investigators shall preserve and/or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator [§115.71(c), 115.371(c)].
- The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as PIOC or staff member. The DOC shall not require a PIOC who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation [§115.71(e), §115.371(f)].
- Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse [§115.71(f), §115.371(g)].
- The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated [§115.72, §115.372].
- Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years. Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings [§115.71(f, i), §115.371(g, j)].
- The departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation [§115.710), §115.371(d, k)].
- When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigation [§115.71(1), §115.371(m)].
- 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.

- Following a substantiated or unsubstantiated allegation of staff-on-PIOC sexual abuse the DOC shall inform the alleged victim, and document such notification, whenever the staff member is no longer posted within the alleged victim's unit; the staff member is no longer employed at the facility; or the DOC learns that the staff member has been indicted or convicted on a charge related to the initial allegation of sexual abuse [§115.73(c, e), §115.373(c, e)].
- Following an allegation of PIOC-on-PIOC sexual abuse, the DOC shall inform the alleged victim, and document such notification, whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse [§115.73(d, e), §115.373(d, e)].

3. Review of Agency Policy Employee Disciplinary Investigations reveals:

- The purpose of this policy is to establish and define the framework for conducting an employee disciplinary investigation. Management has the right to take disciplinary action for behaviors exhibited by an employee that violate agency policy or State of Wisconsin work rules. Work rules apply to on-duty misconduct or off-duty misconduct that adversely affects the ability of either the Department of Corrections to carry out its mission or an employee to perform his or her duties and responsibilities.
- The Department shall investigate allegations of work rule violations and use the results of the investigation to determine whether a work rule violation has occurred and if discipline is merited. If a work rule violation is found, the Department shall determine the appropriate level of discipline by following the process outlined in Executive Directive 2 —Employee Discipline. The investigation materials, except those relating to PREA, will be retained in the respective Human Resources office in accordance with the general records schedule for Human Resources and related records. All PREA investigations will be retained in the PREA office.

4. Review of Agency Policy Law Enforcement Referrals reveals:

- 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"

5. Review of Agency Policy PIOC Investigations reveals:

- 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 PIOC-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.

6. Review of SINC User Guide reveals:

- Provides reader with an in-depth guide into the sensitive investigation network communication system to include the following topics:
 - Facility intake process
 - Assigner duties
 - Victim Services Coordinator responsibilities
 - Retaliation Monitoring Process
 - Investigator Responsibilities
 - Reviewer Responsibilities
 - PREA Compliance Manager Responsibilities
 - Sexual Abuse Incident Review Process

7. Interview with Investigative Staff:

- (2) Investigative staff were interviewed.
- (2) of (2) investigative staff confirm that investigations for allegations of sexual abuse or harassment are initiated immediately or within 24 hours.
- (2) of (2) investigative staff state anonymous or third-party allegations of sexual abuse or harassment are handled in the same fashion as other reports and that they will follow up investigation protocols for all information received.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.71 (b)

1. Interview with Investigative Staff:

- (2) Investigative staff were interviewed.
- (2) of (2) investigative staff confirmed that they received training specific to

conducting sexual abuse investigations.

- (2) of (2) investigative staff state they received training in interview procedures, how to navigate the SINC program, evidence management, evidence requirements to substantiate, and Garrity warnings.

2. Review of Agency Investigative Training Module reveals:

- The module provides in-depth training related to agency investigations such as:
 - Types of investigations and special considerations.
 - Investigative tools and resources.
 - Vulnerabilities within the inmate population.
 - Identifying, gathering, and reviewing evidence.
 - Preparing and conducting interviews with victims, accused, and witnesses.
 - Documenting evidence, interviews, and a summary of the investigation.

3. Review of Agency Trained Investigators Document reveals:

- (2) Investigators interviewed were found to have completed investigations training in 2017 and 2019.
- The facility provided a list of (21) current investigators at OCI. All investigators have completed the required investigations training.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.71 (c)

1. Interview with Investigative Staff:

- (2) Investigative staff were interviewed.
- (2) of (2) investigative staff state the first steps in initiating investigations would include completing the following immediately or within 24 hours:
 - Gather as much information as possible.
 - Formulate questions for the interview process
 - Evidence preservation and review
 - Entering information into SINC program
 - Reviewing prior complaints
- (2) of (2) investigative staff describe direct and circumstantial evidence as
 - Witness statements
 - DNA evidence
 - Sane exam information

- Incident reports
- Video evidence
- Phone calls, emails, etc.

2. Review of Agency Policy ED 72 reveals:

- 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.

3. Review of Sample Investigative Reports reveals:

- Agency provide (6) Investigative Records for review.
- Auditor reviewed investigative records and confirmed investigators gathered and provided direct and circumstantial evidence during the investigations process.
- Completed interviews with available victims, accused, and witnesses.
- Prior complaints were reviewed during the investigation process.
- Credibility assessments were completed during investigation process.
- Contacted local law enforcement for referral when applicable.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.71 (d)

1. Interview with Investigative Staff:

- (2) investigative staff were interviewed.
- (2) of (2) investigative staff confirm that they do not conduct compelled interviews and that cases which may result in criminal investigation would be referred to law enforcement prior to administrative interviews.

2. Review of Sample Investigative Reports reveals:

- Agency provide (6) Investigative Records for review.
- Auditor reviewed investigative records and confirmed investigations that were criminal in nature were referred to local law enforcement within appropriate timelines.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.71 (e)

1. Interview with Investigative Staff:

- (2) investigative staff were interviewed.
- (2) of (2) investigative staff stated credibility is assessed on a case by case basis and not by the status of the individual being interviewed.
- (2) of (2) investigative staff confirmed that at no time would they utilize a truth telling device during any investigation.

2. Interview with Inmates who report abuse:

- (2) inmates who reported abuse were interviewed.
- (2) of (2) inmates who reported abuse confirm they were not subjected to any type of truth telling device during the investigation process.

3. Review of Agency Policy ED 72 (VXII) reveals:

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.71 (f)

1. Review of Agency Policy ED 72 (VXII) reveals:

- 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. Interview with Investigative Staff:

- (2) investigative staff were interviewed.

- (2) of (2) investigative staff stated efforts to gather whether staff actions or failures to act consist of the following:
 - Reviewing all reports
 - Reviewing timelines
 - Reviewing steps taken during investigation process
 - Reporting any identified concerns
 - Conducting additional investigations into failures by staff
- (2) of (2) investigative staff state administrative investigations are captured on 15-807, incident reports, witness statements, and witness interviews.

3. Onsite Observations:

- Investigations are captured and retained with the SINC program.
- Auditor reviewed the use of SINC while onsite and during review of investigative records.

4. Review of Sample Investigative Reports reveals:

- Agency provide (6) Investigative Records for review.
- Auditor reviewed investigative records and confirmed investigations contained evidence packets.
- Completed interviews with available victims, accused, and witnesses.
- Credibility assessments were completed during investigation process.
- local law enforcement contact for referral when applicable.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.71 (g)

1. Interview with Investigative Staff:

- (2) investigative staff were interviewed.
- (2) of (2) investigative staff stated criminal investigations are captured on written reports. Law enforcement would forward their report which would be applied to the same 15-807 used on administrative investigations.

2. Review of Sample Investigative Reports reveals:

- Agency provide (6) Investigative Records for review.
- local law enforcement contact was completed for all cases that were deemed criminal in nature.

- Agency provided a summary of law enforcement referrals.
- (5) cases referred to local law enforcement were reviewed and closed by local law enforcement without a need for a criminal investigation.
- There were no samples of criminal investigations completed during the documentation period.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.71 (h)

1. Interview with Investigative Staff:

- (2) investigative staff were interviewed.
- (2) of (2) investigative staff stated any time criminal acts are alleged or if there is a case of staff on inmate sexual abuse allegations are referred to local law enforcement for review and potential criminal investigation.

2. Review of Sample Investigative Reports reveals:

- Agency provide (6) Investigative Records for review.
- local law enforcement contact was completed for all cases that were deemed criminal in nature.
- Agency provided a summary of law enforcement referrals.
- (5) cases referred to local law enforcement were reviewed and closed by local law enforcement without a need for a criminal investigation.
- There were no samples of criminal investigations completed during the documentation period.

3. Review of the PAQ revealed:

- The agency states law enforcement is responsible for referring potential criminal conduct for prosecution.
- The agency confirms that no substantiated allegations of conduct that appear criminal in nature were referred for prosecution during the documentation period or since their last audit.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.71 (i)

1. Review of the PAQ revealed:

- The agency confirms that they retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

2. Review of the Agency Records Retention Record reveals:

- 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.

3. Review of Agency Policy ED 72 (XVII) reveals:

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.71 (j)

1. Interview with Investigative Staff:

- (2) investigative staff were interviewed.
- (2) of (2) investigative staff stated the investigation would continue whether staff or inmate was no longer at the facility. They would reach out to another facility or make community contact and request participation to finish the investigation process.

2. Review of Agency Policy ED 72 reveals:

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.71 (l)

1. Interview with Warden:

- Warden states the facility remains informed of the progress of criminal sexual abuse investigations by establishing and maintaining a great working relationship with local law enforcement. They have a dedicated investigator for instances that occur at the facility and maintain constant communication through the investigation process.

2. Interview with PREA Coordinator:

- PREA Coordinator states the agency remains informed of the progress of criminal sexual abuse investigations by notifying them once we receive information related to criminal acts and maintaining email communications to stay up to date on any status updates. The SINC system has tasks set up to continue to request updates.

3. Interview with PREA Compliance Manager:

- PREA Compliance Manager states the facility remains informed of the progress of criminal sexual abuse investigations by assisting local law enforcement through the process and receiving constant communication and updates. They state the security director is the main contact and will receive updates during the investigation process.

4. Interview with Investigative Staff:

- (2) investigative staff were interviewed.
- (2) of (2) investigative staff state their role during a criminal investigation consists of gathering and providing pertinent information and providing assistance with requests from local law enforcement.

5. Review of Agency Policy ED 72 reveals:

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 Policy • Agency Employee Disciplinary Investigations Policy • Agency Inmate Investigations Policy • Interview with Investigative Staff Reasoning and analysis (by provision) 115.72 (a) 1. Review of the PAQ revealed: • The agency confirms that they impose a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 2. Agency ED 72 Policy (XVII) (H) reveals: • 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. 3. Agency Employee Disciplinary Investigations Policy reveals: • Defines "Preponderance of Evidence" as means more likely than not. It is the evidentiary standard when determining if an allegation of sexual abuse or sexual harassment is substantiated. • 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. A recommended disposition and all investigative materials shall be submitted to the PREA Office via SINC, which will be reviewed for accuracy, consistency, and PREA compliance. The PREA Office shall submit questions or requests for clarification to the appointing authority for follow-up. 4. Agency Inmate Investigations Policy reveals: • Defines Preponderance of Evidence as more likely than not; a burden of proof,

	which requires more than 50% of the evidence supports a specific outcome. • 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. The entire file shall be submitted, via SINC, to the PREA Office for a final review and disposition. 5. Interview with Investigative Staff: • (2) Investigators responded with preponderance when asked what the standard of evidence is required to substantiate a case of sexual abuse. They explained preponderance means more likely than not. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • PREA investigation outcome notification form • PREA investigation outcome non prea form • PREA investigation outcome examples • PREA investigation examples • Interview with Warden • Interview with Investigative Staff • Interview with inmates who reported sexual abuse Reasoning and analysis (by provision) 115.73 (a) 1. Review of the PAQ revealed: • The agency confirms that policy requires 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.

- The agency states they had (5) criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months.
- The agency states that of the (5) investigations over the past 12 months, (5) inmates who were notified, verbally or in writing, of the results of the investigation.

2. Review of Agency ED 72 Policy (XVII) (L) reveals:

- 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. Review of Agency PREA outcome notification form:

- Memo notes the PREA investigation #, receiving inmate information, and date.
- Memo contains the following:
 - The date the investigation was closed
 - The finding determination and what that finding means.
 - Briefly explains the investigation process.
 - Explains their zero-tolerance policy on retaliation and urges the reader to report if there were any issues related to retaliation.
 - Explains support services available to the individual.
 - If applicable notifies them if the alleged staff accused no longer works in the living unit, no longer works at the facility, whether the suspect has been indicted on a charge of abuse, or whether the suspect has been convicted on a charge of abuse.
 - Provides contact information if the inmate has any follow up questions related to their case.

4. Interview with Warden:

- The Warden confirms that outcome notifications are completed for all cases of sexual abuse. The Warden states that the outcome notifications are completed by the facility PREA Compliance Manager.

5. Interview with Investigative Staff:

- (2) Investigative staff were interviewed.

- (2) of (2) Investigative staff confirmed that investigation outcome notifications are required and completed by the PREA Compliance Manager.

6. Interview with Inmates who reported sexual abuse:

- (2) Inmates who reported sexual abuse were interviewed.
- (2) of (2) Inmates who reported sexual abuse confirmed that they did receive a notification of outcome for their cases.

7. Examples of PREA investigation outcome notifications:

- The facility provided (4) of (5) investigation outcome notifications. Auditor requested copy of the 5th investigation.
- Auditor received clarification that the 5th inmate transferred to a different institution and released therefore the 5th notification was not completed.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.73 (b)

1. Review of the PAQ reveals:

- The agency confirms that they request the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation.
- The agency states (0) investigations of alleged inmate sexual abuse in the facility were completed by an outside agency in the past 12 months.
- The agency states (0) investigations of alleged sexual abuse that were completed in the past 12 months therefore (0) inmates who were notified verbally or in writing of the results of the investigation.
- Auditor verified with facility that while (5) allegations were referred to law enforcement for potential investigation they were subsequently reviewed and closed by local law enforcement without investigation or charges.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.73 (c)

1. Review of the PAQ:

- Facility confirms that Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:
 - The staff member is no longer posted within the inmate's unit;
 - The staff member is no longer employed at the facility;
 - The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- Facility confirms there has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months.
- Facility confirms that the agency subsequently informed the inmate whenever:
 - The staff member was no longer posted within the inmate's unit;
 - The staff member was no longer employed at the facility;
 - The agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - The agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility.

2. Agency ED 72 reveals:

- 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.

3. Review of Agency PREA outcome notification form:

- Memo notes the PREA investigation #, receiving inmate information, and date.
- Memo contains the following:
 - The date the investigation was closed
 - The finding determination and what that finding means.
 - Briefly explains the investigation process.
 - Explains their zero-tolerance policy on retaliation and urges the reader to report if there were any issues related to retaliation.
 - Explains support services available to the individual.
 - If applicable notifies them if the alleged staff accused no longer works in the living unit, no longer works at the facility, whether the suspect has been indicted on a charge of abuse, or whether the suspect has been convicted on a charge of abuse.
 - Provides contact information if the inmate has any follow up questions

related to their case.

4. Example of Case outcome notification:

- Facility provided (1) example notifying the victim that their case against a staff member was substantiated and the staff member is no longer employed at the facility.

5. Interview with Inmates who reported sexual abuse:

- (2) Inmates who reported abuse were interviewed.
- (1) Case was determined unfounded.
- (1) Case was not related to a staff member.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.73 (d)

1. Review of the PAQ:

- The facility confirms that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:
 - The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

2. Interview with Inmates who reported sexual abuse:

- (2) Inmates who reported abuse were interviewed.
- (1) Case was determined unfounded.
- (1) Case was determined unsubstantiated.

3. Review of Agency PREA outcome notification form:

- Memo notes the PREA investigation #, receiving inmate information, and date.
- Memo contains the following:
 - The date the investigation was closed
 - The finding determination and what that finding means.

- Briefly explains the investigation process.
- Explains their zero-tolerance policy on retaliation and urges the reader to report if there were any issues related to retaliation.
- Explains support services available to the individual.
- If applicable notifies them if the alleged staff accused no longer works in the living unit, no longer works at the facility, whether the suspect has been indicted on a charge of abuse, or whether the suspect has been convicted on a charge of abuse.
- Provides contact information if the inmate has any follow up questions related to their cases.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.73 (e)

1. The Facility PAQ:

- The agency confirms that policy requires all notifications for 115.73 be documented.
- The agency confirms that In the past 12 months, (5) notifications to inmates were provided pursuant to this standard.
- The agency confirms that the (5) notifications were documented.

2. Examples of PREA investigation outcome notifications:

- The facility provided (4) of (5) investigation outcome notifications. Auditor requested copy of the 5th investigation.
- Auditor received clarification that the 5th inmate transferred to a different institution and released therefore the 5th notification was not completed.

3. Review of Agency ED 72 Policy (XVII) (L-M) reveals:

- 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.
- 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-PIOC sexual abuse, the DOC shall inform the alleged victim, and document such notification, whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 2 Employee Discipline 6.7.2022 • Agency ED 72 • Staff resignation emails • Completed licensing referral Reasoning and analysis (by provision) 115.76 (a) 1. Review of the PAQ revealed: • The agency confirms that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 2. Agency ED 2 Employee Discipline 6.7.2022 (VII) (G) reveals: • Section G titled Serious Acts of Misconduct states employees who are found to have engaged in serious misconduct may be terminated as an initial level of discipline depending on the seriousness of the behavior. Further states agencies may also identify other policy violations which may be egregious enough to accelerate discipline up to and including termination. This section

identifies staff sexual misconduct with offender, inmates, or juveniles as one of those identified acts.

3. Agency ED 72 (XIX) (A) reveals:

- Employees who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions up to and including termination [115.76(a), §115.376(a)].
- Sanctions shall be commensurate with the nature and circumstances of the violation, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories [§115.76(c), §115.376(c)].
- Termination is the presumptive sanction for an employee who engaged in sexual abuse. All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies [§115.76(b, d), §115.376 (b, d)].
- Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with PIOC and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of PIOC in contact with volunteers and contractors [§115.77, §115.377)].

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.76 (b)

1. Review of the PAQ revealed:

- The agency confirms that in the past 12 months, (2) staff from the facility have violated agency sexual abuse or sexual harassment policies.
- The agency confirms that in the past 12 months, (2) staff from the facility who violated the agency sexual abuse or harassment policies have been terminated (or resigned prior to termination)

2. Resignation documentation revealed:

- (2) email communications from the accused staff member resigning from their position with the department.
- (2) Memos from the agency human resources department acknowledging and accepting the staff members resignation. The memo notes that the staff

member resigned while they were under disciplinary investigation for allegedly engaging in misconduct which may have resulted in disciplinary action.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.76 (c)

1. Review of the PAQ revealed:

- The agency confirms that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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 agency confirms that in the past 12 months, (0) staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse)

2. Agency ED 72 (XIX) (A) reveals:

- Sanctions shall be commensurate with the nature and circumstances of the violation, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories [§115.76(c), §115.376(c)].

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.76 (d)

1. Review of the PAQ revealed:

- The agency confirms 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.
- The agency confirms that in the past 12 months, (2) staff from the facility

	have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. 2. Agency ED 72 (XVII) (C) reveals: - 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) Case files related to staff resignations revealed: - Case information was forwarded to local law enforcement and investigations were initiated. - Case related to nursing staff did not contain information as to whether a licensing referral was forwarded. - Auditor received clarification from the facility that the investigation had initially been opened as sexual harassment and did not trigger the system to request a licensing referral. Facility forwarded completed licensing referral related to this case. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: - The Facility PAQ - Agency ED 72 - Interview with Warden Reasoning and analysis (by provision) 115.77 (a)

1. Review of the PAQ revealed:

- The agency confirms that policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.
- The agency confirms that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.
- The agency confirms that over the past 12 months, contractors or volunteers have not been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.
- The agency confirms over the past 12 months, there have been zero contractors or volunteers reported to law enforcement for engaging in sexual abuse with inmates.

2. Agency ED 72 (XIX) (A) reveals:

- 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. Agency ED 72 (XVII) (C) reveals:

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.77 (b)

1. Review of the PAQ revealed:

- The agency confirms that they take appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a

	contractor or volunteer. 2. Interview with Warden: - Warden confirms that the investigation process for contractors and volunteers would not differ from the process for all staff. Warden confirms if there was an allegation of sexual abuse or harassment against a contractor or volunteer, the facility would initiate an investigation and take action to ensure the accused does not enter the facility during the investigation process. 3. Agency ED 72 (XIX) (A) reveals: - 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. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: - The Facility PAQ - Agency ED 72 - Interview with Warden - Interview with Medical and Mental Health Staff - Agency Admin Code Chapter 303 Discipline - Updated conduct report Reasoning and analysis (by provision) 115.78 (a) 1. Review of the PAQ revealed: - The agency confirms that inmates are subject to disciplinary sanctions only

pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse.

- The agency confirms that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.
- The agency confirms that over the past 12 months, there has been (1) administrative finding of inmate-on-inmate sexual abuse that has occurred at the facility
- The agency confirms over the past 12 months there have been criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

2. Agency ED 72 (XIX) (B) reveals:

- PIOC's 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.78 (b)

1. Interview with Warden:

- Warden states there are two routes we can go for disciplinary actions following a case of inmate on inmate sexual abuse. We have an internal process for administrative investigations where sanctions would be dependent on the nature and circumstances of the abuse committed. There could also be additional criminal charges if the act was deemed criminal in nature.

2. Documentation review for (1) noted case of substantiated inmate on inmate sexual abuse reveals:

- Accused was disciplined and sanctions were appropriate.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.78 (c)

1. Interview with Warden:

- Warden confirms that mental disability or mental illness is considered when determining sanctions and states policy requires input from mental staff for these cases.

2. Agency ED 72 (XIX) (B) (3) reveals:

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.78 (d)

1. Review of the PAQ revealed:

- The agency confirms that they offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.
- The agency confirms that they offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and they consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

2. Interview with Medical and Mental Health Staff:

- (2) Medical and Mental health staff confirm that they do not have treatment available at their facility, but they would receive an evaluation then transfer them to a facility that had treatment available.
- (1) Medical or mental health staff were unsure if they required the treatment as a condition of access to programming or other benefits. The second medical or mental health staff confirmed that they would require this treatment as a condition of access to programming and other benefits.

3. Agency ED 72 (XIX) (B) (4) reveals:

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.78 (e)

1. Review of the PAQ revealed:

- The agency confirms that they discipline inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

2. Agency ED 72 (XIX) (B) (5) reveals:

- 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.

3. Disciplinary sanctions and response procedures for staff on inmate sexual abuse case reveals:

- In reviewing a investigation, it was identified that while the investigation was substantiated staff on II sexual abuse the facility proceeded to infract the victim with sexual contact.

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 §115.78 and corrective action is required.

The facility shall provide the auditor with documentation proving the infraction for sexual conduct was removed from the victims' file.

The auditor was provided an updated copy of the conduct report for victim in the reviewed case. The infraction for sexual conduct has been removed from the victim file.

After completion of this corrective action item, the facility demonstrated substantial compliance with this standard.

115.78 (f)

1. Review of the PAQ revealed:

- The agency confirms that they prohibit 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.

2. Agency ED 72 (XIX) (B) (6) reveals:

	• 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. Finding: Based on this analysis, the facility is substantially compliant with this provision. 115.78 (g) 1.Review of the PAQ revealed: • The agency confirms that they prohibit all sexual activity between inmates. • The agency confirms that they prohibit all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 2. Agency Admin Code Chapter 303 Discipline reveals: • (4) violations for sexual misconduct: ◦ Sexual conduct ◦ Sexual contact or intercourse ◦ Sexual assault ◦ Sexual assault-aggravated 3. Agency ED 72 (XIX) (B) (7) reveals: • 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. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

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:

- The Facility PAQ
- Agency ED 72
- Agency DOC 3473 PSU PREA Follow up note blank
- Agency Mental Health Screening, Assessment, and Referral Policy
- Agency Policy Consent for Mental Health Services
- Agency Policy for Screening for Risk of Sexual abusiveness and Sexual Victimization
- Agency DOC 2781B PREA screening tool blank
- Agency DOC 1923 Limits to Confidentiality of Health Information blank
- Agency DOC 1163 Authorization for Disclosure of non-health confidential records blank
- Agency DOC 1163A Authorization for use and disclosure of protected health information
- OCI Victim PSU referral log
- List of PIOC accepting PSU referrals at screening
- Examples of PSU follow up for PIOC's accepting referrals
- List of PIOC's who reported abuse that accepted PSU referrals
- Interview with Medical and Mental Health Staff
- Interview with Inmates who Disclosed Sexual Victimization at Risk Screening
- Interview with Staff responsible for risk screening
- Onsite observations

Reasoning and analysis (by provision)

115.81 (a)

1. Review of the PAQ revealed:

- The facility confirms that all inmates at this facility who 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 confirms that all inmates were offered services within 14 days.
- The facility confirms that over the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.
- The facility confirms that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

2. Review of Agency ED 72 (XII) (F-G) Policy reveals:

- If the intake screening, transfer screening or rescreening indicates a PIOC has previously experienced prior sexual victimization, whether it occurred in an institutional or community setting, staff shall ensure the PIOC is offered a

follow-up meeting with a medical or mental health practitioner within 14 days of the screening. If the screening indicates a PIOC has previously perpetrated sexual abuse, whether in an institutional or community setting, staff shall ensure the PIOC is offered a follow-up meeting with a mental health practitioner within 14 days of the screening.

- 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 PIOCs [§115.41(i), §115.341(e)]. Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health practitioners and other staff members, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law. Medical and mental health practitioners shall obtain informed consent from PIOC's before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the PIOC is under the age of 18.

3. 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.

4. Agency Mental Health Screening, Assessment, and Referral Policy:

- 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.

5. Agency DOC 2781B PREA screening tool blank

- 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. Agency Policy for Screening for Risk of Sexual abusiveness and Sexual Victimization

- 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.

7. OCI Victim PSU referral list and screenshots:

- Listing contains (5) individuals who accepted referrals to mental health due to victimization in the community or during incarceration.
- Facility provided screenshots for the (5) individuals who accepted mental health services, services were offered to all individuals within 14 days of screening. (1) inmate failed to show on two scheduled appointments.

8. Interview with inmates who disclose sexual victimization during risk screening:

- (3) inmates who disclosed sexual victimization during risk screening were interviewed.
- (2) of (3) stated they were seen by mental health within a couple of weeks.
- (1) of (3) stated they were unsure if they were seen by mental health.

9. Interview with Staff Responsible for Risk Screening:

- Staff confirmed that if a screening indicated prior victimization whether in the community or while incarcerated follow up services with mental health would be offered and provided within two weeks.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.81 (b)

1. Review of the PAQ reveals:

- The agency confirms that all prison inmates who have previously perpetrated

sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner.

- The facility confirms that follow up services would be provided within 14 days of screening.
- The facility states 100 percent of inmates who have perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner.
- The facility confirms that mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

2. Review of Agency ED 72 Policy reveals:

- If the intake screening, transfer screening or rescreening indicates a PIOC has previously experienced prior sexual victimization, whether it occurred in an institutional or community setting, staff shall ensure the PIOC is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. If the screening indicates a PIOC has previously perpetrated sexual abuse, whether in an institutional or community setting, staff shall ensure the PIOC is offered a follow-up meeting with a mental health practitioner within 14 days of the screening.
- Appropriate controls shall be placed on the dissemination of information gathered from the screenings to ensure that sensitive information is not exploited to the PIOC's detriment by staff or other PIOC's [§115.41(i), §115.341(e)]. Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health practitioners and other staff members, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law. Medical and mental health practitioners shall obtain informed consent from PIOC's before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the PIOC is under the age of 18.

3. 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.

4. OCI referral list for those who reported abuse:

- Listing contains (5) individuals who accepted referrals to mental health due to victimization in the community or during incarceration.
- Facility provided screenshots for the (5) individuals who accepted mental health services, services were offered to all individuals within 14 days of screening. (1) inmate failed to show on two scheduled appointments.

5. Interview with Staff Responsible for Risk Screening:

- Staff stated that if a screening indicated prior perpetration inmates would not be referred based on that.
- Auditor requested clarification on this requirement and agency provided the following information:
 - All inmates who self-disclose prior perpetration would be offered mental health during the risk screening process.
 - Any inmate with “sexually motivated offenses” would be referred to a mental health clinician during the intake process to evaluate for Sex Offender Treatment.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.81 (c)- NA as this is not a jail facility.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.81 (d)

1.Review of Facility PAQ:

- The facility 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. Agency Policy Screening for Risk of Sexual Abusiveness and Sexual Victimization:

- 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:

- 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. Onsite observations:

- Auditor received demonstration of a risk assessment process. The staff member indicated that the risk assessment results can be accessed by all staff to assist with housing and security concerns but risk assessment questions and answers were restricted to only staff that need access. While observing the process an acknowledgment/warning stated:
 - “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.”
- Informal communications with staff confirmed that risk assessment results are available to staff to assist with housing, job, and security decisions but the risk assessment questions and answers are not available to all staff.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.81 (e)

1. Review of Facility PAQ:

- The facility confirms Warden confirms that 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.

2. Agency Non-Health Disclosure and Authorization for Use and Disclosure of Protected Health information Form:

- 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. Review of Agency ED 72:

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

4. DOC Limits of Confidentiality of Health Information:

- 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.

5. Interview with Medical and Mental Health Staff:

- (2) Medical and Mental Health Staff were interviewed.
- (1) Medical and Mental Health Staff reported they are not obligated to report that information out that their facility does not house juvenile inmates.

	• (1) Medical and Mental Health Staff reported that they would notify them if they were obligated to report the information prior to sending out. They also reported that the facility does not house juveniles. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	--

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.82 Access to emergency medical and mental health services Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Agency HSU Response Policy • Agency Policy Abuse Screening • Agency Policy Copayment • Agency Off-Site review form • Interview with Medical and Mental Health Staff • Interview with Inmates who Reported Sexual Abuse • Interview with Security and Non-Security Staff First Responders Reasoning and analysis (by provision) 115.82 (a) 1. Review of the PAQ revealed: • The agency confirms that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. • The agency confirms that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. • The agency confirms that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical

treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

2. Agency HSU Response Policy (II) (III) (VI) reveals:

- The first staff member to receive information regarding an incident of sexual abuse shall notify the on-site Security Supervisor and the HSU Manager/designee.
- If there is no RN on site, security shall immediately contact the on-call nurse.
- The HSU Manager/designee is responsible for coordinating the HSU response including arranging for an immediate assessment and care by an ACP or RN if ACP is not on site. This shall include:
 - Assessment of the PIOC to determine whether the PIOC has any life-threatening emergency medical care that needs to be addressed immediately to stabilize the PIOC.
 - Care, treatment, and assessment information shall be documented in the healthcare record
 - Documentation shall include only statements by the PIOC about the sexual abuse that relate directly to possible injury or the need for medical or mental health treatment.
 - Do not include subjective statements regarding opinions of the truthfulness of PIOC statements.
- At the beginning of the medical assessment, 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 the following:
 - Danger to self or others.
 - Abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of intellectually disabled or mentally ill, and a specified victim can be identified.
 - Physical abuse of a PIOC by a staff member.
 - Sexual abuse or sexual harassment of a PIOC while confined.
 - Escape plans or attempts.
- 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.

- The medical plan of care shall include:
 - Timely and unimpeded access to emergency medical treatment without cost to the PIOC.
 - Transfer to offsite for a SANE assessment when determined evidentiarily 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.
- Details of the alleged abuse shall be obtained by a trained PREA investigator and not through the medical assessment. Details provided by the PIOC to the PREA investigator shall not be documented in the healthcare record.
- HSU shall notify security to arrange for immediate separation of the victim from the suspect.
- Request that the alleged victim 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 not take any similar actions that could destroy physical evidence.
- Each HSU shall maintain a current list of hospitals in their geographical area with a SANE.
- When determined evidentiary or medically appropriate by health care staff in consultation with the SANE, send the alleged victim to the designated ED for the SANE to conduct an evidentiary exam.
 - If a SANE is not available, contact the next closest ED.
 - Follow the steps as described in Section III above for sending a PIOC for a SANE exam if indicated.
- Complete a DOC-3001 – Off-Site Service Request and Report to accompany the victim to the ED.
- Alleged victims shall be encouraged to comply with transport to the ED for a SANE examination.
 - Force shall not be used to transport the alleged victim to the ED for a SANE examination.
 - If necessary, an alleged victim shall decline transport to a HSU Manager/designee or PREA Compliance Manager.
 - The PREA Compliance Officer shall notify the PREA Director if transport is refused.
- 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:
 - Treatment and follow-up care for any injuries.
 - Testing for STIs, other communicable diseases and pregnancy.
 - Timely information and access to follow-up testing, emergency contraception, prophylactic treatment and follow-up care for STIs or other communicable diseases.
 - For pregnancy follow the DAI 500.30.09 - Provision of Services to

Pregnant Patients.

- Scan documents (i.e., discharge summary) received from the ED in the Consultations section of the healthcare record.
- The SANE examination is not a part of the hospital record.
 - Do not request the SANE examination, scan in the healthcare record, or retain the original/copy in the HSU.
 - If the SANE sends the original or a copy of the Sexual Assault Report or equivalent forensic report, immediately forward the report to the PREA Director in DOC Central Office.
- DOC HSU and the ED may share PHI related to a medical condition for ongoing treatment purposes without a written authorization from the PIOC under Wisconsin and Federal confidentiality laws and in accordance with DAI 500.50.10 - Authorized Disclosure of Protected Health Information without PIOC Patient Authorization.
- HSU shall coordinate with the assigned Victim Services Coordinator/designee to schedule confidential follow-up contacts between the PIOC, the SANE and Victim Advocate as necessary.
- 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.
- HSM/designee shall:
 - Notify facility Warden/designee.
 - Complete DOC-3542 – Diagnostic Testing Results Relating to Suspected Sexual Contact and forward to BHS Central Office if indicated.
- The Medical Director and BHS Director shall review DOC-3542 – Diagnostic Testing Results Relating to Suspected Sexual Contact and complete DOC 3542A – Referral Relating to Suspected Sexual Contact as indicated.
- The DAI Administrator/designee shall determine the appropriate follow-up in relation to PREA.

3. Agency Off-Site review form:

- This document is utilized for documenting the timeliness of emergency medical treatment and crisis intervention services that were provided.

4. Interview with Medical and Mental Health Staff:

- (2) medical and mental health staff were interviewed.
- (2) of (2) medical and mental health staff confirm that inmates received timely and unimpeded access to emergency medical treatment and crisis intervention services. They confirm that treatment would be provided immediately and all policy requirements would be followed.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.82 (b)

1. Interview with security and non-security first responders:
 - (2) security first responders confirm that they would protect the victim and contact medical and mental health for response.
 - (1) non-security first responder indicates that it requires a callout for the inmates to see them but their focus would be on securing the inmates safety, reporting the incident to supervisors, and ensuring medical/mental health are notified for response.
2. 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)."

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.82 (c)

1. Review of the PAQ revealed:
 - The facility confirms that 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. Agency HSU Response Policy 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.”

3. Interview with Medical Staff:

- (2) medical and mental health staff were interviewed and both confirmed victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

4. Interview with inmates who reported abuse:

- (2) inmates were interviewed as having reported prior abuse. Both inmates confirmed being offered medical but that their allegations did not require contraception or STD testing/treatment.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.82 (d)

1. Review of the PAQ revealed:

- The facility confirms that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation out of the incident.

2. Agency ED 72 states:

- “All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperate with any investigation arising out of the incident, and in a manner consistent with the community level of care.”

3. Agency Policy Copayment states:

- 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 Assessment Screener and Crisis intervention evaluation and treatment related to sexual abuse in confinement. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Agency Policy Response to Sexual Abuse-Health Services Unit Procedure • Agency Policy Mental Health Screening, Assessment, and Referral • Interview with Medical and Mental Health Staff • Interview with inmates who reported sexual abuse Reasoning and analysis (by provision) 115.83 (a) 1. Review of the PAQ revealed: • The agency confirms 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. Review of Agency ED 72 Policy (XVI) (B) (6) reveals:

- 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, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.83 (b)

1. Review of Agency ED 72 Policy (XVI) (B) (6) reveals:

- 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, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.

2. Interview with Medical and Mental Health Staff reveals:

- (2) Medical and Mental Health Staff were interviewed.
- (1) Staff member described evaluation and treatment as they would follow their protocols and provide all the resources to ensure all services were provided to the inmate to include ongoing medical.
- (1) Staff member described evaluation and treatment as initiating a meeting discussing confidentiality, investigation process, support services that were available to them, and potentially set up ongoing support with local rape crisis center staff.

3. Interview with Inmates who reported sexual abuse:

- (2) inmates who reported sexual abuse were interviewed.
- (1) inmate confirmed they did receive information follow up care from mental health. Stated they were provided contact information for the local rape crisis center and initiated follow up appointments with them.
- (1) inmate confirmed follow up services were conducted after their report.

4. Samples of Victim Services Report Checklists:

- Facility provided (5) examples of Victim services checklist for inmates who

were involved with prior allegations of abuse. The checklists include the following information:

- Date of meeting with inmate.
- Explanation of the role.
- Providing the inmate with local rape crisis center information.
- Offering medical, mental health, and chaplain services.
- Determining ongoing scope of need for the inmate.
- Setting up contact with local rape crisis center if requested.
- Setting up ongoing retaliation monitoring.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.83 (c)

1. Interview with Medical and Mental Health Staff reveals:

- (2) Medical and Mental Health Staff were interviewed.
- (2) Staff member stated that the population received better medical and mental health services than they would receive in the community.

2. Samples of Victim Services Report Checklists:

- Facility provided (5) examples of Victim services checklist for inmates who were involved with prior allegations of abuse. The checklists include the following information:
 - Date of meeting with inmate.
 - Explanation of the role.
 - Providing the inmate with local rape crisis center information.
 - Offering medical, mental health, and chaplain services.
 - Determining ongoing scope of need for the inmate.
 - Setting up contact with local rape crisis center if requested.
 - Setting up ongoing retaliation monitoring.
 -

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.83 (d)- not applicable to this facility as they do not house female inmates.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.83 (e)- Not applicable to this facility as they do not house female inmates.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.83 (f)

1. Review of Facility PAQ:

- The facility confirms that Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

2. Agency Policy ED 72 (XVI) (B) (7) reveals:

- Victims of sexual abuse shall be offered tests for sexually transmitted infections. Victims of sexually abusive vaginal penetration shall be offered pregnancy tests, in addition to timely and comprehensive information about and timely access to lawful pregnancy.

3. Agency Policy Response to Sexual Abuse- Health Services Unit Procedure reveals:

- 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:
 - 1. Treatment and follow-up care for any injuries.
 - 2. Testing for STIs, other communicable diseases and pregnancy.
 - 3. Timely information and access to follow-up testing, emergency contraception, prophylactic treatment and follow-up care for STIs or other communicable diseases.
 - 4. For pregnancy follow the DAI 500.30.09 - Provision of Services to Pregnant Patients

4. Interview with inmates who reported sexual abuse:

- (2) Inmates who reported abuse were interviewed.
- (1) Inmate stated STD testing would not apply to their allegation.
- (1) Inmate stated they were not offered STD testing after the allegation.
 - Auditor reviewed file and verified that STD testing would not have applied to inmate's allegation.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.83 (g)

1. Review of Facility PAQ:

- The facility confirms 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.

1. Agency Policy ED 72 (XVI) (B) (2) reveals:

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

3. Interview with Medical and Mental Health Staff:

- (2) Inmates who reported abuse were interviewed.
- (2) of (2) Inmate confirmed that they did not have to pay for any services related to their allegations.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.83 (h)

1. Review of Facility PAQ:

- The facility confirms that it attempts 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. Agency Policy ED 72 (XVI) (B) (8) reveals:

- Further, facilities shall attempt to conduct a mental health evaluation of all known PIOCon- PIOC abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

3. Agency Policy Mental Health Screening, Assessment, and Referral (VI) (B) reveals:

	• 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. ◦ 1. Sexual abuse of an inmate by another inmate is defined in DAI Policy 410.30.01 and involves non-consent, coercion, or inability to consent. ◦ 2. DOC Staff will generally become aware of inmate-on-inmate abuse in one the following situations: ■ a. During an intake PREA Screening when the inmate responds to questions about past abuse history. ■ b. After a current and active PREA investigation has substantiated inmate-on-inmate abuse. ◦ 3. In either of the above situations, DOC staff shall refer the inmate to PSU staff within 2 business days. ◦ 4. PSU staff shall evaluate whether the inmate is appropriate for mental health treatment and/or sex offender treatment and offer treatment when deemed appropriate. 4. Interview with Medical and Mental Health Staff: • (2) Medical and Mental Health Staff were interviewed: • (2) of (2) Medical and Mental Health staff confirmed that mental health evaluations of known inmate on inmate abusers would be conducted soon after receiving the information and well before the 60-day requirement. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Agency DAI 410.50.01 Sexual Abuse Incident Review • Agency Policy Inmate Assaults

- Agency SAIR Form (Blank)
- OCI completed SAIRs June 2024 - 2025
- 2863 SAIR Form for (3) cases
- Interview with Warden
- Interview with Medical and Mental Health Staff
- Agency Admin Code Chapter 303 Discipline

Reasoning and analysis (by provision)

115.86 (a)

1. Review of the PAQ revealed:

- The agency confirms that they conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.
- The agency confirms that over the past 12 months, there has been (4) criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.

2. Agency ED 72 (XX) (A) reveals:

- 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. Agency DAI 410.50.01 Sexual Abuse Incident Review reveals:

- The Division of Adult Institutions shall ensure facilities conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated.

4. Agency Policy Inmate Assaults (I) (L) reveals:

- The Warden/designee shall convene an incident review team following substantiated and unsubstantiated 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. Review of facility case log reveals:

- During the documentation period there were (4) investigations that would require a sexual abuse incident review.
- (3) sexual abuse incident reviews were uploaded. The last incident review was within the 30-day requirement and was still pending completion.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.86 (b)

1. Review of the PAQ revealed:

- The agency confirms that they ordinarily conduct a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
- The agency confirms that over the past 12 months, there has been (3) criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

2. Interview with Warden:

- Warden states there are two routes we can go for disciplinary actions following a case of inmate on inmate sexual abuse. We have an internal process for administrative investigations where sanctions would be dependent on the nature and circumstances of the abuse committed. There could also be additional criminal charges if the act was deemed criminal in nature.

3. Review of facility case log reveals:

- During the documentation period there were (4) investigations that would require a sexual abuse incident review. (3) sexual abuse incident reviews were uploaded. The last incident review was within the 30-day requirement and was still pending completion.
- The (3) sexual abuse incident reviews were completed prior to the 30 day requirement.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.86 (c)

1. Review of the PAQ revealed:

- The facility confirms that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

2. Interview with Warden:

- Warden confirms that they sit on the sexual abuse incident review team along with the deputy warden, psychiatric and medical practitioners, PREA Compliance Manager, and facility investigators.

3. Agency ED 72 (XX) (A) reveals:

- 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.

4. Review of (3) sexual abuse incident reviews reveals:

- All reports included upper-level management officials, supervisors, investigators and medical and mental health.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.86 (d)

1. Review of the PAQ revealed:

- The facility confirms that they prepare a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

2. Agency ED 72 (XX) (A) reveals:

- 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 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.
- 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.

3. Agency DAI 410.50.01 Sexual Abuse Incident Review reveals:

- 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.
- 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.

4. Review of (3) Sexual Abuse Incident Reviews revealed:

- All sexual abuse incident reviews documented whether changes to policy or practice was necessary, considered whether group dynamics were involved, reviewed the area in which the allegation occurred, assessed adequate staffing levels, and assessed whether monitoring technology was adequate in the area.

5. Interview with Warden:

- The Warden states the facility utilizes the information gathered during the review and the facts presented during the investigation to identify potential vulnerabilities and to develop action plans to address facility issues.
- The Warden confirms group dynamics are discussed within the team and if they are identified they are taken into account.
- The Warden confirms that the area in which the allegation occurred is reviewed to assess whether barriers in the area may have enabled abuse.
- The Warden confirms that staffing levels are discussed and considered.
- The Warden confirms that monitoring technology is reviewed during the team meetings and determined whether they are adequate for the area.

6. Interview with Member of the Incident Review Team reveals:

- The Incident Review Team Member confirms the team considers all group dynamics to include race, ethnicity, gender identity, LGBTI status, or gang affiliations.
- The Incident Review Team Member confirms that the area in which the allegation occurred is examined and reviewed to assess whether physical barriers in the area may have enabled abuse.
- The Incident Review Team Member confirms the team reviews staffing levels in the area during different shifts.
- The Incident Review Team Member confirms monitoring technology is assessed to determine whether additional cameras should be deployed.

7. Interview with the PREA Compliance Manager revealed:

- The PREA Compliance Manager confirms incident reviews are completed prior to 30 days from the finding determination for all cases of sexual abuse. The PREA Compliance Manager confirms that the team considers if group dynamics are involved, review the area in which the allegation occurred, assess staffing levels, and assess whether monitoring technology is adequate.
- The PREA Compliance Manager confirms that the reports are forwarded to them and they are part of the incident review team. The PREA Compliance Manager states they have not identified any trends related to sexual abuse at the facility.
- The PREA Compliance Manager states that the facility would take action if deemed necessary and that it depends on the investigation findings and

specific details for each case.

115.86 (d) (2)

1. This provision is no longer applicable.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.86 (e)

1. Review of the PAQ revealed:

- The agency confirms that they implement the recommendations for improvement or documents its reasons for not doing so.

2. Review of (3) Sexual Abuse Incident Reviews revealed:

- The final report section documents recommendations for improvement and which changes if any are necessary based on the investigation review.
 - (2) of the (3) incident reviews did not result in recommendations for improvement.
 - (1) of the incident reviews noted continued implementation of the camera project within the housing units, continued training for investigators, and a separation referral between the victim and accused.

3. Agency ED 72 (XX) (B) reveals:

- The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Finding:

Based on this analysis, the facility is not substantially compliant with this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied upon in making the compliance determinations:

- The Facility PAQ
- Agency ED 72
- Agency Annual Report 2021
- Agency Annual Report 2022
- Agency Annual Report 2023
- Agency Adult SSV 2017 Summary
- Agency Adult SSV 2018 Summary
- Agency Adult SSV 2019 Summary
- Agency Adult SSV 2020 Summary
- Agency Adult SSV 2021 Summary
- Agency Adult SSV 2022 Summary
- Agency Adult SSV 2023 Summary

Reasoning and analysis (by provision)

115.87 (a)

1. Review of the PAQ revealed:

- The agency confirms that they collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

2. Agency ED 72 (XXI) (A) (1) reveals:

- 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.

3. Data Collection Instrument (SINC):

- The agency data collection instrument is called the Sensitive Information Network Communication. This is an online tracking, documentation, and sharing instrument used by and accessible to all staff within the PREA

Investigation role (ie. PCM's, Investigators, Reviewers, PREA Office, etc.)

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.87 (b)

1. Review of the PAQ revealed:

- The agency confirms that they aggregate the incident-based sexual abuse data at least annually.

2. Review of Agency Website:

- Auditor verified via review that the incident-based sexual abuse data is aggregated annually.

3. Agency ED 72 (XXI) (A) reveals:

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.87 (c)

1. Review of the PAQ revealed:

- The agency confirms that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

2. Agency ED 72 (XXI) (A) (1) reveals:

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.87 (d)

1. Review of the PAQ revealed:

- The agency confirms that they maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

2. Agency ED 72 (XXI) (A) (1) reveals:

- 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.

3. Data Collection Instrument:

- The agency indicates that the SINC database serves as the agency's standardized instrument for collecting accurate and uniform allegation information.
 - Review of the agency's SSV submissions noted that the data collected by SINC provided the information necessary to complete the SSV.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.87 (e)

1. Review of the PAQ revealed:

- The agency confirms that they obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.
- The agency confirms that the data from private facilities complies with SSV reporting regarding content.

2. Agency ED 72 (XXI) (A) (1) reveals:

- 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.

3. Review of the Agency Annual Reports:

- Each annual report contains a section for contracted facility sexual abuse and sexual harassment data. This section documents all contracted facilities and outlines reported incidents of alleged inmate on inmate and staff on inmate sexual abuse and sexual harassment incidents.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.87 (f)

1. Review of the PAQ revealed:

- The agency confirms that they provide the Department of Justice (DOJ) with data from the previous calendar year upon request.

2. Agency ED 72 (XXI) (A) (1) reveals:

- 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.

3. Review of Yearly Agency SSV reports:

- Agency provided the SSV reports for the prior (7) years.

4. Interview with PREA Coordinator:

- The PREA Coordinator confirms data is collected and aggregated yearly pursuant to 115.87.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Interview with Agency Head • Interview with PREA Coordinator • Interview with PREA Compliance Manager • Agency Annual Report 2018 • Agency Annual Report 2019 • Agency Annual Report 2020 • Agency Annual Report 2021 • Agency Annual Report 2022 • Agency Annual Report 2023 • Agency Annual Report 2024 Reasoning and analysis (by provision) 115.88 (a) 1. Review of the PAQ revealed: • The agency confirms that they review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: ◦ Identifying problem areas; ◦ Taking corrective action on an ongoing basis; and ◦ Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 2. Agency ED 72 (XXI) (A) (2) reveals: • 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. 3. Review of Agency Annual Reports reveals: • Each Annual Report has aggregated data related to sexual abuse incidents across the agency and discusses the effectiveness of current department

procedures. The report describes department achievements specific to each year and highlights plans and intent to improve moving forward.

4. Interview with Agency Head:

- Agency head states incident-based sexual abuse data is used to improve sexual abuse prevention, detection, and response by conducting incident reviews and evaluating trends. When issues are identified appropriate changes or corrective actions are implemented to improve safety agency wide.

5. Interview with PREA Coordinator:

- The PREA Coordinator confirms that data is collected and aggregated then documented within the annual reports. They state the data collection instrument (SINC) is accessible to staff who need the information based on their roles within the agency. The PREA Coordinator states the majority of corrective action takes place during the sexual abuse incident review process and the agency monitors trends to take potential corrective action when needed.
- The PREA Coordinator confirms that annual reports capture data for all facilities and documents agency wide implementation efforts.

6. Interview with PREA Compliance Manager:

- The PREA Compliance Manager states they complete sexual abuse incident reviews for all cases of sexual abuse. The review process incorporates physical plant layout issues, camera coverage, and staffing issues. All information is forwarded to the agency for statewide implementation efforts.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.88 (b)

1. Review of the PAQ revealed:

- The agency confirms that the annual report includes a comparison of the current year's data and corrective actions with those from prior years.
- The agency confirms that the annual report provides an assessment of the agency's progress in addressing sexual abuse.

2. Review of Agency Annual Reports reveals:

- The agency provides an assessment of the agencies' achievements and progress related to addressing sexual abuse. The annual report compares data and corrective actions from prior years to aid in future implementation.
- Pg 6 of the 2024 Annual Report identifies agency and facility specific achievements such as:
 - Investigated 649 allegations of sexual abuse and sexual harassment.
 - Conducted two virtual investigations refresher trainings for existing specialized investigators.
 - Trained 72 new specialized investigators (four sessions).
 - Provided classroom and virtual instruction to over 2,200 new non-uniform staff, pre-service staff, youth counselors, agents, and health service staff.
 - Facilitated 10 virtual training topics (e.g., managing manipulation; inmate education; risk screening; first responder; PREA Compliance Manager role; Victim Services Coordinator role; and several related to SINC (navigation).
 - Began building a new biennial training module for all staff to be circulated in 2025.
 - Modified physical plant (e.g., windows, mirrored bubbles, construction) for greater visibility.
 - Adapted showering areas for greater privacy between inmates to prevent cross-gender staff viewing and achieve separation for transgender inmates.
 - Opened or removed window coverings and/or doors from closets, offices, rooms, and hallways.
 - Improved privacy, while balancing safety, in observation cells.
 - Modified staffing patterns, traffic patterns, and movement schedules.
 - Installed additional or new locking mechanisms on doors and outbuildings.
 - Adjusted camera angles, increased video recording retention periods, and installed new cameras, including body worn and vehicle.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.88 (c)

1. Review of the PAQ revealed:

- The agency confirms that they make its annual report readily available to the public at least annually through its website.
- The agency confirms that the annual reports are approved by the Agency

Head.

2. Agency Website Posting reveals:

- Section specific to Annual Reports shows all reports available dating back to 2010.

3. Agency ED 72 (XXI) (A) (2) reveals:

- 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.

4. Interview with Agency Head:

- The Agency Head confirms that they do review, approve, and sign the annual reports.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.88 (d)

1. Review of the PAQ revealed:

- The agency confirms that they redact material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

2. Interview with the PREA Coordinator:

- The PREA Coordinator states that the annual reports do not contain personal identifiable information and that there is no information to redact.

3. Agency ED 72 (XXI) (A) (2) reveals:

- 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. Finding: Based on this analysis, the facility is substantially compliant with this provision.
--	---

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making the compliance determinations: • The Facility PAQ • Agency ED 72 • Interview with Agency Head • Interview with PREA Coordinator • Agency Annual Reports Reasoning and analysis (by provision) 115.89 (a) 1. Review of the PAQ revealed: • The agency confirms that incident-based and aggregate data are securely retained. 2. Agency ED 72 (XXI) (A) (3) reveals: • All data shall be securely retained and maintained for at least 10 years after the date of initial collection. 3. Interview with PREA Coordinator: • The PREA Coordinator states that the incident-based data is retained securely in a database called SINC which is exclusively used for sexual abuse and sexual harassment investigation tracking. Access is controlled by the PREA Office and issued based upon role. No identifying information is included in the SSV or annual reports. 4. Review of Agency Annual Reports reveals:

- The auditor reviewed the agencies past (5) annual reports and confirmed that no personal identifiable information is retained within agency annual reports.

5. Onsite observations:

- While onsite the auditor reviewed the electronic data storage instrument (SINC). This instrument gathers and stores all sensitive information related to risk assessments, investigations, etc. Access to this instrument is provided to staff members determinate on their role and responsibilities.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.89 (b)

1. Review of the PAQ revealed:

- The agency confirms that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.

2. Agency ED 72 (XXI) (A) (1) reveals:

- 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.

3. Review of Agency Website reveals:

- The agency website retains information related to Audit reports, sexual abuse and sexual harassment incidents, SSV reports, and annual reports dating back from 2010 to current.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.89 (c)

1. Review of the PAQ revealed:

- The agency confirms that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.
- The agency confirms that they maintain sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

2. Review of Agency Annual Reports reveals:

- The auditor reviewed the agencies past (5) annual reports and confirmed that no personal identifiable information is retained within agency annual reports.

3. Agency ED 72 (XXI) (A) (1) reveals:

- 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.

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

115.89 (d)

1. Review of Agency Website reveals:

- The agency website retains information related to Audit reports, sexual abuse and sexual harassment incidents, SSV reports, and annual reports dating back from 2010 to current.

2. Agency ED 72 (XXI) (A) (3) reveals:

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

Finding:

Based on this analysis, the facility is substantially compliant with this provision.

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) - The audit team was provided with full access to all areas of the facility. During the on-site portion facility staff provided an in-depth tour and did not deny access to any areas of the facility. 115.401 (i) - Throughout the entirety of the audit, the auditor was permitted and provided copies of any relevant documentation in a timely manner. The facility and agency staff were responsive to all requests and provided adequate clarification and documentation for any auditor requests. 115.401 (m) - During the onsite portion of this audit, OCI provided confidential private office areas to conduct the required interviews with staff and inmates. 115.401 (n) - The auditor received (3) letters from OCI inmates. The auditor interviewed and discussed issues with (2) inmates. The last inmate had been transferred out prior to the onsite portion of the audit. The audit notice was posted throughout the facility which was observed by the audit team. Informal conversations with the population confirmed inmates had seen the posting over the prior 6 weeks. Photos of the audit notice postings were received via email six weeks before the onsite portion of the audit. Audit notice provided population with information on how to send the mail out to ensure it remained confidential. 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.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed the agency's website at https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx and verified the final audit reports for all facilities are posted. 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.

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

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

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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.)	no
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.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

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

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

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

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

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

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

	is exempt from this standard.)	
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	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.)	yes

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	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	no

	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?	no
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).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior 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.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	

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

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	
--	---	--