

PREA Facility Audit Report: Final

Name of Facility: Racine Youthful Offender Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/17/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Yvonne Gorton	Date of Signature: 12/17/2025

AUDITOR INFORMATION

Auditor name:	Gorton, Yvonne
Email:	yvonne@yvonne.com
Start Date of On-Site Audit:	11/05/2025
End Date of On-Site Audit:	11/06/2025

FACILITY INFORMATION

Facility name:	Racine Youthful Offender Correctional Facility
Facility physical address:	1501 Albert Street, Racine, Wisconsin - 53404
Facility mailing address:	

Primary Contact

Name:	Nirdip Dulai
Email Address:	nirdip.dului@wisconsin.gov
Telephone Number:	262-638-2903

Warden/Jail Administrator/Sheriff/Director

Name:	Je'Leslie Taylor
Email Address:	JeLeslie.Taylor@wisconsin.gov
Telephone Number:	262-638-2901

Facility PREA Compliance Manager

Name:	Nirdip Dulai
Email Address:	Nirdip.Dului@wisconsin.gov
Telephone Number:	262-638-2903
Name:	Vikki Sorenson
Email Address:	vikki.sorenson@wisconsin.gov
Telephone Number:	(262) 638-1999

Facility Health Service Administrator On-site

Name:	Sylvia Longrie-Pleester
Email Address:	sylvia.longriepleester@wisconsin.gov
Telephone Number:	262-638-2929

Facility Characteristics

Designed facility capacity:	500
Current population of facility:	471
Average daily population for the past 12 months:	471

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18-24
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	188
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	92
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	180

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:	Kevin Carr
Email Address:	Kevin.Carr@wisconsin.gov
Telephone Number:	(608) 240-5065

Agency-Wide PREA Coordinator Information

Name:	Leigha Weber	Email Address:	leigha.weber@wisconsin.gov
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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:

3	<ul style="list-style-type: none">• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator• 115.17 - Hiring and promotion decisions• 115.73 - Reporting to inmates
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Number of standards met:

42

Number of standards not met:

0	
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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:	2025-11-05
2. End date of the onsite portion of the audit:	2025-11-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	BeLeaf Survivors, a sexual assault service provider (sasp) in Racine, Wisconsin. The agency staff confirmed that the sasp will provide advocacy for inmates during a forensic exam and investigative interviews and will provide counseling over the telephone to victims. They also said that Corrections staff at the facility will help facilitate the provision of services to inmates who request them of the sasp.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	500
15. Average daily population for the past 12 months:	471
16. Number of inmate/resident/detainee housing units:	3

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>472</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>3</p>

<p>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:</p>	14
<p>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:</p>	12
<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	0
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	2
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	5
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	0
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	No text provided.

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:	188
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:	180
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:	92
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	151

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Inmates were selected for interview at random by determining the number of interviewees needed from each housing unit. For example, from three housing units, 13 inmates were needed. Four from each of the housing units were selected by reviewing the housing unit rosters and selecting the middle name on the pages until the appropriate number was selected. Inmates in the targeted categories were selected first and marked off the housing unit rosters before choosing the random inmates so that no inmate would accidentally be chosen for both selected and random interview.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>There were no barriers to completing interviews or to ensuring representation.</p>

Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>6</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Medical and mental health staff were consulted and neither was aware of any transgender inmates currently in the facility.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>7</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The administration reported that the facility does not place inmates in segregated housing for risk of victimization. This was confirmed and discussed in Standard 115.43.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Inmate rosters were presented to the auditors at the opening meeting on the first day of the onsite portion of the audit. Auditors reviewed the rosters to make selections of inmates to interview. The facility presented Housing Unit rosters as well as lists of inmates who fell into the targeted groups. The auditors found that a number of the targeted inmates fell into more than one group. For example, inmates who identified as LGBT were also inmates who had either reported sexual abuse or had disclosed prior sexual abuse. Several inmates who were interviewed fell into three of the targeted groups. These inmates were interviewed using all the appropriate interview protocols, but each inmate was only counted as one interviewee, so that auditors could obtain as much information as possible and still meet the required number of interviews. Auditors took advantage of the fact that a number of the inmates fell into more than one targeted category to glean as much information as possible from the interviews. The auditors followed the sample sizes required by the PREA Auditor Handbook and according to the inmate population on the first day of the onsite portion of the audit.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
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<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There were no barriers to interviewing randomly selected staff from all ranks, all shifts, and a variety of work assignments. The auditors were presented with staff rosters at the opening meeting on the first day of the onsite portion of the audit. The auditors reviewed the information in the PREA Auditors Handbook to determine how many staff should be randomly selected for interview. Staff randomly chosen for interview represented all ranks, both genders, at least one staff from each housing unit and at least one staff from each shift. The staff provided individual interview rooms for each auditor so that interviews could be conducted confidentially.</p>

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.

<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	19
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63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Auditors also interviewed a Regional Compliance Manager.
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>70. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>There were no barriers to selecting staff for interview. A number of the specialized staff interviews were conducted virtually, prior to the onsite portion of the audit. This was done to accomodate different schedules and to ensure that all specialized staff whose positions were pertinent to the audit were able to be interviewed.</p>
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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.

<p>71. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>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)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>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)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>The auditors were allowed access to every area of the facility and were allowed to observe activities taking place in the units, to observe the cells, dayrooms, bathrooms, showers, etc. They were also allowed to test critical functions such as telephones, to hold informal conversations with inmates and with staff. The auditor did receive feedback confirming that test calls to PREA reporting lines were received and appropriately handled. Auditors also reviewed housing unit logbooks, observed sineage in the units and witnessed cross gender announcements. Auditors were also able to review cameras, mirrors, and common areas of the housing units to denote any css-gender viewing. Auditors were able to have informal conversations with both staff and inmates during the site review.</p>

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Auditors requested and were provided documentation of intake screening done of all inmates who were randomly chosen for interview, as well as the inmate education documentation for the same group. Documentation was provided, on the PAQ, of meetings held with psychological services for inmates who disclosed prior sexual victimization during intake screening. Auditors were able to review all investigations conducted during the audit period, as well as all notifications sent to inmates of the dispositions of their allegations, all sexual abuse incident review reports for the audit period, and any retaliation monitoring documentation that existed. A host of documentation was made available on the PAQ, including facility and agency policies and procedures, facility staffing plan, training modules and records, sample intake screens, investigations of sexual abuse and sexual harassment, notifications made to inmates following an allegation of sexual abuse or sexual harassment, and copies of sexual abuse incident reviews.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	8	2	8	2
Staff-on-inmate sexual abuse	3	0	3	0
Total	11	2	11	2

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	3	0	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	3	0	3	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	1	0	0	0	0
Total	1	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	6	0
Staff-on-inmate sexual abuse	1	0	3	0
Total	1	1	9	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

14

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>8</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>

Staff-on-inmate sexual abuse investigation files

<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>

Inmate-on-inmate sexual harassment investigation files

<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility provided copies of all investigation conducted during the audit period for auditor review.
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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

<p>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.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	1

AUDITING ARRANGEMENTS AND COMPENSATION

<p>108. Who paid you to conduct this audit?</p>	<input checked="" type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the standard 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: Exceeds Standard
	Auditor Discussion <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none">1. Documents: (policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Executive Directive 72 Sexual Harassment and Sexual Abuse in Confinement (PREA), effective date, 08/02/2022c. Agency Organizational Chart, dated September 2024d. Agency PREA Director Position Descriptione. Agency PREA Compliance Manager Listing2. Interviews<ol style="list-style-type: none">a. Informal interviews with inmates conducted during site reviewb. Agency PREA Directorc. Facility PREA Compliance Manager

3. Site Review Observations

a. PREA posters identifying agency's zero-tolerance policy

Findings (By Provision)

115.11 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section V, (p. 4,) states, "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)."

Auditors noted, during the review of the facility, that posters were visible, throughout the facility, which identified that the agency has a zero-tolerance policy for sexual abuse and sexual harassment. In informal interviews conducted with inmates during the site review, inmates were asked if they were aware of the agency's zero tolerance policy, and what they thought that meant. All of them were familiar with the agency's zero tolerance policy and responded appropriately to auditors' questions.

All 26 inmates who were formally interviewed, all staff who were interviewed, including contracted staff, and two volunteers, who were also interviewed, were familiar with the zero-tolerance policy and verified that they had received information, and training, regarding this policy.

115.11 (a) - 2

The facility indicated, in their response to the PAQ, that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. ED 72, in section V, (p. 4), outlines how the agency will implement their approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Required by agency policy are:

- a. 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,
- b. 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,
- c. investigating all allegations,
- d. training all employees, contractors, and volunteers to recognize, respond to, and report sexual abuse and sexual harassment,
- e. providing PIOCs with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment, and report-related retaliation, and
- f. employing a data collection method to accurately track and aggregate sexual abuse

and sexual harassment incidents, identifying core causal factors, and taking corrective action so as to align with a zero-tolerance environment.

The agency also has in place policy requirements that prevent hiring, or promoting, anyone who has engaged in sexual abuse in a confinement facility, that 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 these activities. The agency will, by policy, also consider incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee.

115.11 (a) - 3

The facility indicated, in their response to the PAQ, that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Definitions are laid out in ED72, Section III, (pp. 2, 3, and 4). Definitions of prohibited behaviors listed on those pages include sexual abuse, sexual harassment, and voyeurism.

115.11 (a) - 4

The facility indicated, in their response to the PAQ, that the policy includes sanctions for those found to have participated in prohibited behaviors. Identified on pages 17 and 18, of ED 72, are sanctions for those found to have participated in prohibited behaviors. The policy identifies that staff who are found to have violated the agency's sexual abuse and sexual harassment, and retaliation policies are subject to disciplinary sanctions up to and including termination and that termination is the presumptive sanction for a staff member who engaged in sexual abuse. According to policy, inmates who have committed sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.

115.11 (a) - 5

The facility indicated, in their response to the PAQ, that the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. ED 72 identifies as strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders:

1. training staff to recognize signs of threatened and real sexual abuse and sexual harassment and to act as first responders in instances of actual sexual abuse,
2. providing multiple avenues for reporting instances of sexual abuse and sexual harassment,
3. training staff to respond to incidents of sexual abuse including offering medical and mental health care,
4. investigating all allegations of sexual abuse and sexual harassment,
5. maintaining hiring practices that prevent anyone who has prior adjudications for sexual abuse in a confinement setting from being hired or promoted,
6. performing criminal background checks on all potential new hires and on existing employees,
7. employing a PREA Coordinator at the agency level and PREA Compliance Managers at all facilities,
8. considering sexual safety when acquiring new buildings or substantially modifying existing buildings,

9. requiring all agencies, it contracts with for the confinement of inmates to comply with the PREA Standards,
10. using video technology and electronic surveillance systems to enhance the safety of inmates and staff,
11. employing adequate staffing levels in the facilities,
12. assessing the risk of victimization and abusiveness of each inmate upon admission to the facility and using that information to make housing, programming and work assignments with the goal of keeping potential abusers and potential victims separate from each other, and
13. considering placements of lesbian, gay, transgender or intersex (LGBTI) PIOC's on a case-by-case basis and giving serious consideration of the PIOC's own views with respect to their safety.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.11 (b) - 1

The facility indicated, in their response to the PAQ, that the agency employs, or designates, an upper-level, agency-wide PREA Director who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. The DOC has one statewide PREA Director, who is responsible for PREA compliance for all state correctional institutions and correctional centers. ED 72, in section VI, (p. 5), C, says, "the DOC shall employ or designate a PREA Director to oversee department efforts to comply with PREA standards." The facility provided a position description for the PREA Coordinator position that says, ". . . this position is responsible for the direction of the Prison Rape Elimination Act (PREA) provisions in the Department." It goes on to say, "the scope of this position encompasses the entire Wisconsin Department of Corrections in which capacity it serves as the department expert on the PREA and provides oversight and consultation to department management."

115.11 (b) - 2

The facility indicated, in their response to the PAQ, that the PREA Director has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. ED 72, in Section VI, (p. 5), C, says that 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." The position description demonstrates that 100% of the PREA Director's time is spent on assisting facilities to gain, and maintain, compliance with PREA standards.

In an interview conducted onsite, the PREA Director, when asked if they felt that they had enough time to manage all their PREA related responsibilities, said, " Yes. I have a team that helps achieve various objectives, so I am not working on it alone, but I do have the time and authority to accomplish tasks." They went on to say that they

have 10 staff, four in Central Office, five in the field as regional PREA Compliance Managers, one in Dodge County for several years under a grant, and an office assistant. In addition, the agency has recently hired regional PREA Compliance Managers.

The facility submitted, in response to the PAQ, an organizational chart showing that the position of PREA Director is an upper-level position that is part of the management team. This position reports to the Assistant Deputy Secretary, who reports to the Deputy Secretary, who reports to the Agency Secretary.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.11 (c) - 1, 2, 3 and 4

The facility indicated, in their response to the PAQ, that the facility has designated a PREA Compliance Manager (PCM). ED 72 states, in Section VI, D (p. 5), "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." The facility indicated, in their response to the PAQ, that the PCM has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility submitted, on the PAQ, a list of PCMs for each of the agency's facilities. The list identifies both primary PCMs and their backups. When the facility PREA Compliance Manager (PCM) was asked, in an interview conducted onsite, if they have sufficient time to coordinate the facility's efforts to comply with the PREA standards, they replied, "yes, I do have time for all PREA related responsibilities."

The agency PREA Director also advised that the agency recently hired six staff to act as Regional PREA Compliance Managers, each of them with responsibility for multiple facilities in a specific geographic area of the State. This extra staff will provide assistance which will help ensure the PREA Compliance Managers will have adequate time to fulfill all their duties. This measure also demonstrates the agency's commitment to meeting, and maintaining, compliance with all PREA standards.

A final analysis of the evidence indicates that the facility exceeds substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility exceeds the standard by employing, in addition to facility PREA Compliance Managers, a group of six regional Compliance Managers, all of whom have responsibility for assisting PREA Compliance Managers at multiple facilities all in the same general geographic area. There is no corrective action to take.

115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Agency Summary of Contracts c. Contracts Between Wisconsin Department of Corrections and: <ol style="list-style-type: none"> Fond du Lac County Jefferson County Juneau County Lincoln County Marquette County Milwaukee County Community Reintegration Center Oneida County Ozaukee County Racine County Rock County Sauk County Vernon County, and Vilas County d. Fond du Lac County Final PREA Audit e. Marquette Final PREA Audit f. Ozaukee County Final PREA Audit g. Sauk County Final PREA Audit h. Vernon County Final PREA Audit i. C4 Y2 Contract Compliance Review Report - Community Integration Center j. C4 Y2 Contract Compliance Review Report - Fond du Lac County k. C4 Y2 Contract Compliance Review Report - Jefferson County l. C4 Y2 Contract Compliance Review Report - Juneau County m. C4 Y2 Contract Compliance Review Report - Marquette County n. C4 Y2 Contract Compliance Review Report - Oneida County o. C4 Y2 Contract Compliance Review Report - Ozaukee County p. C4 Y2 Contract Compliance Review Report - Racine County q. C4 Y2 Contract Compliance Review Report - Rock County r. C4 Y2 Contract Compliance Review Report - Sauk County s. C4 Y2 Contract Compliance Review Report - Vernon County t. C4 Y2 Contract Compliance Review Report - Vilas County

- u. C4 Y2 Contract Compliance Review Report - Lincoln County
- v. Agency Contract Review Form (Blank)
- w. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 08/02/2022
- x. Wisconsin Department of Corrections, Division of Adult Institutions, Policy #: 410.00.01 Prison Rape Elimination Act, effective date, 10/15/2024

2. Interviews

- a. Agency's Contract Administrator

Findings (By Provision)

115.12 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency currently has a Memorandum of Agreement (MOA), with each of 13 agencies, for the temporary housing of inmates. During the pre-onsite phase of the audit, the facility provided copies of all 13 MOAs. MOAs of all 13 contracted agencies were reviewed, and it was noted that all of them were originally written for a one-year period, with automatic renewal for the next consecutive year, in the absence of the execution of a new or modified agreement. All 13 MOAs are currently in effect. The agencies contracted with are County Jails in:

Fond du Lac County

Jefferson County

Juneau County

Lincoln County

Marquette County

Milwaukee County Community Reintegration Center

Oneida County

Ozaukee County

Racine County

Rock County

Sauk County

Vernon County, and

Vilas County

All of these are other governmental agencies, and none are private entities.

115.12 (a) - 2

The facility indicated, in their response to the PAQ, that all the above contracts require contractors to adopt and comply with PREA Standards. All 13 MOAs were reviewed, and it was noted that in Section VII, paragraph Q, in all the MOAs, there is the requirement that says that the Sheriff agrees to comply with the Federal Prison Rape Elimination Act of 2003 and if the Sheriff is not in full compliance, Sheriff shall "take all feasible and necessary steps to work toward full compliance and shall continue to do so until full compliance is achieved." The MOAs also require the

contract agencies to have policies and procedures in place for responding to allegations of sexual abuse and sexual harassment, for maintaining reports and records necessary for reporting the appropriate data, and for timely completion of the Bureau of Justice Statistics Annual Survey on Sexual Victimization or its current equivalent survey and forwarding these forms to the Department of Corrections (DOC) PREA Office.

115.12 (a) - 3

The facility responded to the PAQ by identifying 13 MOAs for the confinement of inmates and providing copies of each of the 13 MOAs.

115.12 (a) - 4

The facility indicated, on the PAQ, that the agency does not contract with any agencies that are not required to adopt, and comply with, PREA standards. All MOAs were reviewed, and it was noted that the requirement for the contracted agencies to adopt, and comply with, PREA standards is included in all of them.

A final analysis of the evidence indicates that the agency is in substantial compliance with this provision.

115.12 (b) - 1

The facility indicated, in their response to the PAQ, that all the contracts with county jails require the Wisconsin Department of Corrections (DOC) to monitor the contractors' compliance with PREA standards and provided copies of each MOA, as well as an agency policy, that requires the DOC to monitor the contractors' compliance. Division of Adult Institutions (DAI) Policy # 401.00.01 requires that the DAI review its contracted facilities for the confinement of inmates to ensure compliance with the Prison Rape Elimination Act (PREA), and, in Section I, A, (p. 2), requires that the contracts be monitored by the DOC annually except during the year in which the facility has scheduled a United States Department Of Justice (US DOJ) PREA audit. Sections I, B and C, on the same page, specify that during US DOJ PREA audit years, the final PREA audit report may replace a DOC PREA compliance review, and during non-audit years, a compliance review shall include a combination of the contracted agency's self-report and the DOC evaluation. Reviews of each of the MOAs the DOC holds with the identified county jails revealed that all of the 13 MOAs require each contracted agency to be monitored by the DOC.

The facility also submitted DOC form 4825, known as the Contract Compliance Report. This form is used to record the annual compliance review, done of the contracted agency by the DOC, and asks the reviewer to examine the contracted agency's policies and procedures, and agency compliance with the policy requirements, regarding the prevention, detection, and response to allegations of sexual abuse and sexual harassment, opposite gender announcing, use of a uniform evidence protocol, the investigation of allegations of sexual abuse and sexual harassment, training of staff and contractors, hiring practices including background checks, the development of a an adequate staffing plan, the inmate intake process, education provided to inmates, training provided to investigators, medical and mental

health services available in the facility, risk screening of inmates and the use of information gleaned during the screenings, avenues for reporting allegations of sexual abuse and sexual harassment, the provision of sexual assault service providers for confidential emotional support services related to sexual abuse or sexual harassment, reporting responsibilities of staff, the facility's written coordinated sexual abuse response plan, retaliation monitoring and incident reviews of allegations determined to be substantiated or unsubstantiated.

DAI Policy # 410.00.01 instructs staff conducting compliance reviews to use observation or facility tour, document review, policy review, and staff and/or inmate interviews as methods for conducting the reviews. The policy instructs the reviewer to report areas of non-compliance to the DOC PREA Office.

In an interview, the Agency Contract Administrator said the agencies the DOC contracts with are required to be audited once each audit cycle and that in a non-audit year, she conducts a compliance review. She said that her reviews include a site visit, a tour of the facility, and a review of all their materials. She also said she assists the contracted agencies with creating policies, training, and investigations. Her role is that of a liaison who can provide training and technical assistance as well as oversight. The facility submitted, on the PAQ, copies of either the Contract Compliance Report, or the Final PREA Audit Report, for all 13 counties with which it contracts.

115.12 (b) - 2

The facility indicated, in response to the PAQ, that none of the 13 contracts with outside agencies, held by the DOC, do NOT require the DOC to monitor the contractor's compliance with PREA standards. A review of the MOAs offered as evidence proved that all of the 13 contracts contain language that requires the agency to monitor the contractor's compliance with PREA standards. Section Q, 4, (p. 7) reveals that in years in which the Sheriff is not audited by a US DOJ PREA auditor, the Department of Corrections shall conduct an annual compliance review to ensure that the Sheriff is compliant with PREA standards. The facility also provided documentation verifying that the agency is indeed monitoring all the contracted agencies' compliance with PREA.

A final analysis of the evidence indicates that the agency is in substantial compliance with this requirement.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.13 Supervision and monitoring

<p>Auditor Overall Determination: Meets Standard</p>
<p>Auditor Discussion</p>
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Racine Youthful Offender Correctional Facility Staffing Plan dated March 2025 c. Agency Staffing Plan Policy Wisconsin Department of Corrections Division of Adult Institutions Policy #410.50.05 Staffing Plan, effective date 05/29/2024 d. Wisconsin Department of Corrections PREA Coordinator 2025 PREA Staffing Plan Annual Review Log e. Wisconsin Department of Corrections Executive Directive 72 Sexual Harassment and Sexual Abuse in Confinement (PREA), effective date, 08/02/2022 f. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.40.01 Unannounced Supervisory Rounds, effective date 10/15/2024 g. Robert E. Ellsworth Correctional Center Supervisory Rounds, logbook documentation 2. Interviews <ol style="list-style-type: none"> a. Superintendent b. Facility PREA Compliance Manager c. PREA Coordinator d. Intermediate or Higher-Level Facility Staff
<p>Findings (By Provision)</p>
<p>15.13 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency requires 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 facility provided agency policy Division of Adult Institutions (DAI) Policy#401.50.05, that says, "The Division of Adult Institutions shall ensure each facility develops, documents, and makes 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 Persons In Our Care (PIOCs) from sexual abuse." The facility also provided Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), which says, in section IX, A, (p. 6), "each facility shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of employees and, where applicable, video monitoring, to protect offenders against sexual abuse."</p>
<p>The Agency PREA Director, who was interviewed prior to the onsite portion of the</p>

audit, confirmed, in the interview, that each facility does indeed have a staffing plan. The facility submitted a copy of their staffing plan dated March 2025. The staffing plan identifies that the facility is a medium-security prison but also houses minimum and minimum community (those waiting for transfer to a minimum site) inmates, which has an operating capacity of 500 male inmates and an average daily population of approximately 474, all of them between the ages of 18 and 24.

The facility has three housing units, a restrictive housing unit and 1/4 of a general population unit is a transitional/overflow RH unit, a health services unit, a food service building and an administration building. All of these areas are outfitted with video monitoring, controlled doors and mirrors. The facility houses inmates with unique needs, especially those who may be vulnerable to abuse, in the North Memorial housing unit, specifically in "A quad and/or "paired with care."

The staffing plan identifies that the institution is subject to staffing allocations as determined through the Wisconsin State biennial budget process. The facility is allotted a total of 13 Security Supervisors, two of which are assigned to each first and second shift and one is assigned to the 3rd shift. The facility also has two institution unit supervisors, each one assigned to a housing unit where they oversee uniformed and non-uniformed staff assigned to their respective units. The facility utilizes an electronic scheduling program to assist with planning. When a uniformed staff shift vacancy occurs overtime is hired.

The facility is subject to staffing allocations as determined through the Wisconsin State biennial budget process and is permitted 85 correctional officers, 34 sergeants along with the 13 security supervisors. Staffing assignments are based on housing unit needs and number of inmates in the units. The facility also has two Social Workers; one assigned to each GPs housing unit. The following chart illustrates the staffing pattern:

Housing Unit	# of Inmates	Shift*	# of Sergeants	# of Officers
North	214 Max 240	1st 2nd 3rd	1 1 1	5 5 2
South GP/ RH	GP-1 RH = 0 Max - Varies	1st 2nd 3rd	1 1 1	5 5 2
Restrictive Housing	20 Max 27	1st	1	2

		2nd 3rd	1	2 1
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Shifts are - 1st Shift 6:00a-2:00p); 2nd Shift (2:00p-10:00p); 3rd Shift (10:00p-6:00a)

The auditor noted, during the review of the institution, that there is a Training Center that is separate, and across the street, from the main institution. Staff pointed out that there are no cameras in the building and auditors noted that there are multiple blind spots. The main part of this building houses a large training room, a suite of offices, restrooms, and a staff lunchroom. There are several mirrors in the suite of offices, but a blind spot still exists in that there is an executive office, off a short hallway of cubes, that has no view into the office from the main area of the office or from any other place in the building. However, there are multiple cubes, so when staff are in their cubes, visibility in that area is much greater.

Through a doorway, which does have a locking door that is always kept open, is the entrance to other parts of the building. The auditor walked through the other parts of the building and discovered that there are no doors separating a workroom from a garage where institution vehicles, including maintenance vehicles, are kept. From this area there is also access to the outside. The reasoning that was given for not simply closing and locking the entrance to this area is that inmates from a nearby correctional center are brought to this facility daily and they do janitorial work inside the building and in the front area of the administration building across the street and need access to the back part of the building. They also eat their lunch in one part of this large area of interconnected rooms.

The building is covered by a camera, on the outside of the building across the street, which auditors noted does give good coverage of the entire building and outside area. The lot on which the building sits is enclosed within a chain link fence that is kept closed and locked outside of regular business hours. Staff said that rounds are routinely made in this building, but the building does not have a logbook so the only way to know who enters and exits the building is by reviewing camera footage from the camera on the outside of the building across the street.

The auditors made several suggestions regarding the safety of this building and reducing blind spots. One suggestion was that the back part of the building be closed off and kept locked since it appeared that inmate workers could eat their lunch, and store their cleaning carts, somewhere in the front area of the building. Another suggestion was that all who enter the building be required to sign in and out of the building, and also that a logbook be added. The Warden said, in an interview, that each time a PREA audit is conducted, any recommended ways for improvement are considered and followed up on right away. She also said, "when we have the funding, I would like to purchase some cameras for the Training Center because we need them to protect both inmates and staff." The facility submitted a list of recommendations made by auditors that they are currently working to complete. That list includes:

- installing requested mirrors and materials needed to increase visibility has been

complied with and the facility is currently getting quotes for those items,
b. operational changes have been made to where the REECC workers eat their lunch so that, going forward, they will be under staff supervision and within camera view,
c. the building is being reviewed for adding cameras and these are also currently being priced so that funding can be requested.

The facility has indicated, since the onsite portion of the audit, that a logbook will be used in the building and that the Correction Center workers will eat their lunch in the main building of the facility as opposed to in the Training Facility.

The Warden also said that the Administration regularly reviews, and considers, whether the facility has an adequate number of staff per shift in the housing units, if the appropriate rounds are being made, if the electronic rounding systems are functioning correctly, if cameras and door locks are working correctly. She said she has a monthly PREA meeting and Monday and Friday briefings to check in with Department Heads and a Wednesday Operations in the Institution meeting to review all of these things. She also identified business audits, food audits, etc., as ways to keep a lot of checks in place.

The facility uses an electronic scheduling program to assist with planning and hires overtime when a security shift vacancy occurs. The facility has not observed a trend in sexual abuse incidents that would indicate a need to adjust staffing patterns.

Non-uniformed staff include seven social workers, one general population treatment specialist, four treatment specialists, three substance use disorder (SUD) providers (contracted) and two employment support specialists, (contracted), four teachers, one reaction leader, one chaplain, three full-time and two half-time psychologists.

The kitchen staff includes three correctional food service leaders and there are two maintenance staff. Health service staff also includes one medical assistant and six medical providers. The facility also employees three office operations associates and one confidential program assistant.

115.13 (a) – 2

The facility indicated, in response to the PAQ, that the average daily number of inmates, over the past year, has been 463.

115.13 (a) – 3

The facility indicated, in response to the PAQ, that the average daily number of inmates on which the staffing plan was predicated is 474. The Warden said, in an interview, "We are always looking at the physical components and adding cameras or additional staff." The Facility PREA Compliance Manager (PCM) said, "we have a lot of programming here and we have required amount of security rounds and time frames for those, especially in the restricted housing unit."

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (b) – 1 and 2

The facility indicated, in response to the PAQ, that there are no deviations from the

staffing plan. When a security post is vacant overtime is hired.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (c) - 1

The facility indicated, in their response to the PAQ, that the agency, in collaboration with the PREA Director, does review the staffing plan, at least annually, to see whether adjustments are needed to:

- the staffing plan,
- the deployment of monitoring technology, or
- resources needed to ensure adherence to the staffing plan.

Agency policy DAI #: 410.50.05, Staffing Plan, effective date, 05/29/2024, requires, in Section II, A, (p. 2), not less than once per year, each facility to assess, determine and document whether adjustments are needed to each of the three items listed above. Paragraph B, of the same section, requires that the staffing plan be reviewed, and signed, by the agency PREA Director. The agency PREA Director said, in an interview, that they review all facility staffing plans. They said, "We work on the project in the spring, each year, and we ask facilities to review and revise their staffing plans to account for any changes in the year period, changes to population in size or composition, type of person they serve. We ask them to account for changes in staffing levels to include vacancies, we ask them to consider any video monitoring placement and how people move through the facility. They will review the plan, review it with their leadership, and then present it to me. I look it over and when it is in a good place, all parties will sign." Submitted on the PAQ was a copy of the Agency PREA Coordinator's Annual Review Log that identifies the date of the annual review, for each facility in the agency, and the staff at each facility involved in the annual review.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (d) - 1

The facility indicated, in their response to the PAQ, that the facility requires intermediate-or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Agency policy ED 72 requires, in Section IX D, (p.6), that supervisory staff conduct and document unannounced rounds, on all shifts, to identify and deter staff sexual abuse and sexual harassment. Auditors interviewed supervisors who said they do make unannounced rounds as required. Inmates who were interviewed informally, during the site review, also said that they saw supervisors making rounds through the units. The facility also provided documentation of the rounds that were completed.

115.13 (d) - 2

The facility indicated, on the PAQ, that the facility documents unannounced rounds. In

interviews, the supervisory staff verified that they do document the unannounced rounds they make. During the onsite review of the facility, auditors were able to view these rounds logged in logbooks in the various areas of the facility. The facility also submitted unannounced rounds logbook documentation, on the PAQ, that demonstrates that the rounds are conducted everywhere in the facility and on all three shifts.

115.13 (d) - 3

The facility indicated, in their response to the PAQ, that unannounced rounds do, over time, cover all shifts. Supervisory staff who were interviewed also verified that they make rounds on all three shifts. Auditors noted that the documentation submitted verified their claims.

115.13 (d) - 4

The facility indicated, in their response to the PAQ, that the facility does prohibit staff from alerting other staff when unannounced rounds are taking place. Agency policy ED 72 says, in Section IX D, (p.6), "The DOC staff are prohibited from alerting other employees that these supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility." Upper-level staff said they prevent staff from alerting other employees by varying their rounds from time to time.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
The following evidence was analyzed in making the compliance determination:	
<ol style="list-style-type: none">1. Documents: (policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaireb. Memo from Administrator of Division of Adult Institutions identifying that all of the youthful inmates were moved out of the adult institutions and are now housed within the Division of Juvenile Corrections, dated 12/19/2016c. Wisconsin Department of Corrections Executive Directive 72 Sexual Harassment and Sexual Abuse in Confinement (PREA), effective date, 08/02/2022d. Wisconsin Department of Corrections Division of Adult Institutions Policy #:	

302.00.20 Placement of Juveniles in Adult Correctional Sites, effective date 01/09/2023

2. Interviews

a. PREA Director

3. Observations

a. No Youthful Inmates Onsite

Findings (By Provision)

115.14 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the Division of Adult Institutions (DAI) does not house youthful inmates. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII D, (p.10), prohibits placing youthful offenders in housing units where they have sight, sound or physical contact with adult offenders through use of shared dayrooms or other common areas, shower areas or sleeping quarters. Auditors verified that the Wisconsin Department of Corrections (DOC) does not place inmates under the age of 18 in adult facilities through a review of the agency website.

According to the website, the agency currently operates two juvenile facilities, one for males and one for females. The facility PREA Compliance Manager (PCM) and other administrative staff at the facility confirmed that the facility does not house inmates under the age of 18.

115.14 (a) - 2, 3, and 4

The facility indicated, in their response to the PAQ, that there are no inmates under the age of 18 housed at the Robert E. Ellsworth Correctional Center (REECC).

115.14 (a) - 5 and 6

The facility indicated, in their response to the PAQ, that, in the past 12 months, there have been no inmates under the age of 18 housed at REECC.

A final analysis of the evidence indicates that the facility is substantially compliant with this provision.

115.14 (b) - 1 and 2

The facility indicated, in their response to the PAQ, that REECC does not house inmates under the age of 18.

A final analysis of the evidence indicates that the facility is substantially compliant with this provision.

	<p>115.14 (c) - 1 The facility indicated, in their response to the PAQ, that REECC does not house inmates under the age of 18.</p> <p>115.14 (c) - 2 The facility indicated, in their response to the PAQ, that, in the past 12 months, there have been no inmates placed in isolation to separate from adult inmates because REECC does not house youthful inmates.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action A final analysis indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.17.02 Searches of PIOC, effective date 08/31/2023 c. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022 d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.24 Clinical Observation, effective date 07/13/2021 e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.40.02 Opposite Gender Viewing and Announcing, effective date 03/20/2023 f. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.16.01 Use of Body Cameras, effective date 03/14/2022 g. Agency Pat Search Preference Request Form DOC-3802 (5/2024) h. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.77 Transgender Management and Care, effective date 02/03/2025 i. Guidance in Cross Gender and Transgender Pat Searches Training Module j. Cross Gender Search Training Records k. PREA Jeopardy Training PowerPoint

2. Interviews
 - a. Random Sample of Staff
 - b. Random Sample of Inmates
 - c. Transgender Inmates

3. On-site Observations

- a. All showers are individual stalls with metal doors and flaps over door slots

Findings (By Provision)

115.15 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Section X, B, (p. 7), stipulates, "facilities shall not permit cross-gender strip or body cavity searches except in exigent circumstances or when performed by medical practitioners."

Division of Adult Institutions (DAI) Policy #306.17.02 Searches of PIOC, in Section I, E, says that staff directly observing the PIOC, during a strip search, are required to be the same sex as the PIOC and that a second staff participating in the search shall only observe the staff performing the strip search. The policy also says, in Section F, (p. 3), "all body cavity searches, and certain body content searches shall be conducted by off-site health professionals."

All 26 of the inmates who were interviewed confirmed that they had never been subjected to cross-gender strip search or visual body searches at this facility. Twelve random staff were interviewed during the onsite phase of the audit, and they also confirmed that no cross-gender strip or cross-gender visual body searches are conducted at the facility except in exigent circumstances. None of the staff interviewed could recall a time when cross-gender strip search, or visual body searches, had been conducted.

115.15 (a) - 2

The facility reported, in their response to the PAQ, that, in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates was zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.15 (b) - 1

The facility indicated, in their response to the PAQ, that this provision is N/A since the facility houses only male inmates. However, Wisconsin Department of Corrections (DOC) Executive Directive ED 72 and DAI Policy #306.17.02, prohibit pat searches of female inmates by male staff, absent exigent circumstances, at all institutions.

115.15 (b) - 2

The facility indicated, in their response to the PAQ, that this provision is N/A because the facility houses only male inmates.

115.15 (b) - 3

The facility indicated, in their response to the PAQ, that this provision is N/A because the facility houses only male inmates.

115.15 (b) - 4

The facility indicated, in their response to the PAQ, that this provision is N/A because the facility houses only male inmates.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15. (c) - 1

The facility indicated, in response to the PAQ, that the facility policy requires that all cross-gender strip searches and visual body cavity searches be documented.

Agency policy Wisconsin Department of Corrections Division of Adult Institutions #: 306.17.02, effective date 08/31/2023, says, in section G, "PIOC searches shall be documented utilizing DOC-1523."

115.15 © - 2

The facility indicated, in their response to the PAQ, that this provision is N/A because the facility houses only male inmates.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (d) - 1

The facility indicated, in their response to the PAQ, that the facility has 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). ED 72 says, in Section IX, E, (p.6) says, "in order to enable offenders to shower, perform bodily functions and change clothing without nonmedical employees of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, employees of the opposite

gender shall announce their presence when entering an offender housing unit. If opposite gender status quo changes during that shift, then another announcement is required." Auditors noted that staff were consistent in announcing when female staff were entering the housing units and inmates who were interviewed also said that they knew female staff were entering the housing unit by a tone that they heard and by a sign that was posted in the housing unit control center window signifying that there were female staff present in the housing unit.

Inmates who were interviewed confirmed that they are never naked in front of opposite gender staff, and all confirmed that they can shower, change their clothes and use the toilet without being viewed by opposite gender staff.

5.15 (d) - 2

The facility indicated, in their response to the PAQ, that policies and procedures do require staff of the opposite gender to announce their presence when entering an inmate housing unit. ED 72 says, in Section IX, E, (p.6), "in order to enable PIOCs to shower, perform bodily functions and change clothing without nonmedical employees 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 PIOCs housing unit. If the 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."

Because several of the inmates were not familiar with the PREA tone, the auditor recommended that the Superintendent send a memo to all staff reminding them to make that announcement regularly when male staff are entering the housing units where the female inmates are housed.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (e) - 1

The facility indicated, in their response to the PAQ, that the agency does have a policy that prohibits searching, or physically examining, a transgender or intersex offender for the sole purpose of determining the offender's genital status. ED 72, in Section X, D, (p. 7), says "facilities may not search or physically examine transgender or intersex PIOCs for the sole purpose of determining the PIOCs genital status." DAI Policy #306.17.02, Section II, D, (p. 4) also outlines this prohibition by saying, "staff shall not physically examine or search a transgender or intersex PIOCs for the sole purpose of determining the PIOCs genital status." Each of the 12 staff who were randomly selected for interviews confirmed that they were aware of these agency policies.

115.15 (e) - 2

The facility indicated, in their response to the PAQ, the number of such searches

conducted at the facility, in the past 12 months, was zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (f) - 1

The facility indicated, in their response to the PAQ, that 100% of the security staff were trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner.

The agency uses a training module entitled, "Guidance in Cross Gender and Transgender Pat Searches, which provides a review of agency policies that cover searches of inmates and transgender management and care as well as a pat search video demonstration. This training module is used to train facility staff on conducting searches. The lesson plan contained instructions for how to conduct cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner. Of the 12 staff who were randomly selected for interviews, all of them verified they had received the training and were able to accurately describe the training they received. Security staff reported that they had the training in the officers' academy.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action:

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
The following evidence was analyzed in making the compliance determination:	
<ol style="list-style-type: none">1. Documents: (policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022c. Agency Handbook Large Print, revised 01/2021	

- d. Interpretation, Translation Services Contract
- e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 300.00.35 Americans with Disabilities Act, effective date 07/07/2025
- f. Agency Handbook Addendum – Spanish, POC-41BS (07/3026)
- g. Agency Inmate Handbook Spanish
- h. Agency Posted Language Policy Notice

2. Interviews:

- a. Agency Head
- b. Inmates (with disabilities or who are limited English proficient)
- c. Random Sample Staff

3. On-site Observations

- a. PREA postings in both English and Spanish
- b. Audit postings in both English and Spanish

Findings (By Provision)

116 (a) - 1

The facility indicated, in their response to the Pre-audit Questionnaire (PAC), that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XI, B, (p.8), that, "PIOCs with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the Department of Correction's (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."

Division of Adult Institutions (DAI) Policy #300.00.35, in Section I, Paragraph A, (p.3), requires all facilities to establish a process for inmates with qualified disabilities to request accommodation for access to programs, services, and activities. Paragraph C, of the same policy, outlines that individuals with disabilities may not be excluded from participation in, or be denied the benefits of, DAI services, programs or activities on the basis of their disabilities, and that all DAI programs, services and activities shall be readily accessible to, and useable by, individuals with disabilities. The same policy requires facilities to make reasonable accommodations for individuals with disabilities except where doing so would result in a fundamental alteration in the nature of the program, would threaten or destroy the historic significance of an

historic property, or result in undue financial and administrative burdens.

The facility provided, as evidence, copies of contracts the agency has entered into to provide video remote interpreting (VRI) services for American Sign Language (ASL) and in person interpretation services for ASL. A video with PREA Education is available for inmates who are visually impaired to listen to. Auditors were able to review the video on YouTube. There are videos designed for both male and female inmates. The agency head said, in an interview, "We use ISpeak cards, inmates with disabilities and Limited English Proficient (LEP) inmates are identified and we watch that on an ongoing basis to see where they are transferring. We have an Americans with Disabilities Act (ADA) Coordinator to work with folks and assess what they need. Our educational materials are available in multiple languages, in audio format, and our video is close captioned. We ensure that ADA Coordinators, and PREA Compliance Managers (PCMs), are helping out if there is a question or if it appears that someone is not understanding."

Inmates with disabilities and inmates who are LEP said that the facility makes special accommodations for them so that they can participate in all efforts to prevent, detect and respond to sexual abuse and sexual harassment. An inmate who is hard of hearing identified that the facility provided him with a watch that vibrates for his ease of telling time and an inmate who is LEP said that staff use the language line to facilitate communication for him.

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

115.16 (b)

The facility indicated, in their response to the PAQ, that the agency has established procedures to provide equal opportunities, to inmates who are LEP, to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. ED 72 says, in Section XI, B, 4 (p.8), that offenders 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. DAI policy #300.00.61 Language Assistance for Limited English Proficiency (LEP) outlines procedures that ensure LEP inmates in DAI facilities are not precluded from accessing or participating in important programs or proceedings, including those that may affect the duration and condition of their classification or confinement, have meaningful access to important vital documents, are afforded language assistance at no cost, receive meaningful access to medical, dental and mental health services, are not subjected to retaliation for requesting language assistance, and are permitted to communicate verbally and in writing in languages other than English. This policy also requires the posting of important items such as visiting room rules, surveillance notices, security warnings, facility regulations, policies, procedures, unit rules, and inmate discipline information in the lobby, visiting area, intake/reception area, waiting rooms of medical and mental health service units, mailrooms, property rooms,

libraries, housing areas and school and program areas. It also requires staff to obtain from inmates at intake, their self-identified primary language and to ensure that the information is recorded in the department's computerized database. The policy requires staff to initiate provision of language assistance when there is a question of an inmate's ability to use the English language in reading, writing or speaking, and requires staff to provide specific documents, including a PREA pamphlet, in both Spanish and English. The facility presented, as documentation, the inmate handbook and the PREA Pamphlet, printed in both Spanish and English, and auditors were able to observe PREA information posted, throughout the facility, in both English and Spanish.

The facility also provided the agency's Language Policy Notice, printed in both English and Spanish, that auditors observed posted in the facility. Also provided as documentation were copies of contracts that the agency has entered to provide in-person interpretation services for foreign languages, written foreign language translation services, and statewide telephone interpretation services. Auditors also noted that PREA posters, throughout the facility, are printed in both English and Spanish. The auditor was able to interview a Spanish speaking inmate without having to use the language line. The inmate was also asked if staff offer use of the language line when communicating with her and she identified that they do.

A final analysis of the evidence indicates that it is in substantial compliance with this provision.

115.16 (c) - 1

The facility indicated, in their response to the PAQ, 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 or the investigation of the inmate's allegations. ED 72, in Section XVI, A, no. 4, (p. 14) prohibits relying on offender translators, offender readers or other types of offender assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first responder's duties, or the investigation of allegations. Twelve staff were randomly selected for interviews, and all were familiar with the translation services that are available at the facility. None of the 12 staff randomly selected for interview were aware of any instance, at the facility, where one inmate was allowed to translate for another when making an allegation of sexual abuse or sexual harassment.

115.16 (c) - 2

The facility indicated, on the PAQ, that any instances where one inmate may be allowed to translate for another would be documented. However, there have been no instances where that happened, thus no documentation was available.

115.16 (c) - 3

The facility reported on the PAQ, the number of times, in the past 12 months, where inmate interpreters, readers, or other types of inmate assistants were used and it was not the case that an extended delay in obtaining another interpreter could

	<p>compromise the inmate's safety, the performance of first-responder duties, or the investigation of the inmate's allegations, as zero.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 42 Police Contact, Arrest, and Conviction Policy for Current Employees, effective date 02/27/2025 c. Wisconsin Department of Corrections Executive Directive 72 Sexual Assault and Sexual Harassment in Confinement (PREA), effective date 08/02/2022 d. Non-DOC Personnel Visitors Form-2674, revised 07/2024 Agency Procedure Background Check, effective date, 11/26/2018 e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 309.06.03, Non-DOC Personnel, Business & Professional Visitors, effective date 08/20/2024 f. Agency Fingerprint Procedures, issue date, 11/26/2018 g. Background Check Authorization Check DOC-1098D, revised 02/2021 h. Candidate Reference Check Form DOC 1098-R, revised 10/2020 i. Wisconsin Department of Corrections Human Resources Policy #200.30.507 Reference Checks and Verification of Work History, effective date 02/29/2024 j. Wisconsin Department of Corrections Division of Adult Institutions Policy #:300.00.92 Background Checks, effective date 03/25/2024 2. Interviews <ol style="list-style-type: none"> a. Human Resources Staff

Findings (By Provision)

115.17 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that agency 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;
- (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.

Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section VI, A, 1, (p. 5), prohibits the hiring or promoting of anyone who has engaged in sexual abuse in a confinement facility, anyone who has been convicted of engaging, or attempting to engage in, non-consensual sexual activity in the community, or anyone who has been civilly or administratively adjudicated to have engaged in activity described above.

Executive Directive 42 Police Contact, Arrest, and Conviction Policy for Current Employees (ED 42) says, in Section VIII, 1, (p. 7), that the DOC will not hire or promote an applicant for a position which may have contact with inmates, offenders or juveniles based on the following PREA standards:

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

The facility provided copies of background check authorizations and reference check paperwork, both of which ask individuals the required questions, on the PAQ. They also provided A sample background check authorization. The auditor reviewed the packets and noted that the background check authorizations ask the candidate for employment if they have ever been:

- a. engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution or place of detention,
- b. 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,
- c. civilly or administratively adjudicated to have engaged in the activities described above.

The auditor also noted that the candidate reference check forms, also provided by the facility, ask the person providing the reference if they have any knowledge of the employment candidate ever having been engaged in any of the three situations described above.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (b)

The facility indicated, in their response to the PAQ, that agency 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. ED 72, in Section VI, A, 1, (p. 5), says that the DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee. Auditor's review of the sample application for employment packets reflected that the background check authorization asks the candidate if they have ever engaged in sexual harassment in the community or confinement setting, and the candidate reference check form used asks if the person providing the reference has any knowledge of the candidate ever engaging in any incident of workplace sexual abuse or sexual harassment while employed by their company. The Human Resources Administrator verified that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. A review of the documentation provided confirmed her response.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (c) - 1

The facility indicated, in their response to the PAQ, that before hiring 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. ED 72 says, in Section VI, A, 3, (p. 5), that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check.

Paragraph a, of the same section, says that 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 facility provided a Human Resources Background Check Procedure that provides 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. This document identifies that Bureau of Human Resources staff is responsible for conducting and reviewing background checks and that no applicant, contractor or person considered for an internship or job shadow may begin working until a background check has been completed and is approved for hire.

This agency Background Check Procedures identifies, in Section III, (p. 4), that the agency also requires a criminal background check to be completed when a current employee is moving to a position which, although is at the same level as the position being vacated and is not a promotion, has significantly different duties than his or her current position.

ED 72 identifies, in Section VI, 3, (p. 5), that, in accordance with PREA standards, the DOC shall make its best efforts to obtain 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 policy identifies that the Reference Check Form DOC-1098R should be used, for obtaining reference checks, to ensure the proper PREA questions are asked. The facility provided a blank DOC-1098R Candidate Reference Check form that shows that questions 10 through 12 are additional questions, for positions that may have contact with inmates or juvenile offenders, that ask if the candidate has 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, if it has ever been determined that the candidate has ever engaged in any incident of sexual abuse or sexual harassment while employed by the former employer, or if the candidate resigned during a pending investigation of an allegation of sexual abuse or sexual harassment prior to an investigation being completed.

115.17 (c) - 2

The facility indicated, in their response to the PAQ, that, in the past 12 months the number of people hired who may have contact with inmates who have had criminal background record checks was 35. The auditor reviewed employment files submitted by the facility and determined that the requisite criminal background records were checked, and reference checks had been done.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (d) - 1

The facility indicated, in their response to the PAQ, that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. ED 72, in Section VI, A, 3, (p.5) identifies that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check. ED 72 identifies, in Section III, (p.1), that the term, "contractor," means a person who provides services in a DOC operated facility on a

recurring basis pursuant to a contractual agreement with the agency and has contact with PIOC. The Human Resources Administrator verified, in an interview, that criminal record background checks for promotions, and for all contractors as well as for new DOC employees and contractors are conducted. Contract employees who were interviewed said, and HR staff verified, that the contractors were background checked by providing documentation of the completed background checks.

115.17 (d) - 2

The facility identified, in their response to the PAQ, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates as 13. The Human Resources Director said that background checks are completed when the agency hires or promotes and that fingerprinting is done upon hire and every five years thereafter.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (e)

The facility indicated, in their response to the PAQ, that agency policy requires that 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. ED 72 says, in Section VI, A, 3b, (p. 5), "the DOC shall conduct a criminal background record check every five years for current employees." ED 42 Police Contact, Arrest, and Conviction Policy for Current Employees, effective 08/15/2016, says, in Section VIII, (p.7), that, "the DOC shall conduct a criminal background records check every five years for current staff members."

An agency procedure, submitted during the pre-onsite phase of the audit, entitled Background Check Procedure, dated 11/26/2018, says, "to maintain compliance with PREA as well the (sic) FBI's CJIS security policies, fingerprints must be retaken at least once every five years." The auditor interviewed the Human Resources Administrator who confirmed this. The facility also submitted a spreadsheet identifying the dates of the last background checks, and the next date that same check is required, for a sampling of staff at the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (f and g)

The facility submitted, as documentation that it does 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 and in any interviews or written self-evaluations conducted as

part of reviews of current employees, the DOC-1098D Background Check Authorization form, that requires all applicants to answer whether they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if they have ever 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, and if they have ever been civilly or administratively adjudicated to have engaged in any of these activities. The auditor reviewed the sample background check authorizations submitted by HR staff and noted that the applicants had answered those exact questions.

ED 42, Police Contact, Arrest, and Conviction Policy for Current Employees imposes a continuing duty to report by saying, in Section VI, (1), (p. 4) "a current employee is required to notify his or her supervisor in writing of any nonwork-related police contact with the exception of employees who are victims of a crime." It goes on to say, "in the event of an arrest or charge, the employee must also notify the supervisor of any updates related to the court proceedings as well as the final outcome of the arrest or charge." The Human Resources Administrator said, in an interview, "policy requires all staff to report any police contact, to a supervisor, within 48 hours of that contact."

A final analysis of the evidence indicates that the facility is in substantial compliance with these provisions.

115.17 (h)

Executive Directive #72 requires, in Section VI, A, 3a, (p. 5), that the DOC provide reference information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. The Human Resources Director verified that this is done.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take. The auditor finds that the facility actually exceeds the standard in that background checks are done, not just for new employees or for employees seeking promotion, but also for employees seeking lateral transfer to a position that has very different duties than the position they currently hold. This provides another opportunity to discover important information that may have been previously overlooked.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p>
	<ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Form DOC-2635, Maintenance Project Request for Approval effective date, 08/2022 (blank)
	<ol style="list-style-type: none"> 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Warden
	<p>Findings (By Provision)</p>
	<p>115.18 (a)</p>
	<p>The facility indicated, in their response to the Pre-audit Questionnaire (PAC) that it has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. In a conversation with the Regional PREA Compliance Manager, it was explained that the facility did make updates to several areas of the facility, during the audit year, including a remodel of parts of the kitchen area and showers on the units, but no new wings or facilities were added that significantly altered the structure of the facility.</p>
	<p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p>
	<p>115.18 (b)</p>
	<p>The facility also indicated, in response to the PAQ, that the facility has updated a video monitoring system, electronic surveillance system, or other monitoring technology, in certain areas of the facility, since the last PREA audit. The facility indicated, on the PAQ, that three cameras were added to the mechatronic training trailer and a sally port camera view was integrated into a section that holds all cameras in the system. These camera upgrades provide greater surveillance of the facility both inside and outside.</p>
	<p>A final analysis indicates that the facility is in substantial compliance with this provision.</p>

	<p>Corrective Action</p> <p>A final analysis indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.14 Protection, Gathering and Preservation of Evidence, effective date, 12/01/2023 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, effective date, 11/21/2023 d. Agency Healthcare Manual Reference e. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022 f. Agency Inmate Handbook g. Agency Victim Services Coordinator Reference Guide, effective date 04/2020 h. Agency Victim Services Coordinator Workshop Agenda, dated 04/2018 i. Agency Victim Accompaniment Guide, effective date 04/2020 j. Certificate of Attendance, Support Services Workshop, 04/2018 k. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.04 Support Services and Retaliation Monitoring, effective date 10/18/2021 l. Form DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist (Blank) m. Letter from Wisconsin Department of Corrections Secretary to Law Enforcement agencies requesting compliance with PREA standard 115.21 2. <p>Interviews</p> <ol style="list-style-type: none"> a. Random Sample of Staff b. Facility PREA Compliance Manager <p>Findings (By Provision)</p> <p>115.21 (a) - 1</p>

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ) that the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct.) Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED72), in Section, XVII, A (p.15), says, "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."

115.21 (a) - 2

The facility indicated, in their response to the PAQ, that the facility is not responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). ED 72, Section XVII, B, (p.15), says, "allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement."

115.21 (a) - 3

The facility indicated, in their response to the PAQ that the Racine Police Department is the local law enforcement agency designated to investigate allegations of sexual abuse that involve potentially criminal behavior.

115.21 (a) - 4

The facility indicated, in their response to the PAQ, that when conducting a sexual abuse investigation, investigators follow a uniform evidence protocol. The evidence protocol followed is outlined in Division of Adult Institutions (DAI) Policy #306.00.14 Protection, Gathering and Preservation of Evidence, in section I, paragraphs, A through D, (p. 2 and 3), in section II, paragraphs A through E, (p. 3), and section III, paragraphs A through I, (pps. 3-6). The auditor noted that the policy, in Section I, B, (pp.2-6) is highly detailed and outlines the entire process, including securing and protecting the scene and the collection, preservation and logging of evidence. All 12 random staff who were interviewed were well familiar with the agency's protocol for obtaining useable physical evidence and all of them knew who the facility's investigators were.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (b) - 1

The facility indicated, in their response to the PAQ, that this portion of the standard does not apply because the facility does not house youthful offenders and there is no requirement for the protocol to be developmentally appropriate for youth. The auditor was able to verify through facility records and staff interviews that there were no youth housed at the Racine Youthful Offender Correctional Facility (RYOCF) during the 12-month review period.

115.21 (b) - 2

The facility indicated, in their response to the PAQ, that the protocol was not adapted from, or otherwise based on, the most recent edition of the DOJ 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. Instead, the facility indicated that, "the 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, "Standards for Health Services in Prisons (2014 ed). (2019). Chicago, Illinois: National Commission on Correctional Health Care."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (c) - 1

The facility indicated, in their response to the PAQ, that the facility offers all inmates who experience sexual abuse access to forensic medical examinations. ED 72, in Section XVI, B, (p.14), identifies that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and that forensic medical examinations will be performed by Sexual Assault Nurse Examiners (SANEs) where possible. The facility PREA Compliance Manager (PCM) identified, during an onsite interview, Ascension All Saints Hospital, at 3803 Spring Street in Racine, Wisconsin, employs SANEs, both scheduled and on-call, that a SANE is always available, and that the facility will transport any alleged victim who requires a forensic exam to the hospital. Auditor conducted a telephone interview with staff at Ascension All Saints Hospital who verified that there is always a SANE either on duty or on call. Staff said that they do perform SANE exams for inmates, just like any other victim.

115.21 (c) - 2

The facility indicated, in their response to the PAQ, that the facility does not offer all inmates who experience sexual abuse access to forensic medical examinations onsite because the facility does not conduct forensic exams. This information was verified during an onsite interview with health care staff who verified that the facility does not conduct forensic exams but would send victims to the Ascension All Saints Hospital where the service is available.

115.21 (c) - 3

The facility indicated, in their response to the PAQ, that the agency does offer all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. DAI Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, identified, in Section III, C, (p.4) that when it is determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, staff will send the alleged victim to the designated Emergency Room (ER) for the SANE to conduct an evidentiary exam. A telephone interview, with staff at Ascension All Saints Hospital, conducted during the post-onsite phase of the audit, confirmed that the hospital will conduct SANE exams for the facility upon request.

115.21 (c) - 4

The facility indicated, in their response to the PAQ, that forensic medical examinations are offered without financial cost to the victim. ED 72, Section XVI, B, 3, (p.14), identifies that, “ . . . all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate.” The Inmate Handbook also identifies that inmates have the right to receive free medical and mental health care following an incident of sexual abuse or sexual harassment and this was verified by facility staff.

115.21 (c) - 5

The facility indicated, in their response to the PAQ, that, where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiner (SANEs). ED 72, Section XVI, B, 3, (p.14), identifies that, “ . . . all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, . . . where evidentiary or medically appropriate.” Division of Adult Institutions (DAI) Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, identifies, in Section III, C, (p.) that when it is determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, staff will send the alleged victim to the designated ER for the SANE to conduct an evidentiary exam. The auditor interviewed a SANE at Aurora Medical Center who confirmed that there is always a SANE on duty, or on call, and that the hospital will conduct forensic exams for inmates from the facility upon request.

115.21 (c) - 6

The facility indicated, in their response to the PAQ, that when SANEs or SAFEs are not available, a qualified medical practitioner does not perform forensic medical examinations. ED 72 says, in Section XVI, B, 3, (.14) that if SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility indicated that there is always a SANE available, either on staff or on call, and that an inmate requiring a SANE exam will be transported there.

115.21 (c) - 7, 8, 9 and 10

The facility indicated, in their response to the PAQ, that the facility documents efforts to provide SANEs or SAFEs. The facility also indicated, in their response to the PAQ, that the number of forensic medical exams conducted, during the past 12 months, is one, that the number of exams performed by SANEs/SAFEs, during the past 12 months is one, and the number of exams performed by qualified medical practitioners, during the past 12 months is zero. The facility provided a copy of an Incident Report dated, Friday, 09/05/2025, that documents that an inmate was transported, by the facility, to Ascension All Saints Hospital for a forensic exam.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (d) - 1

The facility indicated, in their response to the PAQ, that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or

by other means. ED 72 says, in Section XVI, B, 4, (p. 14), that the facility shall attempt to make an advocate from a local sexual assault service provider (SASP) available to accompany and support victims through a forensic medical examination process and investigatory interviews. It also says that if the victim requests the service, the SASP shall also provide emotional support, crisis intervention, information and referrals. The facility provided, as documentation, a Memorandum of Understanding (MOU), dated 01/2023, between the Wisconsin Department of Corrections (WDOC) and BeLEAF Survivors, a sexual assault service provider in Racine, WI. According to the MOU, the SASP will provide services such as an advocate to accompany and support victims of sexual abuse through forensic medical examination and investigatory processes, emotional support, crisis intervention, information and referral to victims of sexual abuse in confinement at the facility. The auditor interviewed a representative from the BeLEAF Survivors agency who confirmed that the services identified in the MOU are provided upon request for inmates housed at the facility.

115.21 (d) - 2

The facility indicated, in their response to the PAQ, that the facility's attempts to make a victim advocate from a rape crisis center available either in person or by other means, are documented. ED 72 requires, in Section XVI, B, 4, (p. 14), that the facility's efforts to secure services from a local SASP be documented. The facility provided forms used to document efforts to provide these services. Form DOC-2767, Sexual Abuse Incident Victim Services Coordinator Response Checklist is used to document a referral made by the facility Victim Services Coordinator.

115.21 (d) - 3

The facility indicated, in their response to the PAQ, 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. ED 72 says, in Section XVI, B, 4, (p.14) that if a SASP is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role. The facility submitted, as verification of staff who are appropriately trained to service in this role, a Notice of Support Services Workshop for WDOC Victim Services Coordinators, a WDOC PREA Victim Accompaniment Guide, and an Agency Victim Service Coordinator's Guide, all of which are used as training materials to train facility staff identified as a Victim Services Coordinator. They also submitted a Certificate of Completion, of the VSC training, of a staff Social Worker.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (e) The facility indicated, in their response to the PAQ, 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. ED 72 XVI, B, 4, (p.14) The facility shall attempt to make available to the victim an advocate from a local sexual assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. It goes on to say that if a SASP is not available to provide victim advocate services, the DOC shall make available a member who has been screen for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues. The facility submitted a form DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist that the facility Victim Services Coordinator would use to document this service if they were called upon to provide it. The sexual assault service provider, BeLEAF Survivors, provides advocacy services to inmates and will accompany an inmate through investigatory interviews if that service is requested. The facility PCM verified this as did staff at the SASP.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (f)

The facility indicated, in their response to the PAQ, that the agency does conduct administrative administrations of sexual abuse but does not conduct criminal investigations. Allegations of sexual abuse that may involve criminal behavior are referred to local law enforcement, in this case the Racine Police Department, and the agency has requested that the responsible agency follow the requirement of paragraphs 115.21 (a) through (e) of the standards. Presented as documentation of this request was a copy of a letter, sent by the DOC Secretary, Jared Hoy, to law enforcement agencies used by the WDOC to investigate allegations of sexual assault, in WDOC facilities of confinement, requesting that they comply with the requirements of Standard 115.21 (a) through (e). The letter is dated March 09/02/2025.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (g)

The Warden identified that a qualified advocate is available through BeLEAF Survivors and that there are staff at the facility, who are also qualified to serve in that role. Those staff are called Victim Services Advocates. Sample training materials used for training staff to act as advocates was provided.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with this provision. There is no corrective action to take.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022 c. Spreadsheet listing investigations conducted during the audit period d. Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations, effective date 10/28/2020 e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.15 PIOC Investigations, effective date, 09/15/2016 f. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 303.00.05 Law Enforcement Referrals, effective date 07/25/2022 g. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.15 Inmate Investigations, effective date 05/27/2021 h. Law Enforcement Referral Template i. Agency Website Reference 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Investigative Staff
	<p>Findings (By Provision)</p> <p>115.22 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency ensures 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.) They said that all reports of sexual misconduct are documented and tracked for appropriate response. Those that meet the definitions of sexual abuse or sexual harassment transition to an administrative investigation. The facility makes a referral to law enforcement for criminal conduct when indicated.</p> <p>Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XVII, A, (p.15), that the agency will ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment including those received from third and anonymous sources. The Agency Head said, in an interview, "our PREA policy outlines procedures for our own investigation and when we need to refer to law enforcement, so if criminal behavior is involved, they</p>

are also getting the referral right away."

115.22 (a) 2

The facility indicated, on the PAQ that, in the past 12 months, 15 allegations of sexual abuse and sexual harassment were received.

115.22 (a) - 3

The facility reported, on the PAQ, that in the past 12 months, the number of allegations resulting in an administrative investigation was 15.

115.22 (a) - 4

The facility reported, on the PAQ, that in the past 12 months, the number of allegations referred for criminal investigation was 12.

115.22 (a) - 5

The facility reported, on the PAQ, that, in the last 12 months, all investigations were not completed. One administrative investigation remains on-going.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.22 (b) - 1

The facility indicated, in their response to the PAQ, that the agency's policy requires 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. ED 72, in Section XVII, C, (p. 16), says that allegations of sexual abuse or sexual harassment that involve potential criminal behavior will be referred for investigation to the Racine County Sheriff's Department and that all such referrals will be documented. Division of Adult Institutions (DAI) Policy #303.00.05, Law Enforcement Referrals, identifies a variety of offenses that the Warden/Designee shall refer to Law Enforcement for investigation. On that list is, "Sexual abuse per Executive Directive 72, Staff sexual assault of an offender per Executive Directive 16A, and Sexual assault per Wisconsin Statutes s. 940.225." This policy also identifies that the Warden may also refer, to law enforcement, "any other incident deemed appropriate."

The Agency Head said, in an interview, "the PREA Compliance Managers (PCMs) clarify and assign the allegation to see if it meets the definition and if it does, the facility will take action which might mean referring to law enforcement, if there is a criminal component, or might mean assigning to investigators to lead the investigation and determine the outcome. If the allegation involves staff, our Internal Affairs Division would assign a lead investigator."

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115.22 (b) - 2

The facility indicated, in their response to the PAQ, that the agency's 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 facility offered, as documentation, a printout of a page found on the agency web site that details the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation. In addition, the auditor reviewed the agency web site and was able to determine that the agency's policy, regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation, is published on the agency website.

115.22 (b) - 3

The facility indicated, in their response to the PAQ, that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. An investigator who was interviewed said that allegations of sexual abuse or sexual harassment are referred to the Racine Police Department for criminal investigation unless the allegation does not involve potentially criminal behavior. All referrals are stored in the agency's computerized database, Sensitive Information Network Communication, (SINC), where the agency's sexual abuse and sexual harassment allegation and investigations are tracked and retained. The database includes prompts for the user to notify law enforcement and requires a date of contact to be entered before the user can proceed. Auditors reviewed printouts from SINC that demonstrated the documentation.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.22 (c) - 1

The facility indicated, in their response to the PAQ, that information published on the agency website, regarding investigations of allegations of sexual abuse and sexual harassment refers the reader to ED 72 where the responsibilities of both parties are listed. The website identifies that the agency PREA Office educates and trains offenders, staff, and community partners regarding PREA, reviews and conducts administrative investigations of sexual abuse and sexual harassment allegations, provides technical assistance and interpretation of PREA standards, coordinates PREA compliance and auditing, and collects and analyzes data. It also identifies that local law enforcement agencies investigate allegations of sexual abuse when the alleged conduct involves potentially criminal behavior.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022 c. Agency curriculum – Facility Staff Training & Support: DAI Uniformed Staff Wisconsin Department of Corrections Correctional Officer Preservice Program, effective date, 11/2022 d. Agency Training Module – All Staff e. Agency Newsletters, dated Spring 2018, Spring 2019, Fall 2019, Spring 2020, and Fall 2020 f. Agency Policy Update Announcement – dated 09/20/2022 g. Agency Policy Update Announcement – dated 10/01/2023 h. Agency Policy Update Announcement, The Weekly Update, 10/03/2024 i. Agency Refresher Training Modules, dated 2017, 2019, 2021, 2023 and 2025 j. Printout from computerized database documenting trainings completed by facility staff k. DOC – 1558 Statements of Acknowledgement (Five completed) 2. Interviews <ol style="list-style-type: none"> a. Random Sample Staff 3. On-site Observations <ol style="list-style-type: none"> a. Posters, with PREA information printed on them b. Staff pocket cards, provided by the facility, with PREA information used as reminders throughout their work time <p>Findings (By Provision)</p> <p>115.31 (a) 1 - 10</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the agency trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment by saying that all new staff are required to complete the training module "PREA," and that all existing staff were required to complete this module in the fall of 2025. They also indicated, on the PAQ, that security staff also receive a module during pre-service.</p>

Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XI, A, 1, (p. 7), requires the agency to train all employees who may have contact with prisoners on:

- a. the department's zero-tolerance policy for sexual abuse and sexual harassment,
- b. how to fulfill employee responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures,
- c. PIOC's to be free from sexual abuse and sexual harassment,
- d. the right of PIOC's and employees to be free from retaliation for reporting sexual abuse and sexual harassment,
- e. the dynamics of sexual abuse and sexual harassment in confinement,
- f. the common reactions of sexual abuse and sexual harassment victims,
- g. how to detect and respond to signs of threatened and actual sexual abuse,
- h. how to avoid inappropriate relationships with PIOC's,
- i. how to communicate professionally with PIOC's, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming PIOC's,
- j. how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- k. information tailored to male and female PIOC's, and
- l. instruction specific to the unique needs and attributes of juveniles.

The policy goes on to say, "All staff members shall receive training every two years; in years in which a staff member does not receive such training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies." "Staff are required to acknowledge and certify to the Department of Corrections (DOC) through signature or electronic verification, that they understand the training they received."

The facility provided a copy of a DOC New Employee Training Program for New Uniformed Staff in DAI, effective date 20/2022, that outlines training given at the Officer's Academy. This training is required prior to new Correctional Officers working inside any of the agency's facilities. The Auditor reviewed the program and identified that PREA training is a part of the pre-service training program.

The facility also provided screenshots of the required online module all staff are required to complete. The module is narrated, and knowledge checks are spaced throughout; understanding is assessed at the end, in the form of a "final exam." The module informs trainees that they must achieve a score of 80% or higher on the final exam and completion of training is tracked electronically. The auditor reviewed the entire module and ascertained that all the items listed above were included in the training.

Twelve staff were randomly chosen for interviews during the onsite phase of the audit, and all of them were able to articulate the training they received and were able to identify the above components of the training. The auditor reviewed the staff training records provided on the PAQ. The printouts list the names of the staff, their current positions in the facility, and all PREA training completed. Auditor cross referenced the names of staff who completed the training with the staff roster and determined that all staff completed the required training.

Auditors noted posters, with PREA information printed on them, throughout the facility and staff showed auditors pocket cards, provided by the facility, with PREA information on them that staff can use as reminders throughout their work time. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (b) 1 and 2

The facility indicated, in their response to the PAQ, that training is tailored to the gender of the inmates at the facility. ED 72 identifies, in Section XI, A, 1, (p.7), that the agency will train all new staff members, that all staff members shall receive training every two years, and that in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies. The policy identifies topics staff will be trained on, including all topics listed in 115.31 (a) 1 – 10, as well as “instruction tailored to male and female offenders.”

Auditor reviewed the training module all staff are required to complete and ascertained that the training is gender neutral and is applicable to working with both male and female inmates.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (c) - 2 and 3

The facility indicated, in their response to the PAQ, 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. ED 72 requires, in section XI, A, 1, (p.7), that all staff members receive training every two years and that in years during which staff members do not receive training, the DOC will provide refresher information on current sexual abuse and sexual harassment policies. The facility provided copies of refresher training provided to staff. All 12 random staff who were interviewed were able to ascertain that they do receive the PREA training every two years and the refresher information in the in-between years.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (d) - 1

The facility indicated, in their response to the PAQ, that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. ED 72 identifies, in Section XI, A, 1, (p. 7), that, “each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received.” The facility provided a printout from an agency computerized

	<p>database showing facility employees' completion of the required training. Employee training is computer based and includes both knowledge-based tests throughout and a "final exam" at the end that staff must achieve a passing grade on. Training results are documented and maintained, demonstrating completion, and understanding, of employee training.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Agency Brochure, PREA: A Guide for NON-DOC Personnel, Business & Professional Visitors, revised 09/20/2023 c. Agency Brochure, PREA: A Guide for NON-DOC Personnel, Business & Professional Visitors, revised 09/20/2023, Spanish, revised 2023 d. Form DOC-2674, Revised 07/2024, Non-DOC Personnel, Business & Professional Visitors Application (blank) e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 309.06.03, NON-DOC PERSONNEL, BUSINESS & PROFESSIONAL VISITORS, effective date 08/20/2024 f. NON-DOC PERSONNEL, BUSINESS & PROFESSIONAL VISITORS Policy Attachment A g. Agency Volunteer Full Orientation, POC-0079 h. Agency Volunteer Manual dated 09/2023 2. Interviews <ol style="list-style-type: none"> a. Volunteers and Contractors who have Contact with Inmates

Findings (By Provision)

115.32 (a) - 1 and 2

The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), 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. Wisconsin Department of Corrections Division of Adult Institutions (DAI) Policy #: 309.06.03 Non-DOC Personnel, Business & Professional Visitors specifies, in Section VI, A, (p.11), that Non-DOC Personnel are required to complete role-specific orientation as detailed in Attachment A prior to facility entry and PIOC interaction.

The policy also identifies that the full orientation should be provided by facility staff and should include a thorough review of the standardized Volunteer Manual (POC-0079) and requires that the volunteer training provided be documented in the appropriate agency computerized database. The brief orientation is required to include a review of the standardized brief orientation Form (POC-0080) and can be conducted by phone or e-mail.

The policy also requires that Non-DOC Personnel be required to undergo orientation once per calendar year to maintain active status. The policy lays out what type of orientation and training is required, either a brief orientation or a full orientation depending on the frequency of the volunteer or contractors' time spent in the facility and dictates the record keeping that must be carried out regarding the orientation provided. The policy also requires annual orientation updates for volunteers and contractors.

The facility presented materials used to train volunteers and contractors before they have contact with inmates. The documentation included the Agency Volunteer Orientation Guide, form POC - 0080 that instructs volunteers to carefully review the DOC pamphlet regarding the Federal Prison Rape Elimination Act of 2003 (PRREA), and advises them that the Department of Corrections (DOC) has a zero-tolerance standard for sexual abuse and sexual harassment, that inmates cannot legally consent to any sexual contact, and that volunteers are obligated to immediately report any information (including suspicion) about inmate victimization, retaliation or neglect.

Other training materials included a brochure entitled, "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Non-DOC Personnel, Business & Professional Visitors," a contractor and volunteer training module, an agency volunteer brief orientation, an agency volunteer full orientation, and an agency volunteer manual. Auditor reviewed these materials and noted that they do contain training on the agency's zero-tolerance policy and on the Prison Rape Elimination Act (PREA), as well as information on responsibilities of reporting any knowledge, suspicion or information about sexual abuse or sexual harassment, retaliation against a victim or reporter, and violation of responsibilities that may have contributed to an incident or retaliation.

The training materials contain definitions of sexual abuse and sexual harassment and

describe, "red flags," that may indicate abuse. They also provide different avenues for reporting sexual abuse or sexual harassment. The facility indicated, in their response to the PAQ, that 372 volunteers and contractors, who may have contact with inmates, have been trained in agency policies and procedures regarding sexual abuse and sexual harassment. The auditor interviewed two volunteers, via telephone, who indicated that they had received PREA training prior to interacting with inmates inside the facility and have also received PREA training.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.32 (b) - 1

The facility indicated, in their response to the PAQ, 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. Wisconsin Department of Corrections Executive Directive 72 identifies, in section XI, A, 2, (p.8). "All volunteers and contractors who have contact with PIOC shall be trained, in accordance with the type of service and level of contact they have with PIOC, on the DOC's zero-tolerance policy as it relates to sexual abuse and sexual harassment. They shall additionally be trained on their responsibilities under the DOC's sexual abuse and sexual harassment prevention detection and response policies and procedures."

Division of Adult Institutions (DAI) Policy #: 309.06.03 Volunteers, Non-DOC Personnel, Business & Professional Visitors, in Attachment A (p.4) identifies four levels of training provided based on the contact with PIOC. The levels are identified as Tier 1 training, Tier 2 training, Tier 3 training, and Tier 4 training. Tier 1 training includes the application process, using DOC-2674, and is identified as the minimum orientation for all non-DOC personnel entering DAI facilities. Tier 2 training is described in the policy as a brief orientation that is approximately 15 minutes in length and can be conducted by telephone. Tier 3 training is the full orientation, an estimated two to three hours in length, and can be facilitated by security or non-security staff in person or through video conference. Tier 4 training is described as a contractor-specific orientation.

Attachment A identifies types of volunteers and the level of training they are required to complete before entering the facility, with Tier 1 being required for all volunteers, Tier 2 training to apply mostly to volunteers who may be one-time or ongoing for multiple session volunteers, and Tier 3 training to be required for volunteers, pastoral visitors and student interns, who will be expected to enter the facility on a continuing basis over a period of time. Training tiers 2, 3 and 4 are required to be updated annually.

Auditors interviewed a contracted employee during the onsite portion of the audit, who verified that they had received the PREA training that all employees received. The contractor verified that they had received all the appropriate orientation prior to entering the facility and that they are provided with an annual training update.

	<p>115.32 (b) - 2 The facility indicated, in their response to the PAQ, 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.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.32.(c) - 1 The facility indicated, in their response to the PAQ, that the agency maintains documentation confirming that volunteers and contractors understand the training they receive. The facility provided documentation of volunteers and contractor training and their confirmation that they understood the training they received. Two volunteers who were interviewed that they received the appropriate training.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Agency Brochure, PREA: A Guide for NON-DOC Personnel, Business & Professional Visitors, revised 09/20/2023 c. Agency Brochure, PREA: A Guide for NON-DOC Personnel, Business & Professional Visitors, revised 09/20/2023, Spanish, revised 2023 d. Form DOC-2674, Revised 07/2024, Non-DOC Personnel, Business & Professional Visitors Application (blank) e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 309.06.03, NON-DOC PERSONNEL, BUSINESS & PROFESSIONAL VISITORS, effective date 08/20/2024 f. NON-DOC PERSONNEL, BUSINESS & PROFESSIONAL VISITORS Policy Attachment A g. Agency Volunteer Full Orientation, POC-0079

h. Agency Volunteer Manual dated 09/2023

2. Interviews

a. Volunteers and Contractors who have Contact with Inmates

Findings (By Provision)

115.32 (a) - 1 and 2

The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), 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. Wisconsin Department of Corrections Division of Adult Institutions (DAI) Policy #: 309.06.03 Non-DOC Personnel, Business & Professional Visitors specifies, in Section VI, A, (p.11), that Non-DOC Personnel are required to complete role-specific orientation as detailed in Attachment A prior to facility entry and PIOC interaction.

The policy also identifies that the full orientation should be provided by facility staff and should include a thorough review of the standardized Volunteer Manual (POC-0079) and requires that the volunteer training provided be documented in the appropriate agency computerized database. The brief orientation is required to include a review of the standardized brief orientation Form (POC-0080) and can be conducted by phone or e-mail.

The policy also requires that Non-DOC Personnel be required to undergo orientation once per calendar year to maintain active status. The policy lays out what type of orientation and training is required, either a brief orientation or a full orientation depending on the frequency of the volunteer or contractors' time spent in the facility and dictates the record keeping that must be carried out regarding the orientation provided. The policy also requires annual orientation updates for volunteers and contractors.

The facility presented materials used to train volunteers and contractors before they have contact with inmates. The documentation included the Agency Volunteer Orientation Guide, form POC - 0080 that instructs volunteers to carefully review the DOC pamphlet regarding the Federal Prison Rape Elimination Act of 2003 (PRREA), and advises them that the Department of Corrections (DOC) has a zero-tolerance standard for sexual abuse and sexual harassment, that inmates cannot legally consent to any sexual contact, and that volunteers are obligated to immediately report any information (including suspicion) about inmate victimization, retaliation or neglect.

Other training materials included a brochure entitled, "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Non-DOC Personnel, Business & Professional

Visitors," a contractor and volunteer training module, an agency volunteer brief orientation, an agency volunteer full orientation, and an agency volunteer manual. Auditor reviewed these materials and noted that they do contain training on the agency's zero-tolerance policy and on the Prison Rape Elimination Act (PREA), as well as information on responsibilities of reporting any knowledge, suspicion or information about sexual abuse or sexual harassment, retaliation against a victim or reporter, and violation of responsibilities that may have contributed to an incident or retaliation.

The training materials contain definitions of sexual abuse and sexual harassment and describe, "red flags," that may indicate abuse. They also provide different avenues for reporting sexual abuse or sexual harassment. The facility indicated, in their response to the PAQ, that 372 volunteers and contractors, who may have contact with inmates, have been trained in agency policies and procedures regarding sexual abuse and sexual harassment. The auditor interviewed two volunteers, via telephone, who indicated that they had received PREA training prior to interacting with inmates inside the facility and have also received PREA training.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.32 (b) - 1

The facility indicated, in their response to the PAQ, 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. Wisconsin Department of Corrections Executive Directive 72 identifies, in section XI, A, 2, (p.8). "All volunteers and contractors who have contact with PIOC shall be trained, in accordance with the type of service and level of contact they have with PIOC, on the DOC's zero-tolerance policy as it relates to sexual abuse and sexual harassment. They shall additionally be trained on their responsibilities under the DOC's sexual abuse and sexual harassment prevention detection and response policies and procedures."

Division of Adult Institutions (DAI) Policy #: 309.06.03 Volunteers, Non-DOC Personnel, Business & Professional Visitors, in Attachment A (p.4) identifies four levels of training provided based on the contact with PIOC. The levels are identified as Tier 1 training, Tier 2 training, Tier 3 training, and Tier 4 training. Tier 1 training includes the application process, using DOC-2674, and is identified as the minimum orientation for all non-DOC personnel entering DAI facilities. Tier 2 training is described in the policy as a brief orientation that is approximately 15 minutes in length and can be conducted by telephone. Tier 3 training is the full orientation, an estimated two to three hours in length, and can be facilitated by security or non-security staff in person or through video conference. Tier 4 training is described as a contractor-specific orientation.

Attachment A identifies types of volunteers and the level of training they are required to complete before entering the facility, with Tier 1 being required for all volunteers, Tier 2 training to apply mostly to volunteers who may be one-time or ongoing for

multiple session volunteers, and Tier 3 training to be required for volunteers, pastoral visitors and student interns, who will be expected to enter the facility on a continuing basis over a period of time. Training tiers 2, 3 and 4 are required to be updated annually.

Auditors interviewed a contracted employee during the onsite portion of the audit, who verified that they had received the PREA training that all employees received. The contractor verified that they had received all the appropriate orientation prior to entering the facility and that they are provided with an annual training update.

115.32 (b) - 2

The facility indicated, in their response to the PAQ, 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.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.32.(c) - 1

The facility indicated, in their response to the PAQ, that the agency maintains documentation confirming that volunteers and contractors understand the training they receive. The facility provided documentation of volunteers and contractor training and their confirmation that they understood the training they received. Two volunteers who were interviewed that they received the appropriate training.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022

- c. Agency Investigation Resource Guide
- d. Agency Investigation Training (Effective February 2022)
- f. List of Agency Trained Investigators

2. Interviews

- a. Investigative Staff

Findings (By Provision)

115.34 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XI, A, 4, (p. 8), that employees who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and 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 facility presented a copy of their investigator training module. The auditor reviewed the module and determined that it does cover investigation of sexual abuse allegations made in confinement settings.

A facility investigator was interviewed who confirmed that he received training specific to conducting sexual abuse investigations in confinement settings and identified that the training covered all the required subjects including techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and 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.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.34 (b)

The auditor reviewed the training module provided by the facility. The training provides an overview of investigations, distinguishes between opinions and facts, talks about the purpose, authority and policies regarding investigations, talks about types of investigations and lays out the investigation process, covers forms, investigative tools and resources, gives definitions of sexual misconduct, provides a section on interviewing, and includes a trainee exercise. The investigative staff who were interviewed verified having received this training.

A final analysis of the evidence indicates that the facility is in substantial compliance

	<p>with this provision.</p> <p>115.34 © - 1 and 2</p> <p>The facility indicated, in their response to the PAQ, that the agency maintains documentation showing that investigators have completed the required training. ED 72, in section XI, paragraph A, No. 4, (p.8), requires the agency to maintain documentation of the training completions. Reported on the PAQ was that the agency currently employs 703 investigators who have completed the specialized training. The facility provided a computerized database printout that the agency uses to record agency investigators completion of the appropriate training. The database groups the investigators who have completed the training by agency institution. The auditor noted that the name of the investigator, who was interviewed, did appear on the list.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.35	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (policies, directives, forms, files, records, etc.</p> <ol style="list-style-type: none"> Pre-Audit Questionnaire Wisconsin Department of Corrections Executive #72 Sexual Assault and Sexual Harassment in Confinement (PREA), effective date 08/02/2022 PREA Healthcare for Staff, Training Module for Healthcare Staff Excel spreadsheet documenting health care training completions. <p>2. Interviews:</p> <ol style="list-style-type: none"> Medical and Mental Health Staff
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Findings (By Provision)

115.35 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XI, A, 5, (p.8), requires all medical and mental health care practitioners, who work regularly in agency facilities, to be trained on:

1. how to detect and assess signs of sexual abuse and sexual harassment,
2. how to preserve physical evidence,
3. how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and
4. how, and to whom, to report allegations or suspicions of sexual abuse and sexual harassment.

The facility presented the online module all Wisconsin Department of Corrections healthcare employees are required to complete upon hire and in yearly training.

Understanding of the training is assessed at the end of the module, in the form of a quiz. Completion of the training is tracked electronically. The auditor reviewed the module and found that the training does cover the topics required by agency policy.

115.35 (a) - 2

The facility indicated in their response to the PAQ, that 14 medical healthcare staff, who work regularly at the facility, completed the required training. Auditors interviewed healthcare staff who confirmed that they had received both the regular employee PREA training and the PREA training for healthcare staff. In addition, the facility presented a database printout verifying that all medical staff have completed the appropriate training.

115.35 (a) - 3

The facility indicated, in their response to the PAQ, that 82 percent of all medical and mental healthcare practitioners who work regularly at this facility have received the training required by agency policy. The facility reported that two out of the total of 14 individuals have not completed the "PREA for Healthcare" training, according to facility online records, but that requests to complete the training have been sent out to these individuals.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.35 (b) - 1

The facility indicated, in their response to the PAQ, that the medical staff, at the facility do not conduct forensic medical exams. If a forensic exam is needed, the facility will transfer an inmate to a local hospital where a SANE is available. The

Nurse Manager who was interviewed confirmed this.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.35 © - 1

The facility indicated, in their response to the PAQ, that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. Presented as documentation of appropriate staff training was a database printout verifying that all healthcare staff have been properly trained.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.35 (d) - 1

The facility indicated, in their response to the PAQ, that medical and mental healthcare practitioners also receive the training mandated for employees under 1115.31 or for contractors and volunteers under 115.32. The facility presented training documentation that demonstrated that medical staff and treatment specialists received training mandated for employees by 115.31.

115.35 (d) - 2

The facility has contracted healthcare staff employed at the facility full-time who are required to complete the annual training that all staff complete and are required to complete the PREA training for medical and mental health care staff. An interview with a contracted healthcare staff verified that they have received both training courses, as required, and documentation provided by the facility confirmed that those training courses were completed.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Executive Directive #72 Sexual Assault and Sexual Harassment (PREA) effective date 08/02/2022
 - c. Wisconsin Department of Corrections Division of Adult Corrections Policy #: 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization, effective date 11/21/2023
 - d. Agency Screener User Guides, Sections A, B, C, and D, updated 10/13/2017
 - e. Form, DOC-2718A, Revised 09/2017, Agency Adult Female Screening Tool
 - f. Admission PREA Screening User Guide
 - g. Sample PREA Risk Screens (Completed)
 - h. Agency Screener User Guide, Rescreening as Needed
 - i. WICS Screening Warning

2. Interviews

- a. Staff Responsible for Risk Screening
- b. Random Sample of Inmates
- c. PREA Coordinator
- d. PREA Compliance Manager

Findings (By Provision)

115.41 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XII, A, (p. 9), "PIOCs shall be assessed during an intake screening within 72 hours of arrival at the facility, and again within 72 hours of transfer to another facility, for risk of being sexually abused by other PIOCs or sexually abusive toward other PIOCs."

Staff who perform risk screening were interviewed, who said that inmates who come in as new admissions are screened typically on the day of admission. The screening consists of two parts, an in-person, face-to-face interview, and a records review.

Twenty-six inmates were formally interviewed and all but three of them recalled having been screened by staff, either on the day of arrival or the following day. Three of them could not recall whether they had been screened or not, but staff produced copies of the screens that were appropriately done on the three inmates who could not recall.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (b) - 1

The facility indicated, in their response to the PAQ, that the agency policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Division of Adult Institutions (DAI) Policy# 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization says, in Section I, A, (p. 3), "PIOCs shall be screened within 72 hours of admission to any DAI facility for risk of being sexually abused by other PIOCs or sexually abusive towards other PIOCs."

115.41 (b) - 2

The facility indicates, in their response to the PAQ, that the number of inmates, whose length of stay at the facility was for 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, within the past 12 months, was 306. The auditor reviewed completed screens provided on the PAQ and noted that the vast majority of the risk screens were completed within 72 hours of the inmates' admission to the facility. The auditor also requested copies of the completed screens for all inmates who were interviewed during the audit. The facility provided the requested documentation, and the auditor reviewed it and found it to be 100% accurate. In other words, 100% of inmates admitted to the facility during the audit period, whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization within 72 hours of admission.

All 26 inmates who were randomly chosen for interview said they were asked questions about things like whether they had ever been incarcerated before, whether they had ever been sexually abused, if they identified with being lesbian, bisexual, or transgender, and if they felt safe at the facility, and all of them recalled that interview having taken place soon after their arrival at the facility. Some of them said it took place the day they arrived, and some thought they remembered it happened the day after their arrival. The staff responsible for conducting risk screening said inmates are screened within 72 hours of arrival and the documentation reviewed by auditors confirmed that with 100% accuracy.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (c and d)

The facility indicated, in their response to the PAQ, that the risk assessment is conducted using an objective screening tool. Submitted as documentation was Form DOC-2781A, dated 09/2017, entitled PREA Screening Tool Adult Male Facility. They also submitted a blank copy of the PREA SCREENING TOOL, ADULT MALE FACILITY.

The screening tool is divided into two sections. Section A requires an inmate interview to obtain information. Inmates are asked their age, height, weight, all questions that can be verified by the screener. Section A also includes 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 record review. Staff review inmate records to answer questions regarding 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, and if the inmate has ever received a conduct report for either sexual assault, or physical assault, while confined. The assessment tool has, at the top of the page, instructions for staff completing the screening. It tells them what 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 a numeric value assigned to it. The numbers are totaled for each part of the assessment, which allows a determination to be made if the offender is at risk of either victimization (ROV) or abusiveness (ROA).

The auditor requested and received copies of completed screens for all the 26 inmates who were formally interviewed, and all were correctly done.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (e)

The facility indicated in their response to the PAQ, that the initial screening considers prior acts of sexual abuse, prior convictions for violent offense, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The screening tool, and the completed screens reviewed by auditors showed that the screening does ask, in section A, question 7, if the inmate has ever had sexual contact in confinement with someone without their consent or because they were forced, coerced or threatened. Section B, the Record Review section, asks, in question 3, if the inmate has had any convictions for violent offenses, in question 4 if the inmate has had any convictions for sexual offenses, and, in question 6, if the inmate has ever been the perpetrator in a substantiated sexual abuse case while confined or if the inmate ever received a conduct report for sexual assault while confined.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (f) - 1

The facility indicated, in their response to the (PAQ), that agency 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. ED 72 requires, in Section XII, D, (p. 9), that, in addition to the initial screening, within 30 days of arrival, the facility will reassess inmates' risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening was completed. DAI Policy #: 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization requires, in Section I, B, that, within 30 days of admission, inmates shall be rescreened to determine if additional, relevant risk factors are present.

The risk screening instrument includes the 30-day reassessment on the same form for ease of conducting the reassessment with the previous information at the ready, to enable staff to easily note any changes. All of the documentation auditors requested included both the initial screens, and the 30-day follow-up screens.

115.41 (f) - 2

The facility indicated, in their response to the PAQ, that the number of inmates entering the facility within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake is 287. The facility also submitted a blank copy PREA SCREENING TOOL, ADULT MALE FACILITY.

The auditor reviewed the sample screens submitted by the facility and determined that the facility completed a 30-day re-screen on 100% of all inmates admitted to the facility during the audit period.

A final analysis of the evidence indicates that the facility is in compliance with this provision.

115.41 (g)

The facility indicated, in their response to the PAQ, 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. ED 72 says, in Section XII, D, (p. 9) That after the initial and follow-up screens are completed, an offender's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. DAI Policy #: 410.30.01 says, in Section I, C, (p. 3), "an inmate may be referred for a follow-up rescreening by any staff member when:

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

The facility provided, as documentation, copies of three follow-up screens that were done following allegations of sexual abuse.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (h)

The facility indicated, in their response to the PAQ, that agency 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.

ED 72, in Section XII, A, (p. 8), states that offenders will not be disciplined for refusing to answer or for failing to disclose information regarding the assessment questions. In addition, the screening itself includes a paragraph that staff conducting the screening are required to read to the inmate being interviewed. Included in those statements is one that informs inmates that they are not required to answer any of the questions, and that, if they wish, they may answer some, but not all the questions. Staff who were interviewed verified that inmates are not disciplined, in any way, for refusing to respond to, or for not disclosing complete information related to any of the questions.

Inmates who were interviewed confirmed that they were told they would not be disciplined if they chose not to answer some, or all, of the questions.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (i)

The facility indicated, in their response to the PAQ, that the agency has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. ED 72, in Section XII, F, (p. 9),

requires appropriate controls to be placed on the dissemination of information gleaned in initial and follow-up screenings of inmates to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders. It limits any information related to sexual victimization or abusiveness occurring in an institutional setting to medical and mental health practitioners and to other employees, as necessary, to make housing, program and work assignments, or as otherwise required by law.

The PREA Director said, in an interview, "people who access this information are limited to need to know, and they get a warning electronically that reminds them that in order to proceed, they must have a business purpose. I can run reports to see who is entering that space to make sure it is appropriate." The facility PCM, when asked if the agency has outlined who should have access to an inmate's risk assessment said, "there is a classification of staff who can have that access." Intake staff who were interviewed said that the information is limited to staff who have a need to know and listed health care staff and those who make housing assignments as examples.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.42 Use of screening information	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
The following evidence was analyzed in making the compliance determination:	
<ol style="list-style-type: none">1. Documents: (policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Executive Directive #72 Sexual Assault and Sexual Harassment (PREA) effective date 08/02/2022c. Wisconsin Department of Corrections Division of Adult Corrections Policy #: 325.00.04, Inmate Drivers – Licensed Vehicles, effective date 06/07/2021d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, effective date 11/21/2023e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.23 Special Placement Needs of Inmates, effective date 04/12/2021f. Agency Policy Work Placement #:309.00.01 PIOC Work Placement, effective date, 10/07/2024g. Agency Screener User Guide, Housing Recommendation Entry	

- h. Agency Screener User Guide, Security Special Handling Entry
- i. Agency Work Assignment Placement Form, DOC-1408 Inmate Work/Program Assignment Placement, revised 09/2023
- j. Wisconsin Department of Corrections Division of Adult Institutions Policy #:500.70.26 Review for Housing Consistent with Gender Identity, effective date, 05/29/2024
- k. Wisconsin Department of Corrections Division of Adult Corrections Policy #: 500.70.27 Transgender Management and Care, effective date, 02/03/2025
- l. Form DOC-3793, Revised 08/2022, Transgender Housing Evaluation
- m. Agency Pre-Hearing Classification Process, dated 11/02/2022.
- j. Classification Samples (11) completed

2. Interviews

- a. PREA Compliance Manager
- b. Staff Responsible for Risk Screening
- c. Transgender Inmates

3. Onsite Review of the Facility

- a. Separate shower stalls

Findings (By Provision)

115.42 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the agency/facility uses information from the risk screening required by Standard 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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII, A, (p. 10), requires that information obtained from the initial, or follow up screening, be used to inform housing, bed, work, education and programming assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Staff who conduct risk screening verified, in an onsite interview, that the information is used to determine housing, work or programming assignments.

The PREA Compliance Manager said that the primary use of the information is in housing inmates. He also said that the agency's computerized database will automatically flag where inappropriate housing assignments have been made, such as attempting to house an inmate at risk of victimization with an inmate at risk of being sexually abusive. Line staff may not have all the information when making these assignments so the flag will alert them that this is not a workable housing

situation. The information is also shared with mental health staff so that appropriate follow-up can be provided.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (b)

The facility indicated, in their response to the PAQ, that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. Agency policy, ED 72, requires, in Section XIII, A, (p.10), that individualized determinations be made regarding the safety of each inmate, using information obtained from the initial or follow-up screening. The staff uses information from risk screening to make housing assignments, as demonstrated by the facility PCM and Control Center staff. Control Center staff explained how the Wisconsin Department of Corrections database will not allow anyone to assign an inmate at risk of being victimized (ROV), in the same cell that houses an inmate whose risk screen identified them as being at risk of being abusive (ROA). This is a function that is built into the software system. Staff responsible for risk screening said that the inmate's view of where they feel safe is discussed during the risk screening and inmates who were interviewed confirmed this.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (c)

The facility indicated, in their response to the PAQ, that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. ED 72, in section XIII, paragraph E, No. 2, (p. 11) requires staff to consider on a case-by-case basis, housing and programming assignments for transgender or intersex offenders. The placement should be one that ensures the offender's health and safety and considers whether the placement would present management or security problems. Division of Adult Institutions (DAI) Policy #” 500.70.27, Transgender Management and Care, requires, in Section IV, A, (p. 7), that facility and housing assignments, for transgender and intersex inmates, be made on a case-by-case basis considering the inmate's health and safety as well as potential programming, management and security concerns. It also requires that an inmate's own views regarding safety shall be given careful consideration.

There were no transgender inmates housed in the facility at the time of the onsite portion of the audit.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (d)

The facility indicated, in their response to the PAQ, that placement and programming

assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate. The PREA Compliance Manager confirmed that placement and programming assignments for transgender inmates are done every six months and presented documentation of classifications that had been during the audit period.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (e)

The facility indicated, in their response to the PAQ, that a transgender or intersex inmate's own views with respect to his or her own safety are given serious consideration when making facility and housing placement decisions and programming assignments. ED 72, in Section XIII, E, 2, (p.11) requires staff to give serious consideration of the transgender or intersex offender's view of their own safety with respect to housing, programming and job assignments.

Staff who conduct risk screening pointed out that a question regarding inmates' perception of their own safety at the facility is part of the initial risk screening and said that staff would also talk to inmates about their safety during the 30-day rescreening. All inmates who were interviewed confirmed that staff discussed their views of their own safety during the screening process.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (f)

The facility indicated, in the response to the PAQ, that transgender and intersex inmates are given the opportunity to shower separately from other inmates and the staff confirmed this. It was noted during the review of the facility that all the shower stalls are individual, with curtains, so every inmate has the opportunity to shower alone and staff verified that they can provide a different location, and or time, for transgender or intersex inmates to shower if they request it.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (g)

The facility indicated, in their response to the PAQ, that the agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Agency policy requires, in section XIII, paragraph E, no. 1, (p. 11), that lesbian, gay, bisexual, transgender or intersex offenders shall not be placed in dedicated facilities,

wings or unit solely on the basis of such identification or status. The facility does not have dedicated housing units, or wings, for housing gay, bisexual, transgender or intersex inmates.

Both the PREA Director, and the Warden, confirmed in interviews that the facility is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The agency PREA Director said, in an interview, "We do not use that information solely to guide housing. There have to be other factors, and they would never be solely in a space that is dedicated to LGBTI. They would be among other inmates with similar custody level, behavior and programming needs."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.43 Protective Custody	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
The following evidence was analyzed in making the compliance determination:	
<ol style="list-style-type: none">1. Documents: (policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Executive Directive #72 Sexual Assault and Sexual Harassment (PREA) effective date 08/02/2022c. Wisconsin Department of Corrections Division of Adult Corrections Policy #: 306.05.01 Protective Confinement, effective date 12/30/2024d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization, effective date, 11/01/2017e. Form DOC-30, Revised 02/2019, Review of Inmate in Restrictive Housing (Blank)f. Form DOC-68, Revised 11/2014, Review of Inmate in Temporary Lockup (Blank)2. Interviews<ol style="list-style-type: none">a. Warden or Designee	

Findings (By Provision)

115.43 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has 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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII, B, 1 (p. 10), says that offenders 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. It also says that if an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment. Division of Adult Institutions (DAI) policy #306.00.72 Screening for Risk of Abusiveness and Risk of Victimization says, in Section II, I, (p. 4 - 5), that inmates at high risk of victimization will not be involuntarily separated from the general population unless an assessment of all viable alternatives has been made and none have been identified. The Warden verified, in an interview, that inmates are not placed in segregation for this reason.

115.43 (a) - 2

The facility indicated, in their response to the PAQ, that the number of inmates who were separated from the general population involuntarily, in the past 12 months, was zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.43 (b) - 1

The facility indicated, in their response to the PAQ, that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. ED 72, in Section XIII, B, (p.10) identifies that if an inmate is involuntarily segregated from the general population they will have access to programs, privileges, education or work opportunities to the extent possible and that if the facility does find it necessary to limit access to these things, for safety reasons, they will document the opportunities limited and the reason.

The facility indicated, on the PAQ, that no inmates were placed in segregated housing, for this purpose, in the past 12 months and the Warden verified that.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.43 (c), (d), and (e)

The facility indicated, in their response to the PAQ, that in the past 12 months, placement in involuntary segregation while awaiting alternative placement was zero. The facility indicated, and the Warden verified, that they do not place inmates in involuntary segregation for this purpose.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/16/2016
 - c. Agency Inmate Handbook
 - d. Agency Inmate Handbook, Spanish
 - e. Agency Third Party Poster
 - f. Agency PREA Poster – English
 - g. Agency PREA Poster – Spanish
 - h. Agency ICE Locations
2. Interviews
 - a. Random Sample of Staff
 - b. Random Sample of Inmates
 - c. PREA Compliance Manager
3. On-site Observations
 - a. PREA Posters in English and Spanish through the facility
 - b. Zero-tolerance and reporting methods printed on the back of inmate ID cards

Findings (By Provision)

115.51 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIV, A, (p.11), says that the agency will provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents. T

The facility provided copies of handbooks, which are given to inmates, printed in both English and Spanish, which contain the reporting information on page 10. Reporting methods outlined there include telling any staff person, sending a request to any staff person, calling the PREA reporting hotline, telling a family member, friend, or outside support person so they can report on the inmate's behalf, filing a complaint, or contacting local law enforcement.

On page 11, the handbook tells inmates that they can dial #777 to make a report, without using their PIN, to someone inside the Department of Corrections (DOC). The handbook identifies this as a hotline number that is only monitored during business hours so, if they prefer not to tell staff, there will be a delay in responding. The facility also provided copies of postings, in English and Spanish, that are made available to inmates in the facility and identify the multiple ways they can report an incident of sexual abuse or sexual harassment. Information on the posters tells inmates that they can tell any staff person, report in writing to any staff person, that they can call #777, an internal reporting line that does not require an inmate PIN, they can file a grievance, report to a family member, friend or support person who can report for them, or they can report by writing to local law enforcement. Auditors saw posters with this information in numerous places throughout the facility including in the housing units.

All 26 of the inmates who were interviewed, during the onsite portion of the audit, were easily able to articulate how they could make a report of sexual abuse or sexual harassment. All of them were familiar with the reporting line, #777, as well as the other methods of reporting, that inmates can report, to any staff, verbally or in writing, that they can report to a friend, or family member, who can report for them, that they can report by filing a grievance or writing to local law enforcement. In informal interviews with inmates, they drew the auditor's attention to the zero-tolerance and reporting methods that are printed on the back of inmate ID cards.

Auditors tested telephones inmates use and were able to access the reporting services identified on the posters by dialing #777 and reporting to agency officials.

Feedback was provided showing that the calls had been received and reported appropriately. All 12 random staff who were interviewed were familiar with the #777 number and identified that it was readily available to inmates to make reports of sexual abuse and sexual harassment. They said that the number was available in the inmate handbook and on posters throughout the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.51 (b) - 1

The facility indicated, in their response to the PAQ, that the agency provides 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. ED #72, in Section XIV, A, requires the agency to provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. The agency provided copies of handbooks that are given to inmates, printed in both English and Spanish, which contain the reporting information. The handbook, on page 11, outlines how to use the #888 number. It tells inmates that they can dial #888 if they choose to remain anonymous and that they do not need to use their PIN. It also tells them that this is a hotline that is monitored by an agency outside of DOC but that the report will be sent back to the agency. They also provided copies of postings, in English and Spanish, which are made available to inmates in the facility, that identify how they can report an incident of sexual abuse or sexual harassment, to an outside agency. Information on the posters tells inmates that they can call #888, an external reporting line that does not require an inmate's PIN. Auditors saw these postings, in numerous places throughout the facility, printed in both English and Spanish. In the housing units they were appropriately posted near the telephones so that the numbers are readily available to anyone needing to make a telephone call to report an incident.

All the inmates who were interviewed, during the onsite portion of the audit, were easily able to articulate how they could make a report of sexual abuse or sexual harassment to an entity, or office that is not part of the agency. All of them were familiar with the reporting line, #888. The auditors tested telephones in the housing units and were able to access the reporting services identified on the posters. Feedback was provided showing that the calls had been received and reported appropriately.

All the random staff who were interviewed were familiar with the #888 number and identified that it was available to inmates to make reports of sexual abuse and sexual harassment to an entity that is not part of the agency. The Facility PREA Compliance Manager (PCM) was well able to articulate how inmates can report to a public or private office outside the agency.

115.51 (b) - 2

The agency indicated, in their response to the PAQ, that the Wisconsin Department of Corrections does not detain inmates solely for civil immigration purposes. They also

provided a printout, from the official website of the Department of Homeland Security, which shows how Detention Facilities can be located.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.51 © 1 and 2

The facility indicated, in their response to the PAQ, that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. ED 72, in Section XIV, C, 1, (p.12) says that employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports; and immediately report. The facility submitted documentation on how reports are documented and how the information is entered into the computerized agency database, at the time the allegation is made, and how the allegation is tracked until the case is ultimately closed.

All the random staff who were interviewed understood that inmates can report an incident of sexual abuse or sexual harassment verbally, in writing, anonymously and from third parties. All of them said they would treat all allegations the same, regardless of how they were reported, that they would immediately report all allegations to their supervisor and document them in an Incident Report.

All the inmates who were formally interviewed acknowledged that they were aware they could make reports to staff, either in person or in writing, and that they could have a friend or relative make the report for them.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.51 (d) 1 and 2

The facility indicated, in their response to the PAQ, that the agency provides a method for staff to privately report sexual abuse and asexual harassment of inmates. Section XIV C, 3, (p.12) of ED 72, identifies that the agency shall provide a method for employees to privately report sexual abuse and sexual harassment of offenders. The facility identified on the PAQ, that staff are informed of this in agency policy ED 72, which is covered in the PREA training that all staff are required to complete. All 12 staff who were randomly chosen for interview were aware of ways to privately report sexual abuse and sexual harassment of inmates. They said that they would report directly to any supervisor, to the PREA Director in Madison, or to local law enforcement.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

	A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Agency Administrative Code, Chapter DOC 310 c. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/20/2022 d. Agency Inmate Complaint Examiners Action Steps, effective date 03/11/2022 e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 310.00.01 Inmate Complaints Regarding Staff Misconduct, effective date 11/20/2022
	<p>Findings (By Provision)</p> <p>115.52 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. Facility staff indicated, on the PAQ, that 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. Wisconsin State Statute, Chapter DOC 310, requires that inmates in institutions be afforded a process by which grievances may be, "expeditiously raised, investigated, and decided." In DOC 310.08, PREA Complaint Procedure, the statute says that complaints filed under this section will be referred for a PREA investigation and that DOC policy must address the requirements that investigations regarding allegations of sexual abuse or sexual harassment be completed within established time frames.</p> <p>Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) Section XV, (p.13), says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Division of Adult Institutions (DAI) Policy #310.00.01 Inmate Complaints Regarding Staff Misconduct outlines the agency procedure for processing administrative complaints regarding staff misconduct by saying, in Section 1, A, (p. 2), that such</p>

complaints will be handled according to the provisions of ED 72 to ensure an investigation by facility or law enforcement is not impeded. An interview with the Agency PREA Director, confirmed that an inmate complaint of sexual abuse or sexual harassment, submitted to the Inmate Complaint Examiner (ICE) or submitted in the inmate complaint box, is immediately processed as a report of an incident, and removed from the complaint system. It is simply considered one of the multiple available reporting methods for PREA-related allegations.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (b) 1 and 2

The facility indicated, in their response to the PAQ, that agency 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 policy, ED 72, in Section XV, (p. 13) says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System will be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Section A of the same policy says that time limits are not imposed on when an offender may submit a complaint regarding an allegation of sexual abuse or sexual harassment.

The facility indicated, in their response to the PAQ, that agency 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. ED 72 says, in paragraph B, that the complaint process shall not include a mandatory informal resolution requirement.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 © 1 and 2

The facility indicated, in their response to the PAQ, that the agency's policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. ED 72 says, in Section XI, C, (p. 13), that offenders who allege sexual abuse or sexual harassment may submit a complaint without submitting it to an employee who is the subject of the complaint and that such a complaint is not referred to an employee who is the subject of the complaint. Agency Administrative Code Chapter 310, in Section 310.08 PREA complaint procedure, (p.2), identifies that, "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."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (d) -1

The facility indicated, in their response to the PAQ, that 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. ED 72 requires, in Section XV, (p. 13), that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint System be immediately redirected and referred for sexual abuse and/or sexual harassment investigation and that inmates be notified within 30 days of the initial complaint that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced.

115.52 (d) - 2, 3, 4, 5, 6, and 7

The facility indicated, in their response to the PAQ, that, in the last 12 months, there were no grievances alleging sexual abuse. The facility indicated that the agency does not notify an inmate in writing when the agency files for an extension and said that this is because the inmate complaint alleging sexual abuse or sexual harassment does not stay in the Inmate Complaint system long enough for that to happen. Instead, immediately upon receipt, it is removed from the Inmate Complaint process and put into the administrative investigation process.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (e) 1

The facility indicated, in their response to the PAQ, 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. ED 72, in Section XV, D, (p. 13), says that third parties, including fellow offenders, employees, family members, attorneys and outside advocates, shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment and that any such complaint filed is treated the same way that any other report of sexual abuse is treated and is immediately referred for investigation.

115.52 € - 2 and 3

The facility indicated, in their response to the PAQ, that agency policy and procedure do not require that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Although agency policy does not actually make that requirement, the PREA Director explained that if the third-party complaint is to continue through the complaint system, the agency may request that the alleged victim agree for the complaint to continue being processed, and, if the inmate doesn't want the grievance to be processed, then the decision to decline processing would be documented. She went on to say, "regardless of the source, all allegations of sexual misconduct are removed from our grievance system and routed for immediate action. We don't give a victim the opportunity to say, "no thanks, I don't want Inmate Smith's grievance on my behalf to continue any farther." It will continue in our system until it is remedied/

investigated."

The facility reported, on the PAQ, that the number of 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 was zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (f) - 1 - 6

The facility indicated, in their response to the PAQ, that 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 and that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. ED 72, in Section XV, E (p.13), says that if an offender believes that he or she is subject to a substantial risk of imminent sexual abuse, they can report that to any employee who is not the subject of the allegation. Staff are then required to forward that report immediately to facility leadership for immediate corrective action. Paragraph E goes on to say that facility leadership will provide an initial response within 48 hours and issue a final decision within five days. The facility indicated, in their response to the PAQ, that the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months is zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (g) - 1 and 2

The facility indicated, in their response to the PAQ, that the agency does have 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. Agency policy, ED 72, in Section XV, F, (p. 13) says that the DOC may discipline an offender for a complaint filed alleging sexual abuse or sexual harassment only where the agency can demonstrate that the complaint was filed in bad faith. Likewise, Agency Administrative Code Chapter 310, in Section 310.08, 6, says, "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." The facility indicated, in their response to the PAQ, that the number of inmate grievances received alleging sexual abuse that resulted in the agency bringing disciplinary action against an inmate, for having filed a complaint in bad faith, in the past 12 months, was zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action: A final analysis of the evidence indicated that the facility is

	substantially compliant with the standard. There is no corrective action to take.
115.53	<p>Inmate access to outside confidential support services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Form DOC-2937, Revised 11/2022, Advocacy Request Form (Blank) c. Form DOC-2937 S, Revised 01/2022, Advocacy Request Form Spanish (Blank) d. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022 e. Agency Handbook Addendum, f. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.04 Support Services and Retaliation Monitoring, effective date 10/18/2021 g. Agency Inmate Handbook h. Facility Inmate Handbook i. Form DOC-2767, Revised 08/2022, Sexual Abuse Incident Victim Services Coordinator Response Checklist, (Blank) j. Agency PREA posters with local Sexual Assault Services Provider contact information k. Agency PREA posters with local Sexual Assault Services Provider contact information, Spanish l. Memorandum of Understanding Between Wisconsin Department of Corrections and Aurora Health Care Metro, Inc. 2. Interviews <ol style="list-style-type: none"> a. Random Sample of Inmates 3. Onsite Review <ol style="list-style-type: none"> a. Posters throughout the facility identifying the outside advocacy agency <p>Findings (By Provision)</p> <p>115.53 (a) - 1 and 2</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the</p>

facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XVI, B, 5, (p. 15), identifies that the facility will provide offenders with access to outside victim advocates and that the agency will maintain, or attempt to enter, a memorandum of understanding (MOU), with such an agency that will provide emotional support services related to sexual abuse or sexual harassment. The policy goes on to say that access includes giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility provided copies of posters that are throughout the facility that provide toll-free telephone numbers and mailing addresses for local, state, or national victim advocacy or rape crisis organizations.

The facility also provided copies of Advocacy Request Forms, in both Spanish and English, that inmates can use to request the services of an advocacy agency. In addition, the inmate handbook provides an addendum to the handbook that identifies a local sexual assault service provider, giving the mailing address and telephone number, that will provide support at the hospital during a forensic medical examination, accompany victims during investigative interviews, and/or provide emotional support, crisis intervention, information and referral(s).

115.53 (a) - 3

The facility indicated, in their response to the PAQ, that this part of the provision is not applicable to the facility because they do not detain inmates solely for immigrations purposes.

115.53 (a) - 4

The facility indicated, in their response to the PAQ, that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The auditor noted that posters are situated near the telephones so inmates who need to use them can obtain the telephone numbers easily and unobtrusively. Additionally, the same information is printed in the inmate handbook and is also on the kiosks and tablets that inmate use. In addition, the agency handbook addendum identifies that every effort is made to ensure that communication with the local sexual assault service provider remains confidential. It tells inmates that their PIN is not needed to make the call and that the call is not monitored or recorded.

Inmates who were interviewed were familiar with the posters that provided information on how to contact the sexual assault services provider and were aware of to what extent the communication would be monitored and what information would be required to be reported. Inmates who filed a sexual abuse, who were interviewed said that they were aware of information and services available to them.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.53 (b) - 1

The facility indicated, in their response to the PAQ, that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. Form, POC-41B Sexual Abuse in Confinement, A Resource for Offenders, includes information telling the inmate that every effort will be made to keep their communications with the advocacy agency confidential, that their PIN is not required to make this call, and that the calls are not monitored or recorded. PREA posters, placed throughout the facility, inform the prisoner that a PIN is not needed to call the #999 Crisis Hotline number. Auditors reviewed the handbook addendum, and the posters placed throughout the facility during the onsite review of the facility. The posters also identify that all communication is monitored in accordance with Administrative Code Chapter DOC 309, DOC policy and facility procedure and that 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.

115.53 (b) - 2

The facility indicated, in their response to the PAQ, that the facility 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. Agency policy, ED 72 says, in Section XVI, B, 5, (p. 14), that the facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to offenders 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.

However, the PREA Director said, when asked for documentation of the facility informing inmates of the limits of confidentiality before giving access to outside support services that, in the State of Wisconsin, sexual abuse advocates are not mandatory reporters, so the facility does not identify them as such to inmates and leaves it to the provider to have that discussion with inmates seeking their services. The provider said, in a telephone interview, that the agency staff inform inmates of the limits of confidentiality when working with them.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.53 © - 1 and 2

The facility indicated, in their response to the PAQ, that the agency or facility maintains a memorandum of understanding (MOUs) or other agreements with community service providers that can provide inmates with emotional support services related to sexual abuse. The facility reports that they have entered an MOU with a local advocacy agency, BeLEAF Survivors, and provided a copy of the MOU. The MOU outlines the scope of the agreement and the terms of service. The advocacy agency agreed to provide an advocate to accompany and support victims of sexual

	<p>abuse through a forensic medical examination and investigative interviews if requested by the victim, provide emotional support services to victims of sexual abuse, obtain consent and a release of information from the victim before reporting an incident of sexual abuse, work with designated DOC officials to obtain security clearance (if needed) for the advocates to provide services, to participate in an inmate orientation and to tour the facility. The auditor interviewed the advocacy staff at the sexual assault services provider during the post-onsite phase of the audit. Staff there said that the agency provides a 24/7hotline for inmates to call for emotional support and advocacy, and that staff are trained as advocates to respond in person or over the phone.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.54	Third-party reporting <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Zero-Tolerance and 3rd Party Reporting Poster c. Wisconsin Department of Corrections Agency Website Reporting Reference 2. Interviews <ol style="list-style-type: none"> a. Random Sample of Inmates b. Random Sample of Staff 3. On-Site Observations <ol style="list-style-type: none"> a. PREA posters throughout the facility
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	<p>Findings (By Provision)</p> <p>115.54 (a) 1 and 2</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) identifies, in Section XIV, B, (p.11), that the Department of Corrections (DOC) shall provide a method for third parties to report sexual abuse and sexual harassment on behalf of an offender. It also requires that information on how to report sexual abuse and sexual harassment on behalf of an offender be posted publicly.</p> <p>The facility submitted, as evidence, an agency third party poster that lists ways to report on behalf of an inmate. Identified as ways to make a third-party report are, tell any staff person, make a report on the agency's website, www.doc.wi.gov and click on Prison Rape Elimination Act, or to contact local law enforcement. To notify DOC on behalf of an inmate or youth, a third-party may report by email and are asked to include as much information as possible, such as, full name of victim, date of birth of victim, DOC inmate number of victim, facility in which the incident occurred, a description of the incident, any suspect information available and the reporter's contact information if they wish to be contacted regarding the allegation. Auditors noted the third-party posters, during the onsite review of the facility, posted in areas where visitors could easily view them.</p> <p>All staff who were randomly selected for interviews said, in interviews conducted onsite, that they were aware that inmates could call a family member, or a friend, and have them report an incident of sexual abuse for them. They also said they believed an allegation made that way would be taken seriously and would be investigated in the same manner any other report would be. All inmates who were interviewed, both formally and informally, were also aware that they could have a third-party make a report of sexual abuse for them if they chose not to report it themselves.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no correction action to take.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives forms, files, records, etc.)
 - a. Pre-audit Questionnaire
 - b. Wisconsin Department of Corrections Executive Directive 72 Sexual Harassment and Sexual Abuse in Confinement (PREA), effective date, 08/02/2022

2. Interviews

- a. Warden
- b. PREA Director

Findings (By Provision)

115.61 (a) - 1, 2 and 3

The facility indicated, in their response to the Pre-Audit-Questionnaire (PAQ), that the agency requires all staff to report immediately, and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, to report immediately any retaliation against inmates or staff who reported such an incident, and to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIV C, 1, (p.12), requires all employees to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties, and to immediately report:

- a. any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the Department of Corrections (DOC),
- b. any incidents of retaliation against PIOC's or employees who have reported such an incident, and/or,
- c. any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Item 2, of the same section, requires that reports be made immediately to the immediate supervisor, unless reporting to that person compromises the safety of the alleged victim, witnesses, or the reporter. In those instances, staff are required to make a private report to the PREA Office of Special Operations or to submit electronically via the DOC's website. Item 3, of this same section of ED 72, requires that, "all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, shall be referred for investigation."

All 12 random staff who were interviewed during the onsite portion of the audit were aware of this policy requirement. When asked if all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation, and any staff neglect or violation of responsibilities that may

have contributed to an incident or retaliation, their answer was, "yes, we are required to report immediately."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.61 (b) - 1

The facility indicated, in their response to the PAQ, that apart from reporting to designated supervisors or officials and designated state or local service 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. ED 72, in Section XIV, C, 4, (p. 12), says that employees 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 is, by agency policy, to be limited to information necessary to make treatment, investigation and other security and management decisions only. All random staff who were interviewed, during the onsite portion of the audit, were aware of their reporting duties and of their obligation to not discuss any information related to a sexual abuse report other than to the extent necessary to make treatment, investigation, and other security management decisions.

A final analysis of the evidence indicates that that facility is in substantial compliance with this provision.

115.61 ©

ED 72, Section XIV, C, 6, (p. 12) requires medical and mental health practitioners to report sexual abuse and to inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services. A facility nurse was interviewed and said that they do inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services. A Psychological Services staff member was also interviewed who confirmed that the same is true of employees of that department of the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.61 (d)

The facility indicated, in response to the PAQ, that ED 72, Section XIV, C, 8, (p. 12) does say that if the alleged victim is under 18, the facility shall promptly, in no later than 14 days, report the allegation to the alleged victim's parents or legal guardians, unless the facility has documentation showing that the parents or guardians should not be notified, to the child welfare caseworker, if the alleged victim is under the guardianship of the child welfare system, or to the attorney, or other legal

representative, if a juvenile court has jurisdiction over the alleged victim. The PREA Director said, and the Warden verified in interviews conducted onsite, that there are no inmates under 18 housed at the facility. (See Standard 115.14 Youthful Inmates, in this report.)

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.61 €

The facility indicated, in their response to the PAQ, that ED 72, in Section XIV, C, 1, (p. 11), requires employees to report knowledge regarding an incident of sexual abuse to supervisors, investigators, and designated officials. The Superintendent identified, in an interview, that all employees are required, by policy, to report all knowledge regarding an incident of sexual abuse to supervisors, including those allegations made by a third party and those that are made anonymously.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Executive Directive 72 Sexual Harassment and Sexual Abuse in Confinement (PREA), effective date, 08/02/2022
2. Interviews
 - a. Agency Head
 - b. Superintendent
 - c. Random Sample of Staff

	<p>Findings (By Provision)</p> <p>115.62 (a) - 1, 2, 3, and 4</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), 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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XVI, that when the department or facility learns that an offender is subject to an imminent risk of sexual abuse, it shall take immediate action to protect them. The facility reported that in the past 12 months, the number of times the agency or facility determined than an inmate was subject to a substantial risk of imminent sexual abuse was zero.</p> <p>The agency head, who was interviewed during the pre-onsite phase of the audit, via zoom, said, "we could consider housing or facility change, removal of identified threat or voluntary protective confinement." All random staff, who were interviewed onsite said that they would immediately alert the captain or security director and move the inmate to a safe place until security came to take charge of the situation. When asked how quickly they would take that type of action, all of them said, "immediately."</p> <p>The warden said, in an interview, "we would consider potential movement of one or the other individuals, separate them by housing unit, or a job placement area, and we would advise staff that they would need to monitor inmates."</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Harassment and Sexual Abuse in Confinement (PREA), effective date, 08/02/2022 c. Agency External Facility Notification Template - Blank

- 2. Interviews
 - a. Agency Head
 - b. Warden

Findings (By Provision)

115.63 (a) - 1 and 2

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has 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.

Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XIV, C, 8, (p.12), that within 72 hours of receiving an allegation that a PIOC was the victim of sexual abuse at another facility, the information shall be reported by the head, or designee, of the facility, to the head, or designee, of the facility where the alleged abuse occurred. The facility reports that, in the last 12 months, the number of allegations the facility received that a PIOC was abused while confined at another facility was zero. Thus, no such documentation was available.

The facility reports, on the PAQ, that the facility's response is to gather information, notify a security supervisor and the facility PREA Compliance Manager (PCM), submit an incident report, refer the allegation to the head of the facility where the alleged abuse happened within 72 hours of receipt of the report, and assist with an investigation as needed.

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

115.63 (b)

The facility indicated, in their response to the PAQ, that Executive Directive 72, says, in Section XIV, C, 8, (p.12), "within 72 hours of receiving an allegation that an offender 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."

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

115.63 ©

The facility indicated, in their response to the PAQ, that ED 72 says, in Section XIV, C, 8, (p. 12) that all notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated. The facility indicated, on the PAQ, that, in the past 12 months, the number of reports the facility received that an inmate had been sexually abused at another facility was zero. The facility provided an Agency External Facility Notification template that would be used to document any such notifications.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.63 (d) 1 and 2

The facility indicated, in their response to the PAQ, that ED #72, in sections XIV, and C, 1 and 3, note that staff members shall accept reports made verbally, in writing, anonymously, and from third parties . . . and promptly report. It also says that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be referred for investigation.

The facility indicates that, in the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was four. It was indicated on the PAQ that all of the four allegations were from the same individual but listed four different subjects. Any such notifications that are received are stored in the agency's Sensitive Information Network Communication (SINC) database. Both the Agency Head and the warden said that the information, when received, is entered into the agency's Sensitive Information Network Communication (SINC) and is handled just as any other report. There is no difference in where the report comes from, they investigate them all the same way.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard.

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives forms, files, records, etc.)
 - a. Pre-audit Questionnaire
 - b. Wisconsin Department of Corrections Executive Directive 72 Sexual Harassment and Sexual Abuse in Confinement (PREA), effective date, 08/02/2022
 - c. Agency First Responder Pocket Card – Healthcare Staff
 - d. Agency First Responder Pocket Card – Non-Security Staff
 - e. Agency First Responder Pocket Card – Agency First Responder Card – Security Staff
 - f. Form DOC 2981 Sexual Abuse Response Checklist, revised 09/2022

2. Interviews

- a. Staff who act as First Responders
- b. Random Sample of Staff

Findings (By Provision)

115.64 (a) – 1 through 5

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency has a first responder policy for allegations of sexual abuse. Agency policy, ED 72, Section XVI, A, 1, (p.14), outlines the required response from staff upon learning of an allegation of sexual abuse. The policy says that upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to, at a minimum:

- a. Separate the alleged victim and abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and
- d. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence including, as appropriate washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

The facility submitted, in addition to the agency policy, cards that outline first responder responsibilities for health care staff, for non-security staff, and for security staff.

115.64 (a) – 6 - 11

The facility indicated, in response to the PAQ, that in the past 12 months, the number of allegations that an inmate was sexually abused was 12. The facility reported, on the PAQ, that of these allegations of sexual abuse in the past 12 months, the number

of times the first security staff member to respond to the report separated the alleged victim and abuser was eight. Staff indicated on the PAQ that for the other four reports, the victim and subject were already separated at the time the report was made.

Not all security staff and non-security staff first responders who were interviewed were certain of their first responder duties. Most of them knew that they would separate the victim and perpetrator and call security, but beyond that they were a bit unsure. The auditor discussed this with the Regional PREA Compliance Manager, and the Warden, who decided that a refresher training would be delivered on the topic. The facility provided materials that were provided to all staff regarding what their first responder duties are. Staff are also provided pocket cards that have first responder duties listed on the back.

if they were the first person to be made aware of an incident of sexual abuse, they would separate the alleged victim and suspected abuser and focus on keeping the alleged victim safe. Non-security staff said they would notify a security supervisor immediately and keep the alleged victim in their line of sight until security arrived. Security staff also said they would notify security immediately and identified that they would preserve and protect any crime scene, and, if the incident occurred within a time frame that allowed for evidence to be collected, they would preserve the ability to collect any useable evidence.

The facility indicated, on the PAQ, that in the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was two.

Most of the staff who were interviewed did not identify that they would request that the victim not take any action that might destroy useable evidence and ensure that the perpetrator does not take any such action either. Thus, the auditor recommends that the staff be reminded of the requirement that staff 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 ensure that the alleged abuser does not take any of those actions. This is a very subtle, yet important difference that is easily overlooked.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.64 (b) 1 and 2

The facility indicated, in their response to the PAQ, that agency 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. Agency policy, ED 72 says, in Section XVI, A, 2, (p.14) "if the first employee responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical

evidence and then notify security staff." Staff who were interviewed said they had been trained in what steps to take if they were in that position. All of them were able to well articulate the steps they would take in that situation. The staff have pocket cards with the appropriate steps printed on them and some of them used those in the interview. They all said they would separate the alleged victim and suspected perpetrator, notify security staff immediately, and keep the alleged victim safe until security staff arrived.

115.64 (b) – 3, 4, and 5

The facility indicated, in their response to the PAQ, that of the allegations an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was five.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

Recommendation:

1. Staff be reminded of the requirement that staff 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 ensure that the alleged abuser does not take any of those actions. It is a subtle, yet very important, difference. The facility provided the refresher training materials provided to staff.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none">1. Documents: (policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.06 Coordinated Response Plan, effective date 10/15/2024c. Wisconsin Department of Corrections Sexual Abuse in Confinement Coordinated Response Plan dated March 2025

2. Interviews

a. Warden

Findings (By Provision)

115.65 (a) - 1

The facility indicated, in their response to the PAQ, that the facility has 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. Wisconsin Department of Corrections Division of Adult Institutions Policy#:410.50.06 Coordinate Response Plan says, in Section I, A, (p.1) "on a yearly basis, or more frequently if needed, facilities shall review and update a response plan to coordinate actions taken following an incident of sexual abuse." The policy goes on to require that facilities use a template provided by the agency PREA Office as the basis for the plan.

The facility submitted, as documentation, a written institutional plan to coordinate actions taken, by first responders, medical and mental health practitioners, investigators, and facility leadership, in response to an incident of sexual abuse. The plan clearly identifies the responsibilities of security staff first responders, the security director, and non-security staff first responders, including actions to take, other staff to notify, and written documentation to prepare. It also identifies who is responsible for notifying both medical and mental health care services, local law enforcement. The plan lists facility staff by name and position and provides contact information for them. Also provided is the contact information for the local hospital where a SANE is available. Included in the written plan is a Sexual Abuse Incident Flowchart that presents all required steps, in the coordinated response, and shows the order in which they should happen. The Warden confirmed, in an interview, that the facility does have a coordinated response plan and said that all staff responsibilities are identified in the plan.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.66

Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
<ol style="list-style-type: none"> 1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire 	
<ol style="list-style-type: none"> 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager 	
Findings (By Provision)	
<p>115.66 (a) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. In an interview, during the pre-onsite phase of the audit, the agency head said, "we do not collectively bargain," and cited the public act that did away with Collective Bargaining for Correctional Officers in 2010.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p>	
Corrective Action	
<p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>	

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
The following evidence was analyzed in making the compliance determination:	
<ol style="list-style-type: none"> 1. Documents: (policies, directives forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and 	

Sexual Harassment in Confinement, effective date 08/02/2022
c. Form DOC – 2805 Sexual Abuse Allegation Staff Retaliation Monitoring, revised 06/2020 (blank) d. Wisconsin Department of Corrections Division of Adult Institutions Policy#: 410.50.04 Support Services and Retaliation Monitoring, effective date 10/15/2024
e. Form DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist, revised 08/2022 (blank)

2. Interviews

- a. Agency Head
- b. Warden
- c. Designated Staff Member Charged with Retaliation Monitoring

Findings (By Provision)

115.67 (a) – 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement PREA (ED 72), outlines, in Section XVIII, (p.17), that (a), each facility shall designate a staff member(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected and

(b), for at least 90 days following a report of sexual abuse, the designated facility-based employee shall monitor the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who were reported to have experienced sexual abuse to determine if retaliation occurred. It also requires that, for offenders, such monitoring shall include periodic status checks, employees shall act promptly to remedy any such retaliation, and monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need.

115.67 (a) – 2

The facility indicated, in response to the PAQ, that the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The auditor interviewed a staff a social worker who also serves as a Victim Services Coordinator and has been designated as a retaliation monitor. The facility submitted, on the PAQ, copies of blank forms DOC-2805, used to document staff retaliation monitoring, and DOC-2767 Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Response Checklist.

A final analysis indicates that the facility is in substantial compliance with this provision.

115.67 (b)

ED 72, in Section XVIII, C, (p.17), says that for offenders or staff who express fear of retaliation, the facility shall take appropriate protective measures. The agency head, said in an interview conducted during the pre-onsite phase of the audit, "Executive Directive 72's policy statement includes zero tolerance for report-related, retaliation. The Victim Services Coordinators (VSC) are tasked with monitoring inmate victims and reporters for 90 days or more. Monitoring includes periodic status checks, review of inmate conduct reports and evaluation of housing/program changes. Protection measures are promptly taken in collaboration with facility leadership and may include housing changes or transfers, removal of alleged abusers, and emotional support services. PREA Compliance Managers/designees are tasked with monitoring staff reporters for 90 days or more. Monitoring includes a status check and evaluation of negative performance reviews or reassignments, as needed. All retaliation monitoring efforts are documented." She went on to say, "we treat them on a case by case basis but we may have to look at housing changes or even facility changes, we may have to put a staff member out on Administrative leave, it just depends on the situation and we always make sure we have PSU for support."

The VSC said, in an interview, that she calls the inmate out and tells them what her role is, tells them different resources that are available, i.e., the Chaplain, psychological and medical health care services. She also tells them to make her aware of retaliation they may experience and guarantees them confidentiality.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.67 (c and d)

The facility indicated, in their response to the PAQ, that the facility monitors 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 staff for at least 90 days. She said that she is looking for things like behavior changes, an increase in conduct reports or stopping programming.

ED #72, in Section XVIII, (p.17), requires that, for at least 90 days following a report of sexual abuse, the facility staff who are responsible for retaliation monitoring will monitor the conduct and treatment of inmates and staff who reported the sexual abuse and the offender who was reported to have experienced sexual abuse to determine if retaliation occurred. It goes on to say that for offenders, the monitoring is to include periodic status checks and that employees shall act promptly to remedy any such retaliation. It also says that retaliation monitoring may continue beyond 90 days if the initial monitoring indicates a need.

The facility reports that there were no instances of retaliation reported in the past 12 months, but the VSC said that she will monitor inmates for at least 90 days, unless they ask to have the monitoring stopped, or longer if she feels it is necessary. Two

	<p>inmates who reported a sexual abuse were interviewed and both said they did not experience any retaliation.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.67 (e)</p> <p>In response to the question, on the PAQ, that asks if the agency takes appropriate measures to protect any other individual who cooperates with an investigation and expresses a fear of retaliation, the Agency head said, "protection measure include housing changes or transfers, removal of alleged abusers from contact with the victim, and emotional support services for those who fear retaliation.."</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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	<p>115.68 Post-allegation protective custody</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement, effective date 08/02/2022 c. Division of Adult Institutions Policy #: 306.00.23 Special Placement Needs of PIOC, effective date, 01/272025 d. Form DOC - 30 Review of Inmate in Restrict Housing, revised 10/2015, (blank) 2. Interviews <ol style="list-style-type: none"> a. Warden or Designee
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<p>Findings (By Provision)</p> <p>115.68 (a)</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72) in Section XVI, A, 5, (p. 14), says that any use of restricted status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of Standard 115.43. The facility reports as zero the number of inmates, who alleged to have suffered sexual abuse, who were held in involuntary segregated housing, within the past 12 months, for one to 24 hours, while awaiting completion of assessment. The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were assigned to involuntary segregated housing, in the past 12 months, for more than 30 days, while awaiting alternative placement. The facility reports that they have not held any inmates who alleged sexual abuse, in, or assigned any inmates who alleged sexual abuse to, segregated housing, in the last 12 months.</p> <p>The Warden verified, in an interview, that the facility does not place 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.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the standard.</p>	<p>Corrective Action:</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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<p>115.71</p>	<p>Criminal and administrative agency investigations</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire

- b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement PREA (ED 72), effective date 08/02/2022
- c. Wisconsin Department of Corrections Human Resources Policy, 200.20.304, effective date, 10/28/2020
- d. Memo Regarding Expansion of Internal Affairs Office, dated 07/01/2021
- e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 303.00.05 Law Enforcement Referrals, effective date, 02/22/2021
- f. Wisconsin Department of Corrections Division of Adult Institutions Policy
- g. 306.00.15 PIOC Investigations, effective date 09/07/2023
- h. Agency Sensitive Investigation Network Communication (SINC) User Guide
- i. Sample Investigative Files (9)
- j. Form PRB-001 Records Retention/Disposition Authorization, reviewed 09/2016

2. Interviews

- a. Investigative Staff
- b. Inmates who Reported a Sexual Abuse
- b. Warden
- c. PREA Director
- d. PREA Compliance Manager

Findings (By Provision)

115.71 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency/facility has a policy related to criminal and administrative agency investigations. Three policies are currently in use to address investigation of behavior by staff, contractors, or inmates in relation to sexual abuse and sexual harassment of inmates. They are Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72); Division of Adult Institutions (DAI) Policy #306.00.15 and Department of Corrections (DOC) Human Resources Policy 200.30.304.

ED 72, in Sections XVII, A through M, (p. 15-17) requires:

- a - an investigation be completed for all allegations of sexual abuse and sexual harassment,
- b - allegations that involve potentially criminal behavior to be referred to local law enforcement for investigation,
- c - agency investigators to follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions and is adapted from a comprehensive and authoritative protocol developed after 2011, and to request that any investigating law enforcement agency follow the same protocol when investigating allegations for the agency,
- d - investigators to collect and preserve any direct and circumstantial evidence, to interview alleged victims, suspected perpetrators and witnesses and to review prior complaints and reports involving the suspected perpetrator,

e - the credibility of an alleged victim, suspect or witness be assessed on an individual basis and not on the person's status as an offender and that a complainant not be required to submit to a lie detector, or other truth-telling device as a condition for proceeding with the investigation,

f - administrative investigations to include an effort to determine whether employee actions or failures to act contributed to the abuse,

g - the DOC to impose no higher standard than preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated,

h - all investigations to be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the agency plus ten years,

i - the departure of an alleged abuser or victim from employment or control of the facility, or the recantation of the allegation, to not provide a basis for terminating an investigation,

j - the facility to cooperate with outside agencies that investigated allegations for them and to work to remain informed about the progress of the investigation,

k - the agency to inform all victims, following an investigation, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and to document the notification,

l - the agency to inform an alleged victim when an employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse and to document such notification, and m - the agency to inform an alleged victim whenever the agency learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse and to document the notification.

The inmate Investigations policy and the Employee Disciplinary Investigations policy both specifically state that investigations are to be objective, thorough, and conducted promptly, and both require investigation of each report of sexual abuse or sexual harassment, including third party and anonymous reports. Auditors interviewed a staff member who conducts investigations. When asked how long it takes to initiate an investigation following an allegation of sexual abuse or sexual harassment, she said, "We get it done pretty quickly. The initial report is taken within 24 to 72 hours, the information is entered into our database, any inmate movements are made, investigators get assigned and begin their investigations. It all happens quickly."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (b)

ED 72, in Section XI, A, 4, (p. 8) requires all staff who investigate incidents of sexual abuse and sexual harassment to receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and 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. It also requires the agency to maintain documentation of the training completions.

The auditor reviewed a copy of the agency's investigator training lesson plan. Unit 1, of the training, is entitled, "Sexual Abuse and Sexual Harassment in Confinement," and it provides definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations, reporting to inmates, sexual abuse incident reviews, and staff duties and responsibilities.

The facility provided, as documentation of completion of investigator training, a computerized database printout that the agency uses to record, and track, investigator training, showing that the agency investigators were properly trained. Auditors noted that the name of the investigator interviewed at the facility was on the list of investigators who were properly trained. The investigator confirmed that she had received training specific to conducting sexual abuse investigations in confinement settings and that the training covered techniques for interviewing, proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 ©

The investigator who was interviewed, when asked what the first steps in initiating an investigation would be and how long those steps would take, said that when a report is made to a supervisor, the supervisor will come and talk to the inmate, separate inmates if that has not already happened, and will then begin interviewing the inmates. She said that she would gather information first, where the involved inmates have been placed, review reports that were entered as well as any pertinent e-mails, phone calls, video evidence, to get an idea of what is going on. If security staff had not already done it, she would ask the victim not to shower, brush their teeth or take any other actions that might destroy potentially useable evidence, and instruct the perpetrator, if known, not to do any of those same things. She also said that she would ask questions of the victim and witnesses, and of the perpetrator if known and look at their profiles in all agency computerized databases, just to gather as much information as possible and help form her questions to those involved, and talk to the co-investigator to formulate a plan for approaching the investigation that typically includes interviewing the victim first and perpetrator second.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (d)

ED 72, in Section XVII, B, (p.15), identifies that allegations of sexual abuse or sexual

harassment that involve potentially criminal behavior will be referred for investigation to local law enforcement and that all referrals will be documented. Investigative staff, when asked what their role is in criminal investigations, said their role is to stay informed of the outside agency's progress with the investigation and provide any evidence they request. The investigator also said that they would not conduct compelled interviews and that those would be done by the prosecutor.

A final analysis of the provision indicates that the facility is in substantial compliance with this provision.

115.71 (e)

ED 72 identifies, in Section XVII, E, (p. 15) that the credibility of an alleged victim, suspect or witness is assessed on an individual basis, not by the person's status as an offender or employee. It goes on to say that the Department of Corrections (DOC) will not require an offender who alleges sexual abuse to submit to a polygraph examination or any other truth telling device as a condition for proceeding with the investigation. All three agency policies relating to the investigations listed above require that credibility be assessed on an individual basis and not be determined by the person's status as an offender or staff member.

The facility investigator confirmed that the standard of evidence required to substantiate allegations of sexual abuse is a preponderance of evidence, that is, if it is more likely than not that the abuse occurred. She also said that a victim would not be asked to submit to a polygraph examination.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (f)

ED 72, in Section XVII, paragraph F, (p. 15) says, "administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse." The investigator who was interviewed said that any investigation they would do would include determining if staff neglect may have contributed to the incident that happened, and auditor noted a place for the investigator to note that information in the sample investigative files that were submitted on the PAQ.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (g)

ED 72, in Section XVII, H, (p.15) requires that administrative and criminal investigations be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings. The investigative staff said that investigations are documented in a written report and that the report, along with other pertinent

information, is stored in an agency database, the Sensitive Information Network Communication (SINC). The facility provided a database printout identifying all allegations that were investigated during the audit period. The facility provided copies of all of the investigations that were conducted during the audit period. Those files contained the initial written reports as well as transcripts of interviews with the alleged victim and witnesses. The investigator explained that the database used by the agency, SINC, contains all the information obtained for each investigation, and that the investigator who enters the information into the SINC system is obligated to answer all the pertinent questions, such as the date and time of a referral to local law enforcement, before they are allowed to continue through the process of entering information into the database. The files contained all pertinent information, including the findings and the notification to the inmate making the allegation.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (h)

The facility indicated, in their response to the PAQ, that substantiated allegations of conduct that appear to be criminal are referred for prosecution. ED 72, in Section XVII, B, (p. 15) requires that all allegations that involve potentially criminal behavior be referred for investigation to local law enforcement. DOC Human Resources Policy #200.30.304 identifies, in Section 5, D, (p. 8), that all allegations of sexual abuse shall be reported to law enforcement by the Security Director, PREA Compliance Manager, or other designee and that allegations of sexual harassment that involve potentially criminal behavior shall also be referred to law enforcement.

The facility indicated, in their response to the PAQ, that all allegations of sexual abuse would be referred to an outside law enforcement agency to determine if criminal activity is involved. The facility indicated, on the PAQ, that there were no investigations referred for criminal prosecution during the audit period.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (i)

The facility indicated, in their response to the PAQ, that the agency retains 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. ED 72, in Section XVII, H, (p. 16) requires that documentation of administrative and criminal investigations be retained as long as the alleged abuser is incarcerated or employed by the agency plus ten years. The facility submitted as documentation, Public Records Board Form PRB-001, used to document the disposition of retained records. The creation date of the record is 2013 and the disposal date is September of 2018, with the appropriate box checked identifying the reason for disposal of the record as, "termination/end of employment." The auditor confirmed, through conversations with the agency PREA Director, that the

agency maintains investigative records for the period of time required by this provision.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (j) ED 72, says, in Section XVII, I, (p.15), that the departure of an alleged abuser or victim from the employment or control of the facility, shall not provide a basis for terminating an investigation. The investigator, when asked if she would terminate an investigation if an alleged abuser or victim left the agency's employment or control, confirmed that she would not.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (l)

ED 72, identifies, in Section XVII, J, (p. 15), that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigations. DAI Policy #: 306.00.15 Inmate Investigations, says, in Section III, F, (p.4), that investigators shall work collaboratively with law enforcement investigators and attempt to remain informed about the progress of the investigation. The PREA Director, said in an interview conducted via telephone, during the pre-onsite phase of the audit, "we train all new investigators that this is an expectation that they are to remain apprised by checking in through e-mail or telephone calls. We have a program called SINC, that provides some structure for the user. One of the tasks is Law Enforcement contact, so before the investigator can move on, they are forced to contact law enforcement and enter a note to be able to proceed. All of our facilities maintain a very good working relationship with local law enforcement that extends beyond PREA, so they are well acquainted and make those contacts regularly. The Superintendent corroborated this information in an interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.15, Inmate Investigations, effective date 05/17/2021
 - d. Wisconsin Department of Corrections Human Resources Policy 200.30.304, effective date 10/28/2020

2. Interviews
 - a. Investigative Staff

Findings (by Provision)

115.72 (a)

The facility indicated in their response to the Pre-Audit Questionnaire (PAQ) that the agency imposes 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. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (ED 72) says, in Section VII, H. (p. 16, that the agency will impose no higher standard than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated.

An interview with a facility investigator bore out that they rely on a preponderance of evidence in determining the outcome of an allegation. That is, they rely on evidence to assist them in determining if the incident was more likely than not to have occurred as the complainant alleged.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.73	Reporting to inmates
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Auditor Overall Determination:	Exceeds Standard
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Auditor Discussion	
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022 c. Wisconsin Department of Corrections investigation closeout templates for investigations resulting in unfounded, unsubstantiated, and substantiated. d. Wisconsin Department of Correction Follow-Up Findings template for allegations found to not constitute sexual abuse or sexual harassment as defined by the Prison Rape Elimination Act (PREA). 2. Interviews <ol style="list-style-type: none"> a. Warden b. Investigative Staff <p>Findings (By Provision)</p> <p>115.73 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), requires, in section XVII, L, (p. 17), that following an investigation of an allegation that an offender suffered sexual abuse in the facility, the facility shall inform the alleged victim, and document that notification, whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. The facility submitted, on the PAQ, blank copies of the templates that are used to notify inmates of these outcomes.</p> <p>A review of the Investigator training module verified that included in the training is the information that PREA Disposition Letters are sent to the inmate victim by the PREA Office. The module says that a copy of the disposition letter shall be uploaded to the Sensitive Information Network Communication (SINC), the agency's sexual abuse and sexual harassment allegation and investigation tracking database. The auditor's review of the investigative files provided as documentation demonstrated that all individuals who alleged sexual abuse were notified of the outcome of the investigation of their complaint. Copies of all notifications are uploaded to SINC and were in the files reviewed by the auditor.</p> <p>Interviews with the agency PREA Director verified that every investigation that is conducted will culminate with a report of the findings to the inmate who brought the allegation and demonstrated where the information, regarding the provision of the</p>

disposition letter to the inmate, is documented in SINC. The Warden also verified that for every investigation, a notification to the inmate who made the allegation is made.

Submitted on the PAQ were templates used to notify inmates of the disposition of the investigation of their allegation as well as copies of the notifications that were sent to inmates who filed allegations during the audit period. Auditor noted that the notice also gives definitions of the terms substantiated, unsubstantiated and unfounded, and, that for investigations that culminate in findings of substantiated or unsubstantiated, informs the inmate that the agency has zero-tolerance for retaliation and urges the inmate to report any retaliation experienced, and identifies support services available to the inmate such as the Psychological Services Unit (PSU), Health Services Unit (HSU), the chaplain, staff Victim Services Coordinators and outside services as well.

Auditor also noted that the agency uses a fourth template, one that informs an inmate when their allegation does not constitute sexual abuse or sexual harassment as defined by the Prison Rape Elimination Act. The notification informs the inmate that the case is considered closed and will not result in a PREA investigation, but that the matter will be addressed through corrective action, as appropriate, to ensure all Wisconsin Department of Corrections policies and procedures are followed. The auditor feels that because of this additional notification, the facility exceeds the standard which only requires that a notification be made as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Taking this action will help inmates to better understand how sexual abuse and sexual harassment are defined and will prevent them from believing that the facility refuses to address their concerns. The investigator who was interviewed said that all inmates are notified of the outcome of the investigation of their allegations, and the Warden verified this. In addition, copies of notices sent during the audit period were posted on the PAQ and the auditor was able to cross reference with the investigations that were conducted, and also posted on the PAQ, to ensure that all notifications were appropriately made.

115.73 (a) - 2

The facility indicated, in their response to the PAQ, that the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months is 11.

115.73 (a) - 3

The facility indicated, in their response to the PAQ, that of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, is also 11.

A final analysis of the evidence indicates that the facility exceeds the provision and, thus, the standard.

115.73 (b) - 1

The facility indicated, in their response to the PAQ, that if an outside entity conducts such investigations the agency requests the relevant information from the

investigative entity to inform the inmate of the outcome of the investigation. ED 72 requires, in Section XVII, L (p. 17), that if the facility did not conduct the investigation, it must request the relevant information from the investigating agency to inform the alleged victim. When an outside agency conducts an investigation of an incident that occurs in the facility, the information from that investigation is stored in the SINC database, along with the investigation done by the facility. The facility's notice to the inmate is also stored in the database.

115.73 (b) - 2

The facility indicated, in their response to the PAQ, that the number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency, in the past 12 months, was two.

115.73 (b) - 3

The facility indicated, in their response to the PAQ, of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was also two and copies of these notifications were posted on the PAQ.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (c) 1

The facility indicated, in their response to the PAQ, 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:

- a - the staff member is no longer posted within the inmate's unit;
- b - the staff member is no longer employed at the facility;
- c - the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- d - the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The facility submitted a template used to notify an inmate who alleges sexual abuse by a staff member of the outcome of the investigation of their allegation. Included on that template is an area where staff completing the form will check the appropriate box, indicating any of the above outcomes.

Agency Policy, ED 72, in Section XVII, M, (p. 17) outlines that, following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the agency is required to inform the alleged victim, and document the notification, whenever the employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or

convicted on a charge related to the initial all.

115.73 © - 2

The facility indicated, in their response to the PAQ, that there has been a substantiated or unsubstantiated complaint of sexual abuse committed by staff members against an inmate in an agency facility in the past 12 months. They submitted copies of the letters of disposition of the investigations that were sent to the inmates who made the allegations, notifying them that the alleged staff suspects are no longer employed at the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (d)

The facility indicated, in their response to the PAQ, 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:

- a - the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility: or
- b - the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Agency policy, ED 72, in Section XVII, M, (p.16) says that following an offender's allegation that he or she has been sexually abused by another offender, the DOC will inform that alleged victim, and document such notification, whenever the agency learns that the alleged abuse has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The facility submitted a template used to notify an inmate who alleges sexual abuse by another inmate of the outcome of the investigation of their allegation. Included on that template is an area where staff completing the form will check the appropriate box, indicating either of the above outcomes.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (e) - 1

The facility indicated, in their response to the PAQ, that the agency has a policy that all notifications to inmates described under this standard are documented. ED 72, Section XII, L, M and N, (p. 17), requires that all notifications made to inmates, regarding outcomes of investigations of all allegations of sexual abuse and sexual harassment be documented. The facility provided copies of templates used to notify inmates alleging sexual abuse and copies of actual notifications that were sent to inmates who made allegations of sexual abuse during the audit period. These templates are all uploaded to the Sensitive Information Network Communication (SINC) and can be viewed there.

115.73 € - 2 and 3

The facility indicated, in their response to the PAQ that, in the past 12 months, the number of notifications to inmates that were provided pursuant to this standard was zero. The Regional Compliance Manager explained that the information presented was in relation to this provision of the standard.

Inmates who reported a sexual abuse were interviewed who confirmed that they did receive a notice informing them of the outcome of the investigation of their allegation. Both the investigator who was interviewed, and the Superintendent, confirmed that the notices are sent out by the PREA Office and copies of the notices were included on the PAQ.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility exceeds the standard by also informing inmates when their allegation does not meet the definition of sexual abuse or sexual harassment as identified in the Prison Rape Elimination Act. There is no corrective action to take.

115.76 Disciplinary sanctions for staff	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
The following evidence was analyzed in making the compliance determination:	
<ol style="list-style-type: none">1. Documents: (policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022c. Wisconsin Department of Corrections Executive Directive #2 Employee Discipline, effective date, 06/06/2022	
Findings (By Provision)	
115.76 (a) and (b)	
The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIX, A, 1 through 4, (pp. 17, 18) outlines administrative sanctions for staff who are found to	

have violated the agency's sexual abuse, sexual harassment, and retaliation policies as up to, and including, termination. Executive Directive #2, Employee Discipline (ED 2), in Section V, (p. 4), sets forth a progression schedule for discipline of permanent and project employees to provide the opportunity to modify their behavior.

In Section VIII, G, (p.7), the policy says that the Department may impose a more severe level of discipline, up to and including discharge, for serious acts of misconduct and identifies one of those serious acts of misconduct, as, while on duty, harassing a person. Also in Section VIII, G, (p. 7), the policy identifies that agencies may also identify other policy violations which may be egregious enough to accelerate discipline up to and including termination. Listed as one of those policy violations egregious enough to accelerate discipline up to and including termination is staff sexual misconduct with offenders, inmates, or juvenile offenders.

The facility indicated, in their response to the PAQ, that, in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero. They also reported that the number of staff from the facility who have been terminated, in the last 12 months, for violating agency sexual abuse or sexual harassment policies is also zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provisions.

115.76 © - 1

The facility indicated, in their response to the PAQ, that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than 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. ED 72, in Section XIX, A, 2 (p. 18), says that disciplinary sanctions will be commensurate with the nature and circumstances of the violation, the staff member's disciplinary history and the sanctions imposed for comparable offenses by staff with similar histories.

115.76 © - 2

The facility reports, in response to the PAQ, that the number of staff from the facility who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies other than engaging in sexual abuse, in the past 12 months, was zero.

A final analysis of the evidence indicates that the facility is in compliance with the provision.

115.76 (d) - 1

The facility indicated, in their response to the PAQ, 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. ED 72 says, in Section XVII, C, (p.16), that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement and that all referrals to law enforcement must be documented. The same policy, in Section XIX, A, 3, (p. 17) identifies that all terminations for violations of the agency's 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 (d) -2

The facility reports that, in the past 12 months, the number of staff from the facility that 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 is zero.

A final analysis indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.77 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
The following evidence was analyzed in making the compliance determination:	
<ol style="list-style-type: none">1. Documents: (policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02022 2. Interviews:<ol style="list-style-type: none">a. Warden	
Findings (By Provision)	
15.77 (a) 1 and 2 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that	

agency 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.

Executive Directive Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XVII, B, (p.15), that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement and that all referrals to law enforcement must be documented. The same policy, in Section XIX, A, 4, (p. 18), identifies that any volunteer or contractor who engages in sexual abuse will be prohibited from contact with PIOC's and will be reported to relevant licensing bodies.

115.77 (a) - 3

The facility reported, on the PAQ, that, in the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. The facility also reported, on the PAQ, that, within the past 12 months, no contractors or volunteers have been reported to law enforcement for engaging in sexual abuse of inmates.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.77 (b)

The facility indicated, in their response to the PAQ, that the facility takes 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.

ED 72, in Section, XIX, A, 4, (p.18), says that appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors.

When asked, in an interview, what remedial measures would be taken in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the Warden said, "They would be suspended from entering the institution pending the investigation.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2020 c. Agency Administrative Code Chapter DOC 303 Discipline 2. Interviews <ol style="list-style-type: none"> a. Warden
	<p>Findings (By Provision)</p> <p>115.78 (a) - 1, 2, and 3</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), 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. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIX, paragraph B, 1, (p. 18), identifies that offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. The facility reports, in their response to the PAQ, that, in the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility is zero. They also reported that, in the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility is zero.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.78 (b)</p> <p>Agency policy, ED 72, also says, in Section XIX, B, 1, (p. 18), that sanctions imposed on inmates will be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories. In an interview, the Warden confirmed this and said, "they can be criminally charged, moved to restrictive housing, or they can go to a max facility or be transferred to another facility. Any of those things might happen."</p>

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.78 ©

Agency policy, ED 72 says, in Section XIX, B, 3, (p.18), that the disciplinary process shall consider whether a perpetrating offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Warden confirmed this is an interview and said, "we use a multi-disciplinary approach that involves psychological services and medical health care participating in evaluations of the situations."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (d) 1 and 2

The facility indicated, in their response to the PAQ, that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and that the same services that are offered to victims are also offered to abusers. ED 72, Section XIX, B, 4, (p. 18), says that the facility shall consider requiring perpetrating offenders to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse, . . . but not as a condition to general programming or education." A psychological services staff member confirmed that this is true. Any services offered to a victim would also be offered to a perpetrator but not as a condition of access to general programming or education.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (e) - 1

The facility indicated, in their response to the PAQ, that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. ED 72 says, in Section XIX, B, 5, (p. 18), that an offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (f)

The agency indicated, in their response to the PAQ, that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. ED 72, in XIX, B, 6, (p. 18), says that inmates will not be disciplined for filing an allegation in good faith,

based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the claim.

A final review of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (g) - 1

The facility indicated, in their response to the PAQ, that the agency prohibits all sexual activity between inmates. Agency Administrative Code Chapter 303, Inmate Discipline, in Section DOC 303.14 Sexual Conduct, (p.17), identifies that consensual sexual acts are prohibited. The facility also indicated, in their response to the PAQ, that the agency deems sexual activity between inmates to constitute sexual abuse only if it determines that the activity is coerced.

115.78 (g) - 2

The facility indicated on the PAQ, that the agency policy, ED 72, in Section XIX, B, 7, (p.17) says that consensual sexual activity between offenders is prohibited by the Department of Corrections but that sexual activity between inmates that is not coerced will not be considered sexual abuse.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Agency Electronic Medical Record Note Template
 - c. Agency Risk Screening Referral
 - d. Agency Adult Male Risk Screening Tool Sample
 - e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.01 Mental Health Screening, Assessment and Referral, effective date 08/31/2020
 - f. Agency Adult Male PREA Screening Tool

- g. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022
- h. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, effective date 05/24/2021
- i. Agency Confidentiality Form
- j. Agency Non-Health Disclosure Form
- k. Agency PHI Disclosure Form

2. Interviews

- a. Staff Responsible for Risk Screening
- b. Medical Health Staff

Findings (By Provision)

115.81 (a) - 1 and 2

The facility indicated in their response to the Pre-Audit Questionnaire (PAQ), that all inmates at the facility who have disclosed prior sexual victimization, during a screening pursuant to Standard 115.41, are offered a follow-up meeting with a medical or mental health practitioner and that the follow-up meeting is offered within 14 days of the intake screening. Agency policy, Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XII, F, (p. 9 - 10), requires that if either the initial or a follow-up screening indicates that an offender has previously experienced sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional or community setting, staff shall ensure the offender is offered a follow-up meeting with a mental health provider, to take place within 14 days of the initial, or follow-up, screening. Division of Adult Institutions (DAI) Policy #500.70.01 holds staff who conduct PREA risk screening responsible for offering inmates a follow-up meeting with health care staff when the screening reveals that the inmate has experienced prior sexual victimization or has been previously sexually abusive. If an inmate accepts the follow-up meeting, that meeting is to take place within 14 days of the PREA screening.

Five inmates who disclosed prior sexual abuse during risk screening were interviewed. Three of them said they were offered a meeting with mental health, one said they were not offered a meeting with mental health, and one could not remember whether or not they were offered the meeting.

Staff indicated that the Wisconsin Integrated Computer System, (WICS), the agency's computerized database system, is used to record screenings of inmates. A sample risk screening form was provided, on the PAQ, that shows the questions that are asked during the screening. Questions 6, and 7, in Part A of the Screen, ask the inmate about prior sexual victimization in the community or in confinement. The auditor noted that there is an automatic referral system built into the screening program so that if the inmate answers yes to either question, the system will prompt screening staff to ask the inmate to either accept or refuse a medical or mental

health referral. If the inmate accepts the referral, the date of acceptance is documented, and the referral is submitted.

A mental health staff person who conducts risk screening said that if an inmate discloses prior sexual abuse, they are offered a follow-up meeting. Health care staff use an electronic medical record (EMR) database to maintain inmate health records so any such referrals and meetings would be documented there. The facility provided documentation, EMR printouts, for the audit period, demonstrating the date of referrals made to mental health, for this purpose, and the dates the inmates were seen by Psychological Services staff. There were nine inmates referred to psychological services, during the audit period, because they disclosed prior victimization during risk screening, were offered and accepted a meeting with mental health. The documentation provided demonstrated that all meetings were held within the required 14 day period.

115.81 (a) - 3

The facility indicated, in their response to the PAQ, that, in the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner is 100. In addition, the intake screening for risk of victimization or abusiveness is conducted by psychological staff, at the time of admission, and inmates also have an evaluation by psychological staff, and medical staff, also at the time of admission.

115.81 (a) - 4

The facility indicated, in their response to the PAQ, that medical and mental health staff maintain secondary materials documenting compliance with the above required services. Staff provided documentation of the materials maintained by the medical and mental health staff for the auditor's review. The auditor requested, and was provided, the documentation for the inmates who disclosed prior sexual victimization during risk screening and accepted the meeting with mental health staff that was offered during the risk screening.

A final analysis indicates that the facility is in substantial compliance with the provision.

115.81 (b)

The facility indicated, in their response to the PAQ, that all 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. ED 72, in Section XII, F, (p. 10), requires that if either the initial or a follow-up screening indicates that an offender has perpetrated sexual abuse, whether it occurred in an institutional or community setting, staff shall ensure the offender is offered a followup meeting with a mental health provider, to take place within 14 days of the initial, or follow-up, screening. DAI policy #500.70.01 holds staff who conduct PREA risk screening responsible for offering inmates a follow-up meeting with PSU staff when the screening reveals that the inmate has been previously sexually abusive.

A review of the tool used in risk assessment screening shows that question number 8,

in part A of the Screen, asks this question. If the inmate answers in the affirmative, a radio button is generated that prompts staff to then offer the referral to a follow-up meeting with mental health services. If the inmate accepts the referral, the system automatically documents the date of acceptance, and the referral is electronically generated. When the follow-up meeting takes place, health care staff make a notation recording the date, time, and reason for the meeting, and the name of the staff who met with the inmate, in the EMR. The system can be queried, and a printout generated, documenting the referrals made. Included on the PAQ was a printout of an EMR demonstrating how the process works. Staff who conduct intake screening said, in an interview, that they had not experienced a screening where the inmate said they had previously been sexually aggressive.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.81©

See 115.81 (a)

115.81(d) - 1 and 2

The facility indicated, in their response to the PAQ, that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners but that it is shared with the facility warden, the facility Security Supervisors, and the facility PREA Compliance Manager (PCM). ED 72, in Section XII, F, (p. 9) says that appropriate controls shall be placed on the dissemination of information gathered during initial, and follow-up, screenings so that sensitive information cannot be exploited to the offender's detriment. It goes on to say that any information related to sexual victimization or abusiveness occurring in an institutional setting is considered confidential and access to that information is strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment and program assignments or as otherwise required by law. Section XIII, A, (p. 10), identifies that information obtained from the initial or follow-up screening shall inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

On-site, staff demonstrated that the information is stored electronically and is protected by the user profile. Access to the information is controlled by restricting login and password information to only those employees who need access to perform their jobs. Medical staff interviewed onsite said that the information is stored in the computer system and that only certain people have access based on permission. Social workers, the Superintendent, and the Administrative Captain are staff who can access information from risk screenings. The Facility PREA Compliance Manager (PCM) said that the information from risk screenings is used in housing and room decisions, and in job placements. The PREA Director also explained that not all staff who have access to the information are actually able to view the inmate answers to questions

on the screening tool, but only to the information they need to complete their responsibilities, i.e., housing and programming assignments. An example given was that staff who assign housing may only be able to view the information that indicates whether the inmate is at risk of victimization or abusiveness.

The PREA Director said that when staff attempt to access that information in the agency's computerized database, there comes a point where a particular screen reminds them that they are requesting to access confidential information, that only staff who have a need to know that information are allowed to continue, and asks them to consider whether they have a need to know. She said that she can, and does, run reports on who continues in the quest to access that information and monitors which staff attempt to access the information that way.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.81 (e)

ED 72, in Section XII, F, (p. 9), states, in part, " Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting." The agency provided form DOC-1163, Authorization for Disclosure of Non-Health Confidential Information, which requires the inmate's signature prior to disclosure of such information. They also provided, as documentation, a DOC-1923 form, Limits of Confidentiality of Health Information that explains, in No 6, that health care providers are required to report otherwise confidential information to the appropriate DOC authorities if it raises concern about a threat to the inmate, to a DAI or DJC correctional facility, to a community corrections operation, and/or to public safety.

Examples given of information that would have to be reported are: a. overt/covert threats of harm to yourself or others, b. reports of any alleged sexual activity between an offender and any other person, c. reports of confinement-based sexual abuse, sexual harassment, or retaliation related to reporting either. This form also requires the inmate's signature.

Medical staff confirmed that staff do obtain the appropriate consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, effective date, 11/21/2023 c. Form DOC-3001 Off-Site Service Request and Report, revised 03/2011 d. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022 e. Division of Adult Institutions Inmate Co-Payment for Health Services Co-payment Table, effective date 11/01/2017 2. Interviews <ol style="list-style-type: none"> a. Medical and Mental Health Staff b. Security Staff and Non-Security Staff First Responders c. Inmates Who Reported a Sexual Abuse
	<p>Findings (By Provision)</p> <p>115.82 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Department of Adult Institutions (DAI) Policy #: 500.30.19 says, in its policy statement, "Division of Adult Institution facilities shall ensure health care staff provides prompt and appropriate health care interventions in response to reported incidents of sexual abuse." The same policy, in Section II, A, (p.3,) says, "the first staff member to receive information regarding an incident of sexual abuse shall notify the on-site Security Supervisor and the Health Services Unit (HSU) Manager/designee." The next paragraph, paragraph B, says, "if there is no RN on site, Security shall immediately contact the on-call nurse." A facility nurse confirmed, in an interview, that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Three inmates who reported sexual abuse said, in interviews, that when they reported, they were immediately offered medical attention.</p>

115.82 (a) - 2

The facility indicated, in their response to the PAQ, that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), identifies, in Section XVI, B, 1, (p.14), that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, that nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The Nurse who was interviewed confirmed this as did the psychological services staff who were interviewed.

115.82 (a) - 3

The facility indicated, in their response to the PAQ, that medical and mental health staff do maintain secondary materials 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. The facility submitted an Agency Off-Site Review Form, which is completed whenever an inmate is transported off-site for medical treatment. The form asks for the date and time to be recorded, which can then be cross-referenced with an Incident Report to determine if the emergency medical treatment provided was done in a timely manner.

A final analysis of the evidence indicates that the facility is in substantial compliance with the standard.

115.82 (b)

Security staff who were interviewed identified that, as a first responder, they would immediately call a supervisor and health services. Non-security staff randomly chosen for interviews, when asked this question, said that they had not been able to be a first responder but if they were, they would report to a security staff immediately.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.82 ©

The facility indicated, in their response to the PAQ, 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 appropriate. ED 72 requires, in Section XVI, B, 3, (p. 14), that the Department of Correction's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis." The Nurse confirmed, in an interview, that this does happen.

A final analysis of the evidence indicates that the facility is in substantial compliance

with the provision.

115. 82 (d)

The facility indicated, in their response to the PAQ, 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 arising out of the incident. ED 72, says, in Section, XVI, B, 2, (p.14) that 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 an investigation arising out of the incident, and in a manner consistent with the community level of care.

DAI Policy: #316.00.01 has an attachment identified as a Copayment Table. The table identifies treatment that does not require a copay, a written referral from a PREA Risk Assessment Screener and crisis intervention evaluation and treatment related to sexual abuse in confinement. The Nurse who was interviewed confirmed that treatment services are provided without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.83

Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Executive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, effective date 11/21/2023
 - d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.01, Mental Health Screening, Assessment and Referral, effective date, 04/08/

2019.

2. Interviews

a. Medical and Mental Health Staff

Findings (By Provision)

115.83 - a and b

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility offers 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. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), says, in Section XVI, B, 6, (p. 15), "the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders 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. The medical and mental health staff who were interviewed confirmed that these same inmates are given information regarding resources available to them in their community when they are paroling from the facility. The facility received eleven allegations of sexual abuse, during the review period, and all but one, which was determined to be unfounded, were determined to be unsubstantiated.

A final analysis indicates that the facility is in substantial compliance with the provision.

115.83 - ©

When asked if medical health services offered are consistent those in the community, the medical and mental health staff who were interviewed confirmed that they are. The department does require all medical and mental health staff to have the appropriate training and certification for their jobs.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.83 - (d)

The facility indicated, in their response to the PAQ, that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse states, in Section III, F, 2, (p.5) requires that victims of sexual abuse will be given testing for STIs, other communicable diseases and pregnancy. The facility houses male inmates

and there were no female victims of sexual abusive vaginal penetration to interview regarding this provision.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.83 - (e)

The facility indicated, in their response to the PAQ, that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Wisconsin Department of Corrections Division of Adult Institutions Policy#: 500.30.09, Provision of Services to Pregnant Patients, says, that the services to pregnant patients will include timely and appropriate prenatal, intrapartum and postpartum care in accordance with community standards. The same policy, in Section III, A, (p. 3), says that pregnant patients shall be given counseling and assistance whether they elect to keep the child, use adoption services or decide to terminate the pregnancy. The facility houses male inmates, and the facility did not have any allegations that resulted in pregnancy.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.83 - (f)

The facility indicated, in their response to the PAQ, that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. ED 72, says, in Section XVI, B, 7, (p. 15), that victims of sexual abuse shall be offered tests for sexually transmitted infections. None of the inmates interviewed who reported sexual abuse required tests for sexually transmitted infections.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115. 83 - (g)

The facility indicated, in their response to the PAQ, 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. ED 72, says, in Section, XVI, B, 2, (p.14) that 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 an investigation arising out of the incident, and in a manner consistent with the community level of care. Division of Adult Institutions (DAI) Policy: #316.00.01 has an attachment identified as a Copayment Table. The table identifies, as treatment that does not require a copay, a

written referral from a PREA Risk Assessment Screener and crisis intervention evaluation and treatment related to sexual abuse in confinement.

The medical health staff who was interviewed confirmed that treatment services are offered to victims without financial cost regardless of the circumstances.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.83 (h)

The facility indicated, in their response to the PAQ, that the facility 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. ED 72, says, in Section XVI, B, 8 (p. 15,) that facilities shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The mental health staff who were interviewed confirmed this.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.01 Sexual Abuse Incident Review, effective date 05/29/2024
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 300.00.70 Assaults by Inmate, Reporting and Tracking, effective date, 05/15/2020
 - d. DOC-2863 Sexual Abuse Incident Review (SAIR) Forms- PREA, revised 10/2020 (Blank)
 - e. Sample Sexual Abuse Incident Review (SAIR) Forms - Completed

2. Interviews
 - a. Superintendent
 - b. PREA Compliance Manager
 - c. Incident Review Team

Findings (By Provision)

115.86 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility conducts a Sexual Abuse Incident Review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Wisconsin Department of Corrections Division of Adult Institutions Policy # 410.50.01 says, in its policy statement, “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.”

The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility in the past 12 months, excluding only “unfounded” incidents is 11.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 (b) - 1

The facility indicated, in their response to the PAQ, that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. ED 72, in Section XX, (p. 18), requires all facilities to conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation is determined to be unfounded.

115.86 (b) - 2

The facility reports that the number of 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 is 11.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 © - 1

The facility indicated, in their response to the PAQ, 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. The

Superintendent confirmed this in an interview. She said that typically, the team is composed of an Administrative Captain, the Security Director, medical and mental health staff, and does allow for input from line staff. The auditor reviewed SAIR documentation provided by the facility and determined that this is accurate. Names of the SAIR team members are listed on the report.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 (d)

The facility indicated, in their response to the PAQ, that the facility prepares 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 (PCM). ED 72, in Section XX, A, 1 - 6, (p. 18 - 19), requires the review team to:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse,
- b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identify, LGBTI identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility,
- c. Examine the area in the facility where the incident alleged occurred to assess whether physical barrier in the area may enable abuse,
- d. Assess the adequacy of staffing levels in that area during different shifts,
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees, and
- f. Prepare a report of its findings, including but not limited to, determinations made in the above items, and any recommendations for improvement and submit the report to the facility head and facility (PCM).

A Sexual Abuse Incident Review team member was interviewed and said that incident review teams typically consist of staff from the PREA office, internal affairs if staff are involved, and health care staff, the Warden and the victim services coordinator. The team might look at the area where the incident happened, if appropriate, and consider how it happened, how it might have been prevented, what changes they might make to keep future such incidents from happening, and look at what practices they have that might need to be changed. The facility submitted, as documentation, a completed Sexual Abuse Incident Review form blank. This form is part of the complete investigative file that is stored in the agency's computerized database, Sensitive Information Communication Network (SINC). The facility also provided documentation for each of the 11 SAIRs that were completed during the audit period.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 € The facility indicated, in their response to the PAQ, that the facility

implements the recommendations for improvement or documents its reasons for not doing so. Agency policy, ED 72, requires, in Section XX, B, (p.19), the agency shall implement the recommendations for improvement, or shall document its reasons for not doing so. The auditor was able to review these forms, included in certain investigative files, on SINC.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none">1. Documents: (policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 08/02/2022c. Agency Annual Report 2022, 2023 and 2024d. Agency Adult Survey of Sexual Violence 2018, 2019, 2020, 2021, 2022, and 2023,2. Interviews<ol style="list-style-type: none">a. Agency PREA Director
	Findings (By Provision)
	115.87 (a) <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Executive Directive #72 Sexual Abuse and Sexual Harassment in</p>

Confinement (PREA), in Section XXI, A, (p. 19), requires the collection of 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 the agency contracts for the confinement of offenders, using a standardized instrument and set of definitions.

The Agency PREA Director said, in an interview, “we look at data on an incident basis and then on an annual basis, and mostly more regularly, especially with the Regional PREA Compliance Managers we now have. They have a much more global sense of what is going on in the facilities, and they are able to identify patterns. We also do the Survey of Sexual Violence (SSV) annually, so it is an opportunity to take a pause and identify patterns and assess them.”

Auditor reviewed the annual report for 2023 on the agency website and noted that the data provided shows changes in total allegations, changes in sexual abuse allegations, and changes in sexual harassment allegations between the years 2022 to 2023. The information is provided in tables, in bar graphs, and by facility, and is also reported in offender-on-offender allegations, as well as staff-on-offender allegations, with dispositions included.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 (b)

The facility indicated, in response to the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually. ED 72 requires, in Section XXI, A, (p.19), the data to be aggregated annually. The auditor’s review of the agency website verified that the data is aggregated annually.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 ©

The facility indicated, in their response to the PAQ, that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the SSV conducted by the DOJ. Executive Directive 72 also requires that the extracted data, at a minimum, includes the information to answer all questions from the most recent version of the DOJ SSV.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 (d)

The facility indicated, in their response to the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents,

including reports, investigation files, and sexual abuse incident reviews. The agency collects data via the agency wide Sensitive Information Network Communication (SINC) database. The Agency PREA Director identified that the SINC database serves as the agency's standardized instrument for collecting accurate and uniform allegation data. The auditor's review of the agency's most recent SSV 2023 submission noted that the data collected via SINC provided the information necessary to complete the SSV.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 €

The facility indicated, in their response to the PAQ, that the agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its inmates and that the data from private facilities complies with SSV reporting regarding content. Auditor reviewed the agency website and noted that a document entitled, Sexual Abuse and Sexual Harassment (PREA) Reporting Process identifies, in item No. 7, that contracted agencies are required to report all administrative investigation results using the PREA Investigation Closeout Form (DOC-2785), and the completed DOC-2785 form is to be submitted via email to the PREA Office. A YouTube video is available on the agency website, which gives an overview of contractor reporting responsibilities. In the video, the contracted agencies are informed that they must complete the Bureau of Justice Statistics Annual SSV and forward copies of incident-based and aggregate forms via email to the Agency PREA Office timely. Auditor also reviewed the agency's 2023 annual PREA Report, on the website, and noted that the report contains sexual abuse and sexual harassment data from agencies the Wisconsin Department of Corrections contracts with for the confinement of offenders.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 (f)

The facility indicated, in their response to the PAQ, that the agency provided the DOJ with data from the previous calendar year upon request. In an interview, the Agency PREA Director said that the information is presented to the DOJ on their website or portal.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Annual PREA Reports for 2018, 2019, 2020, 2021, 2022, 2023 and 2024. c. Screenshot from Agency Website Demonstrating Where Annual PREA Reports are Published 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. Facility PREA Compliance Manager
	<p>Findings (By Provision)</p> <p>115.88 (a)</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency reviews data collected and aggregated pursuant to Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ol style="list-style-type: none"> a. identifying problem areas; b. Taking corrective action on an ongoing basis; and, c. 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. <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XXI, A, 2, (p.19), states in part, "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."</p> <p>The agency does aggregate incident-based sexual abuse data at least annually. Annual reports are published online and can be found on the agency website. The agency head said, in an interview, that she does approve the reports and the Secretary signs them. Ultimately, they are posted to the agency's external website.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance</p>

with this provision.

115.88 (b) The facility indicated, in their response to the PAQ, that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. ED 72, in Section XXI, A, 2, (p. 19), requires that the report includes 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. The 2023 Annual Report, on page 7, provides data that compares the total number of sexual abuse and sexual harassment allegations, by disposition and division, from 2022 to 2023.

The facility indicated, in their response to the PAQ, that the annual report provides an assessment of the agency's progress in addressing sexual abuse. Page 6 outlines achievements made by the agency during the year 2024.

Among them are:

Processed more than 1,600 PREA hotline calls;

Investigated 649 allegations of sexual abuse and sexual harassment;

Conducted two virtual investigations refresher trainings for existing specialized investigators;

Trained 72 new specialized investigators;

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 use),

Began building a new biennial training module for all staff to be circulated in 2025;

Attended and/or presented PREA topics at Edgewood College; Attorney General Sexual Assault Response Team; WI Department of Justice SANE; Wisconsin Coalition Against Sexual Assault; Wisconsin Serving Victims of Crime Conference; and Wisconsin Jail Administrators Conference;

Trained Milwaukee Police Department officers to new jail booking;

The PREA Director continued to chair the National PREA Coordinator Working Group, and a host of other achievements including facility accomplishments and corrective actions during the year.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.88 © - 1, 2 and 3

The facility indicated, in its response to the PAQ, that the agency makes its annual report readily available to the public at least annually through its website. The facility presented a printout of the page, from the website where the link to the report is located. The auditor reviewed the 2024 annual report on the agency website. The

facility indicated, in its response to the PAQ, that the annual reports are approved by the agency head. The annual report bears the signature of Jared Hoy, Secretary, Wisconsin Department of Corrections.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.88 (d) - 1 and 2

The facility indicated, in its response to the PAQ, that when the agency redacts 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 and that the agency indicates the nature of material redacted. Agency policy, ED 72, in Section XXI, A, 2, (p. 19), says that 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.

However, the PREA Director said, in an interview conducted via telephone prior to the onsite position of the audit, that the agency does not print information in annual reports that would present a clear and specific threat to the security of the facility and, thus, does not redact information from the annual report. She said that they do not include any inmate information, just totals and qualitative information, so they do not redact any information from annual reports.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none">1. Documents: (policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaireb. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 08/02/20222. Interviews

a. PREA Coordinator

Findings (By Provision)

115.89 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency ensures that incident-based and aggregate data are securely retained.

Executive Directive #72 says, in section XXI, A, 3, (p. 19), all data shall be securely retained and maintained for at least 10 years after the date of initial collection. The PREA Coordinator said, in an interview, "we do PREA reports on administrative program, so no one has access to reports except PREA Coordinators and investigators.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.89 (b) - 1 and 2

The facility indicated, in their response to the PAQ, 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. ED 72, in section XXI, A, 1 (p. 19), 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, 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. The policy goes on to say that the data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC's website annually. The auditor reviewed the agency website and found that annual reports with the sexual abuse incident data that date back to 2010 are available on the agency website.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.89 © - 1

The facility indicated, in their response to the PAQ, that before making aggregated sexual abuse data publicly, the agency removes all personal identifiers. ED 72, in section XXI, A, says that with all personal identifiers removed, the aggregated sexual abuse data will be made publicly available. The auditor reviewed the annual PREA reports on the website dating back to 2015, and noted that there were no personal

identifiers contained in any of the posted reports.]

The agency PREA Director reported, and a review of annual reports, on the agency web site verified, that there is no personally identifiable information, or sensitive information, contained within the annual report.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.89 © - 2

The facility indicated, in their response to the PAQ, that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Agency policy ED 72 requires that sexual abuse data collected pursuant to Standard 115.87 shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise. A review of the agency website shows that annual reports are available, for the years 2015 through 2023 are available for viewing on the website. The Auditor recommends that the 2024 annual PREA report be posted to the website as soon as possible.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

1. Documents
 - a. Pre-Audit Questionnaire
 - b. Agency Policies and Procedures
 - c. Public website screenshots including the Agency and facility websites as well as websites of County Jails that contract with the agency for confinement of inmates

2. Interview
 - a. PREA Coordinator

Findings (By Provision)

115.401 (a)

A review of the agency website revealed that, during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. The one exception to that would be the year 2021, during which the pandemic interrupted the regularly scheduled audits. The auditor determined, from review of the website, that one third of facilities were audited each year except those that were affected by the pandemic. The auditor also reviewed monitoring documentation for county jails that the state agency contracts with for housing some of its offenders. Documentation from the 14 contracted agencies revealed that all of the agencies have undergone a PREA audit in the past 3 years and in years in which a contracted facility does not have a Department of Justice PREA audit conducted, the Wisconsin Department of Corrections conducts a PREA review of the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.401 (b)

The is the first year of the current cycle. The current cycle runs from August 20, 2025, until August 19, 2028. A review of the web site revealed 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 previous audit cycle. The auditor also reviewed monitoring documentation from the 13 county jails that the agency contracts with for the confinement of inmates. Of the 13, all of them have undergone PREA audits.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.401 (h)

Auditor was granted access to, and had the ability to observe, all areas of the facility. No areas of the facility were off limits to the auditors.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.401 (I)

The auditor was permitted to request and receive copies of any relevant documents including electronically stored information. The auditor requested training documentation for both staff and inmates, inmate orientation documentation,

volunteer training documentation, copies of risk screens, copies of contracts with county jails, monitoring documentation for county jails, copies of investigations conducted at the facility, and other documentation needed to carry out the audit.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.401(m)

The auditor was permitted to conduct private interviews with inmates. Staff provided private settings for interviews of both staff and inmates.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.401 (n)

Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. At least six weeks prior to the date of the onsite portion of the audit, the Auditor provided audit notice postings and asked that they be posted in the facility, in various places, where inmates could easily see and read them. The auditor requested that the notices be posted on pink paper so that they were readily noticeable. On those postings was the address of the lead auditor and information telling inmates that they could write a letter to the auditor if they so desired. Audit notices included a confidentiality statement indicating that outgoing mail to the auditor would be treated as legal mail. There were no letters received from the Jackson Correctional Institution.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

1. Documents
 - a. Pre-Audit Questionnaire

- b. Agency Policies and Procedures
- c. Public website screenshots including the Agency and facility websites as well as websites of County Jails that contract with the agency for confinement of inmates

2. Interview

- a. PREA Coordinator

Findings (By Provision)

115.403 (f)

The agency's website has a host of information dedicated to PREA-related information, including policies and procedures; how to report allegations; audit schedules; annual reports, and final audit reports. The preceding final PREA audit report for the Racine Youthful Correctional Facility is dated 06/29/2023 and is posted on the agency's public website. An interview with the PREA Coordinator confirmed that within 90 days of receiving a final audit report it is posted to the website.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Appendix: Provision Findings

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

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

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

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

	facility does not have female inmates.)	
115.15 (c) Limits to cross-gender viewing and searches		
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d) Limits to cross-gender viewing and searches		
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e) Limits to cross-gender viewing and searches		
	This provision is no longer applicable to your compliance finding, please select N/A.	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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

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

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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	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	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	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	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	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.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a) <i>Agency protection against retaliation</i>		
	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) <i>Agency protection against retaliation</i>		
	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) <i>Agency protection against retaliation</i>		
	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 reassessments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

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

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

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

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

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

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

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

	has been determined to be unfounded?	
115.86 (b) <i>Sexual abuse incident reviews</i>		
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c) <i>Sexual abuse incident reviews</i>		
	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) <i>Sexual abuse incident reviews</i>		
	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) <i>Sexual abuse incident reviews</i>		
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a) <i>Data collection</i>		
	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) <i>Data collection</i>		

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

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	
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