

PREA Facility Audit Report: Final

Name of Facility: Felmers O. Chaney Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/17/2026

Auditor Certification

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



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



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



Auditor Full Name as Signed: Jerri Worm

Date of Signature: 08/17/2026

AUDITOR INFORMATION

Auditor name: Worm, Jerri

Email: jerri.worm@state.co.us

Start Date of On-Site Audit: 06/15/2026

End Date of On-Site Audit: 06/15/2026

FACILITY INFORMATION

Facility name: Felmers O. Chaney Correctional Center

Facility physical address: 2825 North 30th Street, Milwaukee, Wisconsin - 53210

Facility mailing address: , , Wisconsin -

Primary Contact

Name:	Grant Berg
Email Address:	grant.berg@wisconsin.gov
Telephone Number:	4148741603

Warden/Jail Administrator/Sheriff/Director

Name:	Clinton Bryant
Email Address:	Clinton.Bryant@wisconsin.gov
Telephone Number:	608 240-5310

Facility PREA Compliance Manager

Name:	Grant Berg
Email Address:	Grant.Berg@Wisconsin.Gov
Telephone Number:	4148741603
Name:	Sara Koenig
Email Address:	sara.koenig@wisconsin.gov
Telephone Number:	(414) 874-1600

Facility Characteristics

Designed facility capacity:	110
Current population of facility:	110
Average daily population for the past 12 months:	107
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:	22-70

Facility security levels/inmate custody levels:	Minimum Community
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	31
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	2
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	27

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Jared Hoy
Email Address:	Jared.Hoy@wisconsin.gov
Telephone Number:	(608) 240-5065

Agency-Wide PREA Coordinator Information

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

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-06-15
2. End date of the onsite portion of the audit:	2026-06-15

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	110
15. Average daily population for the past 12 months:	107
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	103
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:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
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:	3
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:	0

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:	0
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:	0
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:	1
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	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:	31
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:	27

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:	2
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:	15
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	FCCC only has one living unit with two wings so I selected approximately half of the interviewees from each wing.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	5
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:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	FCCC is a work release center so the number of specialized inmates was limited due to the nature of the facility. Rosters were reviewed for each category as well as discussions with staff verified there were no inmates in this category.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	FCCC is a work release center so the number of specialized inmates was limited due to the nature of the facility. Rosters were reviewed for each category as well as discussions with staff verified there were no inmates in this category.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2

51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	FCCC is a work release center so the number of specialized inmates was limited due to the nature of the facility. Rosters were reviewed for each category as well as discussions with staff verified there were no inmates in this category.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	FCCC is a work release center so the number of specialized inmates was limited due to the nature of the facility. Rosters were reviewed for each category as well as discussions with staff verified there were no inmates in this category.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The two cases reported were reviewed and verified neither inmate was currently at FCCC.
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:	1

56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There is no segregated housing at FCCC.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	2	1	2	1
Total	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	0	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no reports of sexual harassment in the past 12 months.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

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

2

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

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

Colorado Department of Corrections

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

☒ Yes

☐ No

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person. In determining compliance, the auditor triangulated relevant and available evidence related to all standards including: Documentation reviewed: - Felmers O. Chaney Correctional Center Pre-Audit Questionnaire (FCCC PAQ) - Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated August 2, 2022. For this audit report, this policy will be referred to as ED 72. - Agency PREA Director position description - Agency Organizational Chart

- WIDOC PREA Compliance Manager listing

Interviews Conducted:

- PREA Coordinator (Director)
- PREA Compliance Manager

Reasoning and analysis (by provision):

115.11(a):

- ED 72:
 - ED 72 is the agency's written policy that mandates zero tolerance towards all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. It states
 - "The Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-related retaliation in its facilities, including those with which it contracts for the confinement of PIOC's".
 - The DOC provides a coordinated victim-centered response to reports of sexual abuse and sexual harassment. This includes providing medical and mental health services to victims, as appropriate, while investigating all allegations.
 - The DOC provides multiple avenues to report allegations of sexual abuse and sexual harassment and, further, recognizes the right of staff members and PIOC's to be free from retaliation for reporting or participating in the investigation of sexual abuse and sexual harassment.
 - The DOC trains all employees, contractors and volunteers to recognize, respond to and report sexual abuse and sexual harassment.
 - The DOC provides PIOC's with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment and report-related retaliation.
 - The DOC employs a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identify core causal factors and take corrective action so as to align with a zero-tolerance environment."

115.11(b):

- ED 72 states:
 - "The DOC shall employ or designate a PREA Director to oversee department efforts to comply with PREA standards. This position shall have sufficient time and authority to develop, implement and oversee DOC's efforts to comply with PREA standards in all of its facilities."

- The PREA Director position description states:
 - "Under the general policy direction of the Assistant Deputy Secretary, this position is responsible for the direction of the Prison Rape Elimination Act (PREA) provisions in the Department. The scope of this position encompasses the entire Wisconsin Department of Corrections in which capacity it serves as the department expert on the PREA and provides oversight and consultation to department management. This position is responsible for the planning, coordination, implementation and maintenance of an ongoing PREA training and education program, and will serve as a subject matter expert on PREA quality and training standards; monitor all department-wide PREA processes; and work with agencies and stakeholders in attaining consistent, quality PREA training and education. Additionally, this position is responsible for the review of all allegations of Prison Rape Elimination Act (PREA) violations to determine appropriate investigative action and provide technical assistance where appropriate and requested. The goals of the office include the provision of objective, efficient and thorough investigations and collection of data on operational trends and identification of areas in need of improvement. This position is also responsible for the review of alleged serious policy or criminal violations related to PREA involving inmates, offenders, juveniles and staff. This position shall comply with the Department's administrative rules and the agency's policies and procedures including those related to the Department's overall Reentry philosophy of using evidence-based strategies, practices and programs which target an offender's individual criminogenic needs and risk level."
- The agency organizational chart shows:
 - The PREA Director reports to the Assistant Deputy Secretary.
- The agency PREA Director (referenced as the PREA Coordinator in the PREA standards) stated:
 - She feels she has enough time to manage all of her PREA related responsibilities which includes overseeing PREA compliance for 38 facilities. She stated that each of the 38 facilities has a PREA Compliance Manager and a backup for when they are unavailable (vacation etc). She stated that she interacts with them in many ways including having quarterly meetings, visiting the facilities, phone calls, and emails. If she were to identify a compliance issue she would work with the facility to identify a workable solution which may include connecting them to a similar facility to identify solutions and also may reach out to peers in other states to see what processes they have in place.

115.11(c):

- The Agency PREA Compliance Manager (PCM) listing shows that FCCC has a primary and back-up PCM.

	• ED 72 states: ◦ “The appointing authority or designee at each facility shall assign one employee as the facility-based PREA Compliance Manager with sufficient time and authority to coordinate the facility’s efforts to comply with PREA standards as set forth by DOC.” • Interview with the PREA Compliance manager: ◦ He stated that he has enough time to manage his PREA related responsibilities. The PREA Compliance Manager is also the Superintendent for FCCC. The auditor finds the agency/facility in full compliance with PREA Provision §115.11 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • Division of Adult Institutions (DAI) DOC-2845 PREA Contract Compliance Review Report template • DAI Policy 410.00.01 PREA Compliance Review of Contracted Facilities, dated 10/15/24 • PREA Contract Compliance Review Reports • PREA final audit reports for the contract agencies • Public websites for the following facilities Interviews Conducted: • Agency Contract Administrator Findings: 115.12(a): • The FCCC PAQ reported that the agency has contracts for confinement with 13 agencies. In the interview with the contract administrator she informed the

auditor they are up to 18 contracts with several recently signed, and that one contract may be terminated.

- ED 72 states:
 - “All new or renewed contracts for the confinement of the DOC PIOC’s not within a DOC-operated facility shall include a provision regarding the contractor’s obligation to adopt and comply with PREA standards. In addition, any new contract or contract renewal shall provide for contract monitoring to ensure that the contractor is complying with PREA standards.”
 - The 13 active contracts were reviewed and verified they all contain a section regarding PREA compliance. It states:
“The Sheriff agrees to comply with the Federal Prison Rape Elimination Act of 2003, and any subsequent standards imposed by the United States Attorney General. If the Sheriff is not in full compliance with PREA the Sheriff shall take all feasible and necessary steps to work toward full compliance, shall continue to do so until full compliance is achieved and shall continue to maintain full compliance. They Sheriff shall have policies and procedures in place for responding to sexual abuse and sexual harassment allegations as defined by PREA, in addition to report-related retaliation allegations, and shall further have procedures or policies maintaining reports and records necessary for reporting data consistent with PREA. The Sheriff shall provide training for its staff, contractors, interns, volunteers and any other who may have contact with inmates pursuant to its policy, procedures and PREA standards.”
 - In addition, the contract agencies' websites were reviewed and verified most contain information regarding PREA, those that did not were the newly signed contract. Audit reports were reviewed for 13 contract jails, the remainder were newly signed contracts and had not yet completed an audit. It is recommended that the contract administrator ensures these facilities are audited as required. It is also noted that two facilities did not meet full compliance so it is recommended the contract monitor reviews these for placement and contract compliance.

115.12(b):

- The FCCC PAQ reported that compliance visits are conducted annually except during the years in which the contracted facility is subject to a DOJ PREA audit.
- See chart for compliance reviews completed on contract facilities.
- DAI policy 410.00.01 states that the DAI shall review its contracted facilities for the confinement of inmates to ensure compliance with PREA and provides procedures for monitoring.
- Interview with the agency contract administrator:
 - She stated that they currently have contracts for confinement with 18

jails that require them to undergo a national audit every three years and on non-national audit years she does a review. This number is different from what is reported on the PAQ due to recent contracts being signed. She stated that her office will ensure new agencies undergo audits this cycle. For all contract facilities she reviews them for compliance and does on-site visits twice in the three year audit cycle (she visits on the years they do not have a national audit). During the visit she completes a “mirco audit” which includes reviewing several standards and fills out the review sheet for each facility. She reviews the physical plant and observes processes, such as watching intake screening.

Contract Facility	Contract start date	PREA compliance in contract?	Last DOJ Audit (signature date)	Last Compliance Review	Website have PREA information?
Fond du Lac County	10/01/2026	Yes	04/24/2025	03/09/2026	Yes
Green Lake County Jail	03/01/2026	Yes	new contract	07/14/2026	No
Jefferson County Jail	02/28/2019	Yes	02/25/2026	05/05/2026	Yes
Juneau County Jail	02/12/2019	Yes	12/15/2025	04/06/2026	Yes
Langlade County Jail	07/01/2020		pending	08/01/2026	No
Lincoln County Jail	09/06/2024	Yes	pending	05/22/2025	No
Marquette County Jail	07/14/2021	Yes	06/12/2025	04/01/2026	Yes
Milwaukee County Community Reintegration Center	08/27/2017	Yes	01/12/2023	11/01/2025	Yes
Oneida County Jail	05/04/2016	Yes	02/01/2026	05/01/2026	Yes

	Ozaukee County Jail	02/28/2019	Yes	09/02/2025	04/01/2026	Yes
	Racine County Jail	02/12/2019	Yes	01/29/2026	11/01/2025	Yes
	Rock County Jail	11/15/2018	Yes	01/12/2026	05/01/2026	Yes
	Sauk County Jail	02/12/2019	Yes	04/29/2025	03/01/2026	Yes
	Vernon County Jail	03/29/2019	Yes	05/06/2025	06/01/2026	Yes
	Vilas County Jail	12/12/2019	Yes	10/31/2025	05/01/2026	Yes
	Washington County Jail	04/01/2025	Yes	new contract	08/01/2026	No
	Waupaca County Jail	12/01/2025	Yes	new contract	07/15/2026	No
	Waushara County Jail	10/01/2025	Yes	new contract	07/14/2026	No
The auditor finds the agency/facility in full compliance with PREA Provision §115.12 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.						

115.13 Supervision and monitoring	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • Felmer's Chaney Correctional Center (FCCC) Staffing plan, January 2026

- WIDOC PREA Coordinator PREA Staffing Plan Annual Review log
- DAI Policy 410.50.05 Staffing Plan, dated 05/29/24
- DAI Policy 410.40.01 PREA Unannounced Supervisory Rounds, dated 10/15/24
- Photos of shift logs

Interviews Conducted:

- FCCC Warden
- PREA Compliance Manager
- PREA Director\
- Intermediate or higher-level staff

Site review Observations

Findings:

115.13(a):

- The FCCC PAQ reports that since the last PREA audit, the average daily number of inmates is 106. They further report that the average daily number of inmates on which the staffing plan is predicated is 110.
- ED 72 states:
 - “Each facility shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of employees and, where applicable, video monitoring, to protect PIOC’s against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall consider:
 - 1. Generally accepted correctional practices;
 - 2. Any judicial, federal investigative and internal/external oversight agency findings of inadequacy;
 - 3. The facility’s physical plant including blind-spots or areas where staff or PIOC’s may be isolated;
 - 4. The composition of the PIOC population;
 - 5. The number and placement of security staff;
 - 6. Institution programs occurring on a particular shift;
 - 7. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
 - 8. Applicable State or local laws, regulations, standards and other relevant factors.”
- The FCCC staffing plan:
 - The January 2026 FCCC staffing plan was reviewed and this auditor verified it contains all requirements of the standard including Generally accepted detention and correctional practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal and external oversight bodies; All components of the facility’s physical

plant (including “blind spots” or areas where staff or inmates may be isolated); The composition of the inmate population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors.

- Interview with the Warden(Superintendent)/PREA Compliance Manager:
 - In the interview with the Warden he stated that FCCC does have a documented staffing plan. He verified that all elements required by this standard are reviewed and considered in the staffing plan. To check for compliance, they review it annually and send it to the PREA Director for review.
- Site review observations:
 - During the site review the audit team was able to observe all areas of the facility. Correctional staff were seen in every living unit as well as throughout the other areas of the facility. A member of the audit team reviewed the cameras and no issues were noted. In the living units no areas of concerns or blind spots were found.

115.13(b):

- ED 72 states:
 - “In circumstances where the staffing plan is not complied with, the facility shall document in written form and justify all deviations from the plan.”
- The FCCC PAQ reports there were no incidents in the past 12 months where the facility deviated from the staffing plan.
- Interview with the Warden(Superintendent):
 - In the interview with the Superintendent he stated that FCCC has not had any instances of non-compliance with the staffing plan in the past 12 months, but if there were to be any it would be documented.

115.13(c):

- WIDOC PREA Coordinator PREA Staffing Plan Annual Review log shows that FCCC has had annual reviews since 2015 including the most recent signed on 01/29/26.
- DAI policy 410.50.05 states:
 - “Whenever necessary, but not less than once per year each facility shall assess, determine, and document whether adjustments are needed to
 - 1. The facility’s staffing plan;
 - 2. The facility’s deployment of video monitoring systems and other monitoring technologies; and
 - 3. The resources the facility has available to ensure adherence to the staffing plan.”

- It further states that the staffing plan shall be reviewed and signed by the PREA Director.
- The FCCC staffing plan shows it was signed as reviewed by the PREA Director.
- Interview with the PREA Director:
 - She stated that yes, she reviews the staffing plan for each facility annually.

115.13(d):

- ED 72 states:
 - “Supervisory staff shall conduct and document unannounced rounds, covering all shifts to identify and deter employee sexual abuse and sexual harassment. The DOC employees are prohibited from alerting other employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.”
- DAI policy 410.40.01 states:
 - “Supervisory staff shall conduct unannounced rounds.
 - Rounds shall be conducted at random times across all shifts and days of the week.
 - Unannounced rounds shall be made in all areas of the facility including, but not limited to: housing units, education, vocation, recreation, health services, food services, laundry, chapel, maintenance, warehouse, etc.
 - Staff are prohibited from alerting other staff members that supervisory rounds are occurring, unless such announcement is essential to avoid creating additional danger during exigent circumstances.”
- Photos of shift logs were reviewed which showed rounds in all units by supervisors at various times and days of the week.
- Interviews with intermediate or higher staff:
 - An intermediate or higher staff member was interviewed and all stated that they do conduct unannounced rounds and that they document them in the supervisor log book in his office. He stated that he and the captain complete rounds between two and five times a week and that since this is a small facility they are in and out of all areas regularly. To ensure staff do not alert each other he doesn’t announce he is doing rounds and varies which route he takes.
- Site review observations:
 - During the site review the audit team randomly checked log books in multiple units and they showed that the Superintendent and captain routinely visited the units. The auditor also asked random staff how often supervisors walked through the facility and they said they see them regularly.

The auditor finds the agency/facility in full compliance with PREA Provision §115.13 based upon analysis of all available evidence including the documentation provided,

	the site review and interviews conducted.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 302.00.20 Placement of Juveniles in Adult Correctional Sites, dated 01/09/23 • Agency movement memo Re: PREA-Youthful Inmates, dated 12/19/16 Site Review Observations Findings: 115.14(a, b, c): • The FCCC PAQ reported that they do not house youthful inmates. • ED 72 states: ◦ “Youthful inmates shall not be placed in a housing unit in which they have sight, sound or physical contact with any adult PIOC through use of a shared dayroom or other common space, shower area or sleeping quarters. In areas outside of housing units, DOC shall either: maintain sight and sound separation between youthful inmates and adult PIOC’s or provide direct staff supervision when youthful inmates and adult PIOC’s have sight, sound or physical contact. Adult facilities shall make best efforts to avoid isolating youthful inmates to comply with this provision. Absent exigent circumstances, adult facilities shall not deny youthful inmates daily large muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. Such exigent circumstances leading to the denial of large-muscle exercise, legally required education services and/or other programming shall be documented.” • DAI Policy 302.00.20 states: ◦ “The Division of Adult Institutions shall not house juveniles in adult correctional facilities.” It further states that “Adjudicated juveniles who are less than 18 years of age shall not be admitted to a DAI facility or

	the WRC (Wisconsin Resource Center)." • The memo regarding youthful inmates states that all of the youthful inmates previously housed at the facility were moved to a DJC facility and that no youthful inmates will be housed at any of the above stated facilities, or at any DAI facility, from this point forward. • Site review observations: ◦ During the site review no inmates that appeared to be under 18 were observed. Staff were informally asked about youthful inmates during the site review and all stated that they do not house them at FCCC. The inmate roster for the first day of the audit did not show anyone under the age of 18. • No interviews with youthful inmates or staff who supervise youthful inmates were able to be completed as FCCC does not hold youthful inmates. The auditor finds the agency/facility in full compliance with PREA Provision §115.14 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 410.40.02 PREA Opposite Gender Viewing and Announcing, dated 03/20/23 • DAI Policy 500.70.24 Clinical Observation, dated 07/13/21 • DAI Policy 306.16.01 Use of Body Cameras, dated 03/14/22 • DAI Policy 306.17.02 Searches of Inmates, dated 01/05/26 DOC-544 Lesson Plan for Personal Searches: Pat Searches and Strip Searches, dated 10/22 Interviews Conducted: • Random Staff • Random Inmates Site Review Observations

Findings:

115.15(a):

- The FCCC PAQ reported that they do not conduct cross-gender strip or visual body cavity searches of inmates and that there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months.
- ED 72 states:
 - “Adult facilities shall not permit cross-gender strip or body cavity searches of PIOC’s except in exigent circumstances or when performed by medical practitioners.”
- DAI policy 410.40.02 states:
 - “All viewing and searches shall be performed in accordance with DAI policies 306.17.02, 500.00.05 and 500.70.24.”
- DAI policy 500.70.24 states:
 - “Cross gender constant observation may be conducted when privacy accommodations are provided for toileting, showering and changing clothing. Exceptions are allowed in exigent circumstances.”
- DAI policy 306.16.01 states:
 - “A DOC-2466 shall be completed when a staff member of the opposite gender of the inmate reviews BWC (body worn camera) footage which reveals the breasts, buttocks or genitalia. Such viewing shall be related to an exigent circumstance or active investigation.”
- DAI Policy 306.17.02 details the procedures for conducting pat searches and strip searches, including limitations based on gender of staff and the PIOC’s.
- No non-medical staff involved in cross-gender strip or visual searches were able to be interviewed as FCCC does not conduct cross-gender strip or visual searches.
- Site review observations:
 - During the site review the areas where strip searches are conducted were viewed by the audit team and it was verified that they provide enough privacy that cross-gender viewing is obstructed.

115.15(b):

- DAI policy 306.17.02 states:
 - “Male persons in our care may be pat searched by male and female uniformed staff members; female persons in our care may only be pat searched by female uniformed staff.
 - Cross gender personal searches of female persons in our care by male staff is prohibited, except in exigent circumstances. Facilities shall not restrict a female person in our care access to regularly available programming or other out-of-call opportunities in order to comply with this provision.”
- This provision does not apply to this facility as they do not house female

inmates.

115.15(c):

- DAI policy 306.17.02 states:
 - “Person in our care searches shall be documented utilizing DOC-1523.
 - Documentation of exigent circumstances where cross-gender pat-down searches of female persons in our care by male staff are conducted shall be maintained.
 - Documentation of exigent circumstances where cross-gender strip, body cavity or body contents searches are performed shall be maintained.”
- No cross-gender strip searches had been conducted in the past 12 months so no logs or other documentation were able to be reviewed.

115.15(d):

- ED 72 states:
 - “In order to enable PIOC’s to shower, perform bodily functions and change clothing without nonmedical staff members of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, staff members of the opposite gender shall announce their presence when entering a PIOC housing unit. If opposite gender status quo changes during that shift, then another announcement is required. Facilities shall not restrict access to regularly available programming or other out-of-cell or housing unit opportunities in order to comply with this provision.”
- DAI policy 410.40.02 states:
 - “Each facility shall develop and be responsible for implementing local procedures to ensure that a consistent announcement is made each time a staff member, contractor, or volunteer of the opposite gender enters (or exits and reenters) a housing unit where PIOC may be able to shower, change clothing or perform bodily functions.
 - At a minimum, the announcement must be made when an opposite-gender staff member enters the housing unit and there are no other opposite-gender staff members present on the housing unit. When an opposite-gender staff member is entering a housing unit and it is unknown to him/her whether the opposite gender announcement has been made on his or her behalf, the entering staff member shall be responsible for making an announcement.”
 - The policy lists three available options of generally accepted practices for executing such announcements.
 - 1. A designated tone, sign, and/or light that is used only for the purpose of announcing a member of the opposite gender

entering housing units.

- 2. An announcement made by the staff working the control desk via the intercom or alternate system.
- 3. The opposite gender staff person makes an audible announcement of their presence

- Facilities and units housing deaf/hard of hearing PIOC shall develop an alternative or supplementary notification method (e.g. sign or light) in accordance with DAI Policy 300.00.35.
- Upon admissions, as part of PREA-related education, PIOC shall receive facility specific information which explains how opposite gender staff announce their presence when entering a PIOC housing unit. Education shall be provided in accordance with DAI 410.20.01.”
- Site review observations:
 - During the site review the audit team saw both male and female staff in the living units. An announcement was made when female staff entered units that did not currently have female staff working. There was also a blue light on the ceiling in the living units that is turned on whenever female staff are present so that PIOC’s can easily look and see if female staff may be present.
Shower and toilet areas were reviewed in each unit. They had shower curtains, stall doors, or other barriers that enabled inmates to shower and use the toilet without opposite gender staff being able to view them.
Cameras were viewed by the audit team and verified they do not show areas where PIOC may be in a state of undress.
- Inmate interview questionnaire:
 - A total of twenty-one inmates were asked if female staff announce when they enter the living units. Of those twenty stated that yes, female staff are consistently announced consistently.
- Random staff interviews:
 - A total of twelve random staff from all shifts and various posts throughout the facility were interviewed and all stated that female staff are announced and that inmates are able to dress, shower and toilet without being viewed by opposite gender staff.

115.15(e):

- Per the DOJ memo titled "National PREA Standards Alignment with Executive Order 14168" dated December 2, 2025 this auditor is not auditing this section.

115.15(f):

- Per the DOJ memo titled "National PREA Standards Alignment with Executive Order 14168" dated December 2, 2025 this auditor is not auditing this section.

	The auditor finds the agency/facility in full compliance with PREA Provision §115.15 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • WIDOC Executive Directive 71: Language Assistance Policy and Implementation for Addressing Need of Offenders with Limited English Proficiency • WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook (large print, Spanish) • Agency Handbook Addendum (Spanish) • DAI Policy 300.00.35 American with Disabilities Act, dated 07/07/25 • Agency contract for In-Person Interpretation services for American Sign Language (ASL) • Agency contract for Video Remote Interpreting Services for ASL • Agency contract for Statewide Telephone Interpretation Services • Agency Posted Language Policy Notice (English and Spanish) Interviews Conducted: • Agency Head • Inmates (with disabilities or who are limited English proficient) • Random Staff Site Review Observations Findings: 115.16(a): • ED 72 states: ◦ "PIOCs with disabilities or who have limited English proficiency shall

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

- The WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook is available in large print and Spanish.
- Contracts were provided that show interpretation and translation services are available for American Sign Language (ASL) as well as for those who speak a language other than English.
- DAI policy 300.00.35 outlines how each facility shall establish a process by which PIOC and members of the public with disabilities may request accommodations for access to programs, services and activities.
- Site review observations:
 - During the site review the audit team observed PREA postings in English and Spanish that were easily read and understood.
- Interview with the Agency Head (designee):
 - He stated that agency has established procedures to provide inmates with disabilities and who are limited English proficient equal opportunity to participate in all aspects of the effort to prevent, detect, and respond to sexual abuse and sexual harassment. He stated that everyone is screened at intake at each facility and that an ADA coordinator helps determine what support or services are needed. He stated the PREA information is available in English and Spanish and that the education video is also available in Hmong and is closed captioned.
- Interviews with inmates who are disabled or limited English proficient:
 - A total of five PIOC were interviewed using the disabled and limited English proficient inmates' protocol. Of those three were limited English proficient and two were deaf or hard of hearing. Four of the five stated they did receive information about sexual abuse and sexual harassment in a manner they were able to understand. The fifth stated staff did explain it to him once he met with them.

115.16(b):

- Posters (including the PREA poster and language policy notice), inmate handbooks and addendums were provided to show they are available in Spanish.
- Interviews with inmates who are disabled or limited English proficient
 - A total of five PIOC were interviewed using the disabled and limited

	English proficient inmates' protocol. Of those three were limited English proficient and two were deaf or hard of hearing. Four of the five stated they did receive information about sexual abuse and sexual harassment in a manner they were able to understand. The fifth stated staff did explain it to him once he met with them. 115.16(c): • ED 72 states: ◦ "The facility shall not rely on PIOC interpreters, PIOC readers or other types of PIOC assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the PIOC's safety, the performance of first responder duties or the investigation of the PIOC's allegations. The exigent circumstances in which PIOC assistants are used shall be documented." • ED 71 outlines how to determine the appropriate language assistance services in both oral and written formats. • Site review observations: ◦ Staff were informally interviewed during the site review and stated they were aware they could not use other inmates to interpret for anything PREA related. • Interviews of random staff: ◦ Twelve random staff were interviewed and asked when an inmate would be allowed to interpret for another inmate and stated they would never use another inmate to interpret and would contact a supervisor to find an interpreter. The auditor finds the agency/facility in full compliance with PREA Provision §115.16 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22

- WIDOC Executive Directive 42: Police Contact, Arrest, and Conviction Policy for Current Employees, dated 02/27/25
- DAI Policy 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, dated 08/20/24
- Agency Human Resources Procedures, Background Check Procedure, dated 11/26/18
- Agency Human Resources Procedures, Fingerprint Procedures, dated 11/26/18
- Agency Human Resources Procedures policy 200.30.507, Reference Checks, dated 05/21/25
- DOC-1098D Background Check Authorization form, dated 02/2021
- DOC-1098R Candidate Reference Check, dated 10/2020
- DOC-2674 DAI Volunteer Application
- FCCC Fingerprint information-5 year re-print requirement

Interviews Conducted:

- Administrative (Human Resources) Staff

Site Review Observations

Findings:

115.17(a-b):

- ED 72 states:
 - “The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community, or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any staff member.”
- ED 42 states:
 - “DOC will not fire or promote an applicant for a position which may have contact with persons in our care, clients or youth based on the following PREA Standards:
 - 1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention.
 - 2. Convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
 - 3. Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above.”
- Agency Human Resources Procedures, Background Check Procedure outlines

the process for each applicant's background check and also states the same information as ED 42 regarding not hiring or promoting an applicant who has

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

- Interview with human resources staff:
 - In the interview with human resources staff she stated that yes, the facility does consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services on any contractor who may have contact with inmates.

115.17(c-d):

- The FCCC PAQ reports that no criminal background checks have been performed in the past 12 months for persons hired who may have contact with inmates. It further reported that in the past 12 months the number of contracts where criminal background checks were conducted on all staff who might have contact with inmates were 4 out of 4.
- ED 72 states:
 - "Prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check" and "The DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation."
- Agency Human Resources Procedures, Background Check Procedure outlines procedures for HR staff to follow when completing background and reference checks.
- DAI policy 309.06.03 requires the agency to conduct criminal background checks for all volunteers.
- Examples of completed candidate feedback reports were received and reviewed for 5 staff that verify previous institutional employers were contacted including inquiring if the candidate has ever engaged in any incident of sexual abuse or sexual harassment while employed or if they resigned during a pending investigation of an allegation or sexual abuse or sexual harassment.
- Examples of completed forms were reviewed for both promotions and new hires that verify background checks were completed including asking the candidate to answer if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility or other institution, if they have been

convicted of engaging or attempting to engage in sexual activity in the community facility by force, overt or implied threats of force, or coercion, or if they have been civilly or administratively adjudicated to have engaged in the previously described activity or engaged in sexual harassment in the community or a confinement setting.

- The completed background checks were requested and received for all random staff interviewed verifying the required elements were completed, including the fingerprint check and Wisconsin DOJ background check.
- Interview with human resources staff:
 - HR staff stated that the facility performs criminal record checks for all newly hired employees as well as those being considered for promotions or any change in classification. Background checks are also performed for all contractors; some are done through medical as well.

115.17(e):

- ED 72 states:
 - "The DOC shall conduct a criminal background records check every five years for current employees."
- FCCC fingerprint information was reviewed for all random staff interviewed that showed the 5 year checks being completed.
- Interview with human resources staff:
 - HR staff stated that portal 100 is used and that the fingerprint system is ran every five years.

115.17(f-g):

- ED 72 states:
 - "All applicants shall be required to disclose instances of sexual misconduct as described above. Applicants who fail to disclose such information shall be ineligible for hire for the current vacancy and, if applicable, may be grounds for termination."
- DOC 1098D has a statement which the applicant has to sign that states:
 - "I affirm that all the information on this document is true and complete to the best of my knowledge and I understand that any falsification or omission of information will disqualify me for this position."
- Interview with human resources staff:
 - HR staff stated that per ED 42 the facility does ask all applicants and employees about previous misconduct in written applications for hiring or promotions and during the annual review they go through an acknowledgement. She further stated that ED 42 requires employees to disclose any such misconduct.

115.17(h):

	• Interview with human resources staff: ◦ HR staff stated that they to do file checks on all new employees and that when a former employee applies for work at another institution that upon request from that institution they will provide information on any substantiated allegations of sexual abuse or sexual harassment. The auditor finds the agency/facility in full compliance with PREA Provision §115.17 based upon analysis of all available evidence including the documentation provided and interviews conducted.
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115.18 Upgrades to facilities and technologies	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DOC-2635 Maintenance Project Request for Approval Form (blank) Interviews Conducted: • Agency Head • Warden Findings: 115.18(a): • The FCCC PAQ indicates that the agency/facility has not acquired a new facility or made a substantial expansion or modification since the last PREA audit. • ED 72 states: ◦ “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the DOC shall consider the effect of the design, acquisition, expansion or modification upon the DOC’s ability to protect PIOC’s from sexual abuse.” • DOC-2635 Maintenance Project Request for Approval Form (blank) requires that the facility describe how the proposed project will enhance the facility’s

	ability to protect inmates from sexual abuse. • Interview with Agency Head (designee): ◦ He stated that they consider and review sound correctional procedures and practices from within the state and throughout the country. He said that safety and security in all aspects is always a consideration. They review staffing patterns for similar facilities and review each incident. • Interview with the Warden(Superintendent): ◦ The Superintendent confirmed that FCCC has not had any substantial expansions or modifications since the last PREA audit. 115.18(b): • ED 72 states: ◦ “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the DOC shall consider how such technology may enhance the DOC’s ability to protect PIOC’s from sexual abuse.” • Interview with the Agency Head (designee): ◦ He stated that they use monitoring technology as a deterrent to stop sexual abuse and other behavior. It helps increase coverage of blind spots and monitor staff and inmates in areas they may be isolated. After an incident is reported it is used as an investigatory tool. • Interview with the Warden: ◦ He stated that when installing or updating monitoring technology that PREA is considered including coverage of blindspots, high traffic areas and areas where PIOC and staff may be isolated. The auditor finds the agency/facility in full compliance with PREA Provision §115.18 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual

- Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- DAI Policy 306.00.14 Protection, Gathering and Preservation of Evidence, dated 12/01/23
- DAI Policy 500.30.19 Sexual Abuse-Health Services Unit Procedure in the Event of Sexual Abuse, dated 11/21/23
- DAI Policy 410.50.04 PREA Support Services and Retaliation Monitoring, dated 10/18/21
- Excerpt from the Agency Healthcare Manual Reference
- Excerpt from the Agency Inmate Handbook
- Memorandum of Understanding with Aurora Health Care Metro, Inc., signed 08/02/2019
- Agency Victim Accompaniment Guide
- Agency Victim Services Coordinator Sexual Abuse and Sexual Harassment Reference Guide
- DOC-2767 Agency Victim Services Coordinator Response Checklist
- Agency Law Enforcement Compliance Request Emails, dated 03/18/2019 and 09/12/2025

Interviews Conducted:

- Random Staff
- PREA Compliance Manager

Findings:

115.21(a-b):

- The FCCC PAQ reported:
 - The agency/facility is responsible for conducting administrative sexual abuse investigation but they are not responsible for conducting criminal sexual abuse investigations and that they are completed by the Milwaukee Police Department.
- ED 72 states:
 - “The DOC shall follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions. Such protocol shall be developmentally appropriate for youth, where applicable, and adapted from a comprehensive and authoritative protocol developed after 2011.”
- DAI Policy 306.00.14 outlines appropriate staff requirements to preserve and protect evidence in order to maximize the potential for obtaining usable physical evidence for investigations and includes sufficient technical detail to aid staff in obtaining usable physical evidence.
- DAI Policy 500.30.19 contains information for the health services unit and how they should respond to reports of sexual abuse, including that
 - “HSU staff performing the assessment shall: Understand principles to

preserve forensic evidence during care and treatment.”

- Interviews with random staff:
 - Twelve random staff were asked about the agency’s protocol for obtaining usable physical evidence. They stated they knew to secure any crime scene, isolate the area, ask the victim and instruct the suspect not to take any actions that would destroy evidence, and call the shift supervisor. They also knew that facility PREA trained investigators would be notified to conduct the investigation.

115.21(b):

- The FCCC PAQ reported:
- FCCC does not hold youthful inmates. It further indicates that the protocol was based on the National Commission on Correctional Health Care-Response to Sexual Abuse.
- The excerpt from the agency healthcare manual states:
 - “WIDOC healthcare clinicians do not conduct SANE examinations. Inmates alleging sexual abuse are transported to a local community hospital for treatment and evidence collection.”

115.21(c):

- The FCCC PAQ reported:
 - All inmates who experience sexual abuse are offered access to forensic medical examination at an outside facility, Aurora Sinai Medical Center. The PAQ further reports that there have been no forensic medical exams conducted in the past 12 months.
- DAI Policy 500.30.19 states:
 - “Timely and unimpeded access to emergency medical treatment without cost to the PIOC.
Transfer to offsite for a SANE assessment, when determined evidentiarily or medically appropriate by health care staff in consultation with the SANE. “
- ED 72 states:
 - “all victims shall be offered access to forensic medical examinations at an offsite medical facility, without financial cost, where evidentiarily or medically appropriate.”
- The agency inmate handbook states that one of the rights for inmates is to receive free medical and mental health care following an incident of sexual abuse or sexual harassment.

115.21(d):

- The FCCC PAQ states:
 - The facility makes a victim advocate from a rape crisis center

available from Aurora Health Care Metro, Inc. and if not available, a qualified staff member may provide victim advocate services.

- The Memorandum of Understanding with Aurora Health Care Metro, Inc. shows:
Aurora Health Care Metro, Inc. will provide an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview processes, as requested by the victim via DOC, if available.
- Interview with the PREA Compliance Manager:
 - He stated that the facility has an agreement with Aurora Medical and that for SANE exams the inmate would be transported to the hospital. An advocate would accompany the victim.
- Interviews with inmates who reported sexual abuse:
 - No PIOC who reported sexual abuse were at FCCC during the time of the audit, so no interviews were able to be completed.

115.21(e):

- ED 72 states:
 - "The facility shall attempt to make available to the victim an advocate from a local sexual assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. As requested by the victim, such a person shall also provide emotional support, crisis intervention, information, and referrals. If a sexual assault service provider is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues. Facilities shall document efforts to secure services from a local sexual assault service provider."
- DAI Policy 410.50.04 states:
 - "For every alleged victim of sexual abuse, the Victim Services Coordinator (VSC) is tasked with several responsibilities including victim accompaniment when an advocate from a sexual assault service provider (SASP) is unavailable."
- DOC-2767 Agency Victim Services Coordinator Response Checklist provides a checklist of tasks for the VSC if a SASP is not available including accompanying and providing support for the alleged victim through the forensic medical examination and investigatory interviews.
- Interview with the PREA Compliance Manager:
 - He stated that the PREA office verifies that all agencies meet the qualifications of this standard.

115.21(f):

- Agency Law Enforcement Compliance Request Email shows:

	◦ The Milwaukee Police Department was contacted regarding a compliance request from the WIDOC Secretary in 2019 and 2025 via email. 115.21(g): Auditor is not required to audit this provision. The auditor finds the agency/facility in full compliance with PREA Provision §115.21 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 303.00.05 Law Enforcement Referrals, dated 01/27/25 • DAI Policy 306.00.15 Inmate Investigations, dated 09/07/23 • Agency Human Resources Procedures 200.30.304, Employee Disciplinary Investigations, dated 10/28/20 • Referral for criminal investigations template • Screenshot of agency website re: Law Enforcement Referrals Interviews Conducted: • Investigative Staff Findings: 115.22(a): • The FCCC PAQ reported: ◦ The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. They further reported that in the past 12 months, 2 allegations of sexual abuse and sexual harassment were received and that both of those were referred for criminal investigation while all both had an

administrative investigation.

- ED 72 states:
 - “The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources.”
- Interview with the Agency Head (designee):
 - He stated that the agency has ED 72 in place which outlines the investigation process and steps that they ensure that an administrative and/or criminal investigation is completed for all allegation of sexual abuse or sexual harassment. He stated that criminal investigations are referred to local law enforcement, either the police department or sheriff's office depending on the location. Each facility has trained administrative investigators and there is an internal affairs office that handles cases involving staff.

115.22(b-c):

- ED 72 requires:
 - “Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC’s website.
- DAI policy 303.00.05 states:
 - “The Warden/designee shall refer the following to LE (law enforcement):
 - Allegations of sexual abuse or sexual harassment as defined by ED 72 that involve potentially criminal behavior
 - Sexual assault per Wisconsin Statutes s. 940.225.
 - It further states that “Allegations of sexual abuse or sexual harassment as defined by ED 72 that involve potentially criminal behavior may be documented on and referred using DOC-2986.”
- DAI Policy 306.00.15 states:
 - “All reports of sexual abuse shall be reported to law enforcement by the facility PREA Compliance Manager/designee. Reports of sexual harassment that involve potentially criminal behavior shall be referred to law enforcement.”
- Agency Human Resources Procedures 200.30.304 states:
 - “All allegations or sexual abuse shall be reported to law enforcement by the Security Director, PREA Compliance Manager, or other designee. Allegations of sexual harassment that involve potentially criminal behavior shall be referred to law enforcement. All referrals shall be documented.”
- Referral for criminal investigations template provides a standard document to send to outside law enforcement referring the case to their agency.

	• The agency website: (https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx) was reviewed and verified that ED 72 is available for the public. • Interview with facility investigators: ◦ An administrative investigator was interviewed and verified that agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation. 115.22(d): Auditor is not required to audit this provision. 115.22(e): Auditor is not required to audit this provision. The auditor finds the agency/facility in full compliance with PREA Provision §115.22 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • Agency Training Curriculum: Facility Staff Training and Support: DAI Uniformed Staff • Agency Training Module-All Staff PREA • Agency Newsletter examples • Agency policy update emails • Report Clarification Training, dated 2026 • DOC-1558 Employment Statement of Acknowledgement • FCCC Training Rosters Interviews Conducted: • Random Sample of Staff Site Review Observations Findings:

115.31(a-b):

- The FCCC PAQ states that all new staff are required to take the module “PREA” and that all existing staff were required to take the “PREA” module in the fall of 2015. Security staff also receive a module during pre-service and that all new employees are required to read ED 72 and sign acknowledgement form DOC-1558 to affirm their understanding.
- ED 72 states:
 - “The DOC shall train all new staff members on the department’s zero-tolerance policy for sexual abuse and sexual harassment. All staff members shall receive training every two years; in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies. The training shall include, but is not limited to the subparts listed below. Each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received.
 - a. The DOC’s zero tolerance policy for sexual abuse and sexual harassment;
 - b. How to fulfill employee responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
 - c. PIOC’s right to be free from sexual abuse and sexual harassment;
 - d. The right of PIOC’s and staff members to be free from retaliation for reporting sexual abuse and sexual harassment;
 - e. The dynamics of sexual abuse and sexual harassment in confinement;
 - f. The common reactions of sexual abuse and sexual harassment victims;
 - g. How to detect and respond to signs of threatened and actual sexual abuse;
 - h. How to avoid inappropriate relationships with PIOC’s;
 - i. How to communicate effectively and professionally with PIOC’s, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming PIOC’s;
 - j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
 - k. Relevant laws regarding the applicable age of consent;
 - l. Instruction tailored to male and female PIOC’s; and
 - m. Instruction specific to the unique needs and attributes of juveniles.”
- The training curriculums; facility staff training and support: DAI Uniformed Staff and all staff PREA, were reviewed and verified they contain all these standards requirements.
- Interviews with random staff:

- Twelve random staff were interviewed and all stated they receive online training on PREA annually.
- Training records were received for all staff and the auditor reviewed these records and verified that all twelve random staff interviewed received PREA Refresher training 2025.
- Per the DOJ memo titled "National PREA Standards Alignment with Executive Order 14168" dated December 2, 2025 this auditor is not auditing the following section: 115.31(a)(9).

115.31(c):

- The FCCC PAQ reported that when new policies/directive regarding sexual abuse and sexual harassment are released all employees who may have contact with inmates are informed via myDOC, PREA page, email or classroom instruction. It further stated that staff receive refresher training during odd years.
- Agency newsletters and emails were reviewed that show updates regarding PREA being distributed.

115.31(d):

- The FCCC PAQ reported that initial training and biennial modules are online and that participation and understanding are tracked electronically via the learning management system and that all new employees are also required to read ED 72 and sign acknowledgement form DOC-1558 to affirm their understanding.
- ED 72 states:
 - "Each employee shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received."
- DOC-1558 Employment Statement of Acknowledgement includes a list of executive directives, including ED 72, that employees are required to read, understand and abide by. The form also includes a signature from the employee that they "understand that they have the responsibility to read, understand, and abide by all Department of Correction policies and procedures, including but not limited to, the Executive Directives and policies listed above." A FCCC training roster was reviewed that shows all completed PREA related training for staff including the 2017, 2019 and 2021, 2023 and 2025 PREA refreshers or Introduction to PREA for newly hired staff. Since the training is now on-line, participation and understanding are tracked electronically. This is done by knowledge checks throughout the training and staff must pass a test at the end with a score of 80% or better.

The auditor finds the agency/facility in full compliance with PREA Provision §115.31 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 309.06.03 Non-DOC Personnel, Business and Professional Visitors, dated 08/20/24 • A Guide for Volunteers and Contractors Brochure • DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation Manual • Agency Contractor & Volunteer Training • DOC-2674 DAI Volunteer Application Interviews Conducted: • Volunteers • Contractors Site Review Observations Findings: 115.32(a-b): • The FCCC PAQ reports that 32 volunteers and contractors, who may have contact with inmates, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment. • ED 72 states: ◦ "All volunteers and contractors who have contact with PIOC's shall be trained, in accordance with the type of service and level of contact they have with PIOC's, on the DOC's zero-tolerance policy as it relates to sexual abuse and sexual harassment. They shall, additionally, be trained on their responsibilities under the DOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Each volunteer or contractor shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received." • DAI policy 309.06.03 states:

	◦ “Non-DOC personnel are required to complete role-specific orientation as detailed in Attachment A prior to facility entry and PIOC interaction.” ■ It continues to break down the required training based on a tier system. Tier 1 includes required PREA training. • The Guide for Volunteers and Contractors Brochure was reviewed and it contains information on their responsibilities under PREA, including reporting and response duties. • The agency volunteer manual was reviewed and verified it contains information on PREA, ED 72 and maintaining professional boundaries. • Interviews with volunteers: ◦ Two volunteers and two contract staff were interviewed by the audit team and all stated they have received training regarding PREA and their responsibilities. They all stated that they have been notified of the agency’s zero-tolerance policy on sexual abuse and sexual harassment and how to report such incidents, specifically to take everything seriously and report anything suspicious. 115.32(c): • DAI policy 309.06.03 requires each volunteer to sign DOC 2674. • DOC-2674 Non DOC Personnel Visitors Form states: ◦ “My signature below acknowledges my understanding of DOC’s zero tolerance policy regarding sexual abuse and sexual harassment, as well as my responsibilities for adherence to PREA as non-DOC personnel, business and professional visitors.” • The volunteer application was reviewed and it indicates that by signing they understand they are expected to abide by all DOC and DAI policies, including the fraternization policy and facility procedures. The auditor finds the agency/facility in full compliance with PREA Provision §115.32 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed:

- FCCC PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- DAI Policy 410.20.01 Inmate PREA Education dated 05/29/24
- POC-0041B Resource sheet for offenders (English and Spanish)
- PREA Orientation videos at <https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx>
- POC-0041C Inmate PREA Education Facilitator Guide (Rev. 01/2022)
- Photo of inmate ID cards showing PREA information on the back
- WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook (English and Spanish)
- Acknowledgement of Receipt of/Access to Information (PREA Education) (blank and completed examples)

Interviews Conducted:

- Intake Staff
- Random inmates
- Disabled and limited English proficient inmates

Site Review Observations

Findings:

115.33(a):

- The FCCC PAQ reported that 110/110 (100%) of inmates admitted in the past 12 months were given PREA education at intake.
- Ed 72 states:
 - “At intake, PIOC’s shall receive information detailing the DOC’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents or suspicions.”
- DAI policy 410.20.01 states that:
 - “The Division of Adult Institutions shall provide education to PIOC explaining the agency’s zero tolerance policy regarding sexual abuse and sexual harassment; including report-related retaliation; reporting methods; and agency response procedures.” It further states that upon arrival at an intake facility each inmate shall receive POC-0041 and POC-0041B complete with the local sexual assault service provider contact information.
- Site review observations:
 - The auditors walked through the education process with staff. Residents are provided PREA education verbally and in written format (Handbook).
- Interviews with intake staff:
 - The staff who conducted the PREA education during intake was

interviewed. She stated that all PIOC are provided PREA education verbally and in writing (Resident Handbook). She also said that the PREA reporting information is on all PIOC ID cards and they are provided the information for the local sexual assault center.

- Interviews with random inmates:
 - Of the twenty-one PIOC interviewed, all stated they received information about the zero-tolerance policy and how to report when they first arrived at FCCC, either on the day of arrival or the next day.

115.33(b):

- The FCCC PAQ reported that 97/97 (100%) of those inmates admitted during the past 12 months (whose length of stay was for at least 30 days) received comprehensive education.
- ED 72 states:
 - “Within 30 days of intake at adult facilities and within 10 days at juvenile facilities, the facility shall provide comprehensive education to PIOC’s either in person or through video regarding: a. The DOC’s zero tolerance policy, including PIOC’s’ right to be free of sexual abuse, sexual harassment and disclosure-related retaliation; and b. The DOC’s policies and procedures for responding to such incidents.”
- DAI policy 410.20.01 states:
 - “Within 30 days of intake, each inmate shall be provided comprehensive PREA education, which includes:
 - Viewing the video “Sexual Abuse and Sexual Harassment Prevention and Intervention.”
 - Following the video, a staff facilitated discussion shall occur and include:
 - The facility’s cross-gender announcement procedure.
 - Local sexual assault service provider contact information.
 - Facilities shall use POC-0041C to guide their comprehensive education.”
- Interviews with intake staff:
 - Intake staff interviewed stated that all new arrivals are all provided with the PREA handbook and she talks about the processes. She stated that each PIOC electronically signs a form in WICS to verify they received the education and that typically she provides the education the same or next day after arrival.
- Interviews with random inmates:
 - The majority of PIOC interviewed stated they received education on the day of arrival and a few stated it was the next day or shortly after arriving.

115.33(c):

- The FCCC PAQ reported that all inmates had been educated within 30 days of intake during the audit period. \
- ED 72 states:
 - “Upon transfer to another facility, PIOC’s shall receive education specific to the facility’s sexual abuse, sexual harassment and report-related retaliation policies and procedures to the extent they differ from the previous facility.”
- DAI policy 410.20.01 states:
 - “Upon transfer to a facility, each inmate shall receive:
 - 1.POC-0041 if they state they do not already have a copy.
 - 2.POC-0041B complete with local sexual assault service provider contact information.”
 - “Within 30 days of transfer, each inmate shall be provided comprehensive PREA education, which includes, at minimum, a staff facilitated discussion of:
 - 1. The agency’s zero tolerance for sexual abuse, sexual harassment and report-related retaliation.
 - 2. Sexual abuse and sexual harassment reporting options.
 - 3. The facility’s cross-gender announcement procedure.
 - 4. Local sexual assault service provider contact information.
 - 5. The facility’s response procedure.
 - 6. Notable facility-specific PREA procedures.
 - Facilities shall use PCO-0041C to guide their comprehensive education”

115.33(d):

- ED 72 states:
 - “PIOCs with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of PIOC education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with PIOC’s with disabilities.”
- DAI policy 410.20.01 states:
 - “PIOC with disabilities or who have limited English proficiency shall be provided with access to interpreters or alternate formats to assist them with comprehension of the information in accordance with DAI Policies 300.00.35 and 300.00.61
 - Alternate formats of education may include:
 - a. POC-0041 Audio recording (obtain from PREA Office)
 - b. POC-0041 Braille translation (obtain from PREA Office).

- c. POC-0041S, POC-0041BS Spanish translation.
- d. Spanish and subtitled versions of the PREA education video
- e. Special education teacher or similar to facilitate education.
- When alternate formats or resources are used to educate PIOC with disabilities, learning limitations or limited English proficiency, the facilitator shall document such provision in a DOC-2466 and denote "PREA" and "Informational" at minimum, as the incident type."
- The agency handbook and addendum are available in English, large print and Spanish.
- Interviews with inmates who are disabled or limited English proficient:
 - A total of five PIOC were interviewed using the disabled and limited English proficient inmates' protocol. Of those, three were limited English proficient and two were deaf or hard of hearing. All of the resident interviewees stated that they received PREA education in a manner they could understand. Education acknowledgements were reviewed and indicate they did receive and understand PREA education.

115.33(e):

- The FCCC PAQ stated that documentation of inmate participation in education sessions is recorded using an electronic signature pad and the form is stored in the inmate's record.
- Acknowledgement of Receipt of/Access to Information forms were reviewed and they show that inmates sign to acknowledge they have received the sexual abuse and sexual harassment handbook, a resource sheet and PREA education. The form is available in English and Spanish.
- The auditor was provided signed PREA education acknowledgements for all PIOC interviewed verifying the education was provided within the required 30 days.

115.33(f):

- Site review observations:
 - During the site review the audit team found PREA posters in each living unit. Most were located near the phones while others were on a bulletin board within the unit. When inmates were informally interviewed they stated the posters had not recently been put up and that the information is also on their ID or on the tablet.

The auditor finds the agency/facility in full compliance with PREA Provision §115.33 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • Agency Investigation Training curricula • Agency Investigation Resource Guide • WIDOC Directory of Investigative staff who have completed training, updated 04/15/26 Interviews Conducted: • Investigative staff Findings: 115.34(a-c): • ED 72 states: ◦ “Employees who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Garrity/Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion.” • The agency investigation training curricula and resource guide were reviewed and verified that they cover investigations in confinement settings, interview techniques for interviewing sexual abuse victims, proper use of Garrity and Miranda warnings (the agency does not conduct criminal investigations so they would never use Miranda), evidence collection in confinement settings and the definitions of unfounded, substantiated and unsubstantiated. • A roster of staff trained to investigate reports of sexual abuse and sexual harassment in confinement were reviewed and it shows 2 staff at FCCC are trained, and throughout the agency 736 staff are trained. The auditor verified the investigators interviewed were on the training roster. • Interview with investigative staff: ◦ The investigator interviewed said he has received training specific to conducting sexual abuse investigations in confinement settings. It included crime scene processing, evidence collection and interviewing tactics.

	115.34(d): Auditor is not required to audit this provision. The auditor finds the agency/facility in full compliance with PREA Provision §115.34 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • PREA for healthcare Staff training curriculum • Training roster Interviews Conducted: • Medical staff Findings: 115.35(a): • ED 72 states: ◦ “All medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on the subparts below.” a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.” • The PREA for Healthcare Staff curricula was reviewed and it includes information on first responder duties, initial assessment, reporting, preserving evidence, providing care and responses. • The FCCC PAQ reported that 4 medical staff who work regularly at the facility have received the training which was verified with a PREA healthcare training completion roster. • Interviews with medical staff:

	◦ Medical staff was interviewed and she stated she has received specialized training regarding sexual abuse and sexual harassment and that it covered all required topics including how to detect and assess signs of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. • Interviews with mental health staff: ◦ FCCC has no mental health staff assigned so no interviews for this category were able to be completed. 115.35(b): This provision is not applicable as forensic medical examinations would be conducted at an outside facility and not by agency staff. 115.35(c-d): • This auditor verified that the training roster includes medical staff selected and that they have received the PREA refresher 2025 and PREA for healthcare staff. The auditor finds the agency/facility in full compliance with PREA Provision §115.35 based upon analysis of all available evidence including the documentation provided and interviews conducted.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, dated 11/21/23 • Agency risk screening directive email from PREA Coordinator dated 04/19/16 • Sample inmate risk screening assessments • DOC-2781B PREA Screening tool, Adult Male facility • Agency Wisconsin Integrated Corrections System (WICS) User Guides Sections A, B, C, D and Rescreening • Risk screenings for PIOC's interviewed

Interviews Conducted:

- Staff responsible for risk screening
- Random Inmates
- PREA Director
- PREA Compliance Manager

Site Review Observations

Findings:

115.41(a-e):

- ED 72 states:
 - “PIOCs shall be assessed during an intake screening within 72 hours of arrival at the facility, and again within 72 hours of transfer to another facility, for risk of being sexually abused by other PIOCs or sexually abusive towards other PIOCs. The objective screening instrument shall include, at minimum, the following criteria:
 - 1. The presence of a mental, physical or developmental disability;
 - 2. Level of emotional and cognitive development (juvenile facilities only)
 - 3. Age;
 - 4. Physical build;
 - 5. Previous incarcerations;
 - 6. Exclusively nonviolent criminal history;
 - 7. Prior convictions for sex offenses against an adult or child;
 - 8. Is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex or gender nonconforming;
 - 9. Previously experienced sexual victimization;
 - 10. Prior acts of sexual abuse, prior convictions for violent offenses and/or history of prior institutional violence or sexual abuse; and
 - 11. PIOC’s perception of vulnerability”
- DAI policy 410.30.01 explains the procedures for conducting risk screening including appropriate time frames. It also defines ROA as risk of abusiveness and ROV as risk of victimization.
- The FCCC PAQ reports that 106/106 (100%) of inmates entering the facility within the past 12 months whose length of stay was for 72 hours or more were screened for risk or sexual victimization and risk of sexual abusiveness.
- An agency risk screening directive email was reviewed that was to inform all facilities that inmates need to be assessed, including those who entered the facility prior to the standards taking effect on 08/20/2012.
- DOC-2781B PREA screening tool for adult male facilities was reviewed and verified it contains all information required in 115.41(d) and 115.41(e).
Section A is for questions answered during the inmate interview, section B is

records review, section C is risk review (with the open for an override) and section D is the 30-day rescreening.

- The risk screening for each PIOC interviewed was requested and received. They showed the initial screening (sections A and B) were completed within 72 hours of arrival and that Section D was completed within 30 days.
- Interviews with staff who perform screening for risk of victimization and abusiveness:
 - A staff member who completes the PREA screening was interviewed and stated that they screen all inmates upon admission to FCCC. She stated there is a guide to follow and that it includes information such as if they have ever been a victim of sexual abuse in the community or in a facility, if they have perpetrated abuse and if they identify as LGBTI. She stated she completes the screening one on one in her office to ensure privacy.
- Interviews with random inmates:
 - The majority of PIOC interviewed remembered being asked questions regarding PREA and safety up arrival.
- Per the DOJ memo titled "National PREA Standards Alignment with Executive Order 14168" dated December 2, 2025 this auditor is not auditing the following section: 115.41(d)(7).

115.41(f):

- ED 72 states:
 - "In addition to the intake screening detailed in section XII.A., within 30 days of arrival the facility shall reassess the PIOC's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the last screening."
- The FCCC PAQ reported that 97/97 (100%) inmates who entered the facility in the last 12 months whose length of stay was 30 days or more were reassessed for their risk of sexual victimization and of being sexually abusive.
- Interviews with staff who perform screening for risk of victimization and abusiveness:
 - The staff interviewed stated inmates are screened within 72 hours and again within 30 days.
- Interviews with random inmates:
 - The majority of PIOC interviewed stated the social worker asked them questions within a month of arriving.

115.41(g):

- ED 72 states:
 - "Thereafter, a PIOC's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the PIOC's risk of sexual victimization or abusiveness."

	- Interviews with staff who perform screening for risk of victimization and abusiveness: - The staff interviewed stated they complete the assessments within 30 days of arrival. 115.41(h): - ED 72 states: "PIOCs may not be disciplined for refusing to answer or failing to disclose information in regards to the screening questions." - Interviews with staff who perform screening for risk of victimization and abusiveness: - Staff stated that PIOC would not be disciplined for refusing to answer any of the questions during the PREA screening. 115.41(i): - ED 72 states: "Appropriate controls shall be placed on the dissemination of information gathered from the screenings to ensure that sensitive information is not exploited to the PIOC's detriment by staff or other PIOCs." - Interview with the PREA Director: - She stated that the agency has outlined who has access to an inmate's risk assessment. She stated that it is all in their computer system and when someone signs in there is a pop-up confirming that they are accessing it for a business purpose and that they have the ability to query who has accessed the assessments. - Interview with the PREA Compliance Manager: - The PCM stated that it is limited to those who need to know, such as supervisor and social workers and that staff such as sergeants can just see if they can be housed together and not the full assessment. The auditor finds the agency/facility in full compliance with PREA Provision §115.41 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed:

- FCCC PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- DAI Policy 325.00.04 Inmate Drivers, dated 06/07/21
- DAI Policy 306.00.23 Special Placement Needs of Inmates, dated 04/12/21
- DAI Policy 309.00.01 PIOC Work Placement, dated 10/07/24
- DAI Policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, dated 11/21/23
- DOC-1408 Inmate work/program assignment/placement form
- WICS User Guide

Interviews Conducted:

- PREA Compliance Manager
- PREA Director
- Staff Responsible for Risk Screening

Site Review Observations

Findings:

115.42(a-b):

- ED 72 states:
 - “Information obtained from the risk screening shall inform housing, bed, work, education and program assignments with the goal of keeping separate those PIOC’s at high risk of being sexually victimized from those at high risk of being sexually abusive. For the purposes of education, programming, work and recreation activities, line-of-sight monitoring by DOC staff is sufficient to maintain separation. Individualized placement determinations shall be made for each PIOC.”
- DAI policy 325.00.04 summarizes that the Warden/Superintendent/designee shall consider potential victim issues, including the ROA, in determining if an inmate can be authorized as an operator of State owned vehicles.
- DAI policy 306.00.23 states that one of the criteria needed for special needs placement is substantiated inmate on inmate sexual abuse.
- The WICS user guide explains the process for entering housing recommendations associated with PREA.
- Interview with the PREA Compliance Manager:
 - He stated that they use the information from risk screening to help determine housing and that they do not house anyone who scores as a ROA with anyone who scores as a ROV.
- Interviews with staff who perform screening for risk of victimization and

	abusiveness: ◦ The staff who completes screening and assessments stated the information is used for housing and that since FCCC only has 2 housing units/wings they try to place anyone who is ROA in one wing and anyone who is ROV in the other. 115.42(c-g): • Per the DOJ memo titled "National PREA Standards Alignment with Executive Order 14168" dated December 2, 2025 this auditor is not auditing the following sections: 115.42(c) through (g). The auditor finds the agency/facility in full compliance with PREA Provision §115.42 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 306.05.01 Protective Confinement, dated 12/30/24 • DAI Policy 306.00.72 Screening for risk of Sexual Abusiveness and Sexual Victimization, dated 11/01/17 • DOC-68 Review of Inmate in Temporary Lockup form • DOC-30 Review of Inmate in Restrictive Housing form Interviews Conducted: • Warden Site Review Observations Findings: 115.43(a):

- The FCCC PAQ reported that zero inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months.
- ED 72 states:
 - “Adult PIOC’s at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the facility may separate the PIOC involuntarily from the general population for less than 24 hours while completing the assessment.”
- DAI policy 306.05.01 also states:

“Inmates at high risk for sexual victimization shall not be placed in involuntarily protective confinement in restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made there is no available alternative means of separation from likely abusers. An inmate shall not be held for more than 24 hours pending this assessment.”
- DAI policy 306.00.72 reiterates the same information regarding involuntary separation only being used if there are no available alternative means of separation from likely abusers.
- Site review observations:
 - During the site review the audit team verified there is no segregated housing at FCCC.
- Interview with the Warden:
 - He said that yes, the agency policy prohibits placing inmates at high risk of sexual victimization or who have alleged sexual abuse in involuntary segregated housing unless an assessment has determined there are no available alternative means of separation. He stated FCCC does not have segregated housing. If an issue arises where segregated housing is needed the PIOC would be transported to another facility.

115.43(b):

- ED 72 states:
 - “PIOCs separated from the general population for this purpose shall have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities the facility shall document the opportunities limited, the reason for such limitations and the duration of the limitation.”
- Interview with staff who supervise inmates in segregated housing:
 - FCCC has no segregated housing so no interviews were conducted for this category.
- There were no inmates who reported sexual abuse, or were at risk of sexual victimization, that were placed in segregated housing at FCCC so no interview

was able to be conducted.

115.43(c):

- The FCCC PAQ reported that in the past 12 months no inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days.
- ED 72 states:
 - “Involuntary separation of adult PIOC’s from the general population shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days.”
- Interview with the Warden:
 - He said that yes, the agency policy prohibits placing inmates at high risk of sexual victimization or who have alleged sexual abuse in involuntary segregated housing unless an assessment has determined there are no available alternative means of separation. He stated FCCC does not have segregated housing. If an issue arises where segregated housing is needed the PIOC would be transported to another facility.

115.43(d):

- ED 72 states:
 - “If a PIOC is involuntarily separated from the general population the facility shall document the basis for the facility’s concern for the PIOC’s safety and the reason an alternate placement cannot be arranged.”
- The FCCC PAQ reports that no inmates were placed in involuntary segregated housing so no file reviews were able to be done.

115.43(e):

- ED 72 states:
 - “Every 30 days, the facility shall review the PIOC’s circumstances to determine whether there is a continuing need for separation from the general population and document accordingly.”

The auditor finds the agency/facility in full compliance with PREA Provision §115.43 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

- FCCC PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook (English and Spanish)
- Agency Third Party Reporting Poster (English and Spanish)
- PIOC PREA posters (English and Spanish)

Interviews Conducted:

- Random Staff
- Random Inmates
- PREA Compliance Manager

Site Review Observations

Findings:

115.51(a):

- ED 72 states:
 - “The DOC shall provide multiple ways for PIOC’s to privately report sexual abuse and sexual harassment, retaliation by other PIOC’s or staff for reporting sexual abuse and harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.”
- WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates handbook details reporting methods including telling any staff person, send a request to any staff person, call a PREA reporting hotline (#777 or #888), tell a family member, friend or outside report person, file a complaint or contact local law enforcement.
- Agency Third Party Reporting Poster states that they can tell any staff person, go to www.doc.wi.gov or contact local law enforcement.
- The PIOC PREA poster also details the multiple reporting options available.
- Site review observations:
 - During the site review the audit team verified the PREA poster was posted in all living units, included multiple reporting options and was consistent throughout the facility. The posters were easily viewable by all inmates.
 - The audit team tested the reporting methods, 777 and 888. Both calls went to a voicemail system and the messages were sent to the PREA

office at the central office who emailed me the information that they had received.

- Interviews with random staff:
 - Twelve random staff interviewed stated multiple methods that inmates have to privately report sexual abuse or sexual harassment including telling staff and calling the PREA line. All staff were able to communicate at least one method for inmates to privately report sexual abuse or sexual harassment and most knew multiple options.
- Interviews with random inmates:
 - Twenty-one random inmates were interviewed who stated they would report via the following methods:
 - Phone/Hotline: 19
 - Verbal/Staff: 17
 - 3rd Party/Family: 4
 - Written/Letter/Kite: 12
 - Grievance: 3
 - All twenty-one PIOC interviewed were able to state at least one way to make a report with most reporting multiple options.

115.51(b):

- ED 72 states:
 - “In addition, the DOC shall provide at least one way for PIOC to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC.”
- The PIOC PREA poster states that they can dial #888 and the is to report outside of WI DOC and that a PIN is not needed. It also states they can write to local law enforcement.
- The agency does not detain solely for civil immigration purposes.
- Interview with the PREA Compliance Manager (PCM):
 - He stated that FCCC provides multiple options for reporting including dialing #888 which is answered by an outside agency. He stated that agency sends the reports to the PREA unit in central office who disseminates the reported to the facility. He verified that PIOC can remain anonymous and no DOC number or PIN is needed to make the call.
- Interviews with random inmates:
 - Of the 21 inmates asked if they can report anonymously 15 stated yes, 5 stated no and 1 was unsure.

115.51(c):

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

	• The FCCC PAQ reported that the timeframe staff are required to document reports is immediately. • Interviews of random staff: ◦ Of the twelve random staff asked about what they would do if the received a verbal report of sexual abuse or sexual harassment all stated they would notify the shift supervisor and immediately write a report. • Interviews with random inmates: ◦ Of the twenty-one total inmates asked if they can make reports of sexual abuse or sexual harassment either in person or in writing and if someone else can make the report for them all but one said they could, the one who said no said it was just a preference and he would not tell anyone. 115.51(d): • ED 72 states: ◦ “Reports shall be immediately reported to a supervisor who is not the subject of the allegation, unless reporting to such person compromises the safety of the alleged victim, witness(es) or reporter. In those instances, a private report shall be made to the PREA Office or submitted electronically via the DOC’s public website.” • The FCCC PAQ reported that staff are informed of these procedures via ED 72. • Interviews with random staff: ◦ Twelve random staff were asked how staff can privately report and the majority stated they would tell a supervisor and several mentioned they could also call one of the reporting lines. The auditor finds the agency/facility in full compliance with PREA Provision §115.51 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual

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

- Agency Admin Code Chapter 310, Complaint Procedures
- DAI Policy 310.00.01 Inmate Complaints Regarding Staff Misconduct, dated 11/20/22
- Email regarding inmate complaint that allege or appear to allege PREA, dated 03/11/22
- POC-0121 Agency Sexual Misconduct Grievance Process flowchart

Findings:

115.52(a):

- ED 72 Administrative complaints states:
 - “All sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately referred to facility leadership for review and sexual abuse and/or sexual harassment investigation.” “PIOCs shall be notified within 30 days of the initial complaint that the portion of the complaint alleging sexual abuse or sexual harassment has been referred for review and possible investigation and the Inmate Complaint Review process has concluded.”
- In accordance with ED 72, the agency admin code chapter 310 and DAI policy 310.00.01 outlines the process for the handling of inmate complaints related to sexual abuse and sexual harassment.
- The email regarding inmate complaints that allege or appear to allege PREA also goes over instructions for handling an inmate complaint that appear to be sexual abuse or sexual harassment including forwarding them to the PREA Compliance Manager and backup.

115.52(b):

- ED 72 states:
 - “A time limit shall not be imposed on when a PIOC may submit a complaint regarding an allegation of sexual abuse or sexual harassment though other applicable time limits may still apply to any portion of the complaint that does not allege an incident of sexual abuse or sexual harassment. All appeals shall be made in accordance with Wisconsin State statutory time limits and referred to the appropriate reviewing authority. The complaint process shall not include a mandatory informal resolution requirement.”
- Agency admin code chapter 310 section 310.08 PREA Complaint procedure states:
 - “Notwithstanding s. DOC 310.07(2) an inmate may file a complaint regarding sexual abuse or sexual harassment at any time.”

115.52(c):

- ED 72 states:
 - “Each facility shall ensure that a PIOC who alleges sexual abuse or sexual harassment may submit a complaint without submitting it to the staff member who is the subject of the complaint and that such a complaint is not referred to a staff member who is the subject of the complaint. The PIOC may use an alternate method of filing.”
- Agency admin code chapter 310, section 310.08 PREA Complaint procedure states:
 - Notwithstanding s. DOC 310.07 (1) or (8), an inmate is not required to attempt to resolve the issue with the staff member who is the subject of the complaint or to file a complaint regarding sexual abuse or sexual harassment with the staff member who is subject of the complaint. The inmate may use an alternative method of filing, including submission of the complaint directly to the warden.”

115.52(d):

- The FCCC PAQ reported that they have received no grievances in the past 12 months that alleged sexual abuse. They further reported that all complaint alleging sexual abuse are routed to facility leadership for review and action; the administrative complaint process stops.
- ED 72 states:
 - “All sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately referred to facility leadership for review and sexual abuse and/or sexual harassment investigation.” “PIOCs shall be notified within 30 days of the initial complaint that the portion of the complaint alleging sexual abuse or sexual harassment has been referred for review and possible investigation and the Inmate Complaint Review process has concluded.”
- No PIOC who reported sexual abuse were at FCCC during the time of the audit, so no interviews were able to be completed.

115.52(e):

- ED 72 states:
 - “Third parties, including fellow PIOC’s, staff, family members, attorneys and outside advocates, shall be permitted to assist a PIOC in filing complaints related to allegations of sexual abuse or sexual harassment. A parent or legal guardian of a juvenile shall be permitted to file a grievance regarding allegations of sexual abuse on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on their behalf. Complaints filed shall be referred for sexual abuse and/or sexual harassment investigation.”
- Agency admin code chapter 310, section 310.08 PREA Complaint procedure

states:

- “Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist an inmate in filing a request for administrative remedies relating to allegations of sexual abuse or sexual harassment and shall also be permitted to file such requests on behalf of inmates. Requests for administrative remedies filed under this section will be referred for a PREA investigation.”
- The FCCC PAQ reported that the agency does not require the alleged victim to agree to have the request filed on their behalf and that the agency will process the complaint regardless of the source or willingness of the alleged victim so documenting the decision to decline is not applicable.

115.52(f):

- The FCCC PAQ reported that zero emergency grievances alleging substantial risk of imminent sexual abuse.
- ED 72 states:
 - “If a PIOC alleges that he or she is subject to a substantial risk of imminent sexual abuse, the PIOC may contact any staff member who is not the subject of the allegation. Staff shall immediately forward the allegation to facility leadership for immediate corrective action. Facility leadership shall provide an initial response within 48 hours and issue a final decision within 5 calendar days. The initial response and final facility decision shall document the facility’s determination whether the PIOC is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint. Further response shall be in accordance with staff reporting.”
- Agency admin code chapter 310, section 310.08 PREA Complaint procedure states:
 - “Emergency grievance procedures for complaints alleging a substantial risk of imminent sexual abuse or sexual harassment will be handled in the following manner:
 - The inmate may contact any staff member who is not the subject of the allegation for immediate corrective action.
 - The inmate may file a complaint. Complaints collected under s. DOC 310.08 shall be immediately forwarded to the warden to determine if immediate action is warranted.
 - Reports of substantial risk of imminent sexual abuse or sexual harassment outside of the complaint process under this chapter shall be immediately forwarded to the warden to determine if immediate action is warranted.
 - Further response will be in accordance with department policy.”

115.52(g):

	• ED 72 states: ◦ “The DOC may discipline a PIOC for a complaint filed alleging sexual abuse or sexual harassment only where the DOC demonstrates that the complaint was filed in bad faith.” • Agency admin code chapter 310, section 310.08 PREA Complaint procedure states: ◦ “The warden may discipline an inmate for filing a complaint related to alleged sexual abuse or sexual harassment only if the warden demonstrates that the inmates filed the complaint in bad faith.” • The FCCC PAQ reports that zero inmate grievances alleging sexual abuse that results in disciplinary action by the agency against the inmate for having filed the grievance in bad faith in the past 12 months. The auditor finds the agency/facility in full compliance with PREA Provision §115.52 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation and other evidence reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DOC-2937 Advocacy Request Form (blank) English and Spanish • POC-0041B Sexual Abuse in Confinement Resource sheet for Offenders • DAI Policy 410.50.04 Support Services and Retaliation Monitoring, dated 10/18/21 • DOC-2767 Sexual Abuse Incident Victim Support Contact Checklist(blank and completed examples) • PREA poster for inmates (English and Spanish) • Memorandum of Understanding with Aurora Health Care Metro, Inc., signed 08/02/2019 Interviews Conducted: • Random Inmates • Advocate with the local rape crisis center

Site Review Observations

Findings:

115.53(a-c):

- ED 72 states:
 - “The facility shall provide PIOC’s with access to outside victim advocates, with whom the DOC shall maintain or attempt to enter into memoranda of understanding with, for emotional support services related to sexual abuse. Access includes giving PIOC’s mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility shall enable reasonable communication between PIOC’s and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to PIOC’s of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.”
- DOC-2937 Advocacy Request Form states that:
 - “In addition to on-site support (i.e. medical/mental health staff), victims of sexual abuse may receive support from their community’s local sexual assault service provider. Sexual assault services providers are dedicated to helping victims. Their services are free, confidential and not connected to DOC.”

It further states that every effort will be made to ensure that your communication with the advocate remains confidential and that a PIN is not needed to dial #999 not is the call recorded or monitored.
- DAI policy 410.50.04 states under support services:
 - “Upon notification of an alleged sexual abuse victim, the VSC shall meet with the alleged victim as soon as possible to offer internal and external support services. If the alleged victim accepts offered services, the VCS shall refer to internal supports (i.e. PSU, HSU, Chaplain, etc.) and/or facilities contact with local SASP.
 - 1. The SASP may meet with the alleged victim via telephone, videoconferencing or in person. IN person SASP visits shall be managed as all other professional visits within a correctional facility and shall be held in the same location, or equivalent, as attorney visits to ensure confidentiality.
 - 2. Prior to any SASP contact, the VSC shall inform the alleged victim of the extent to which communication with the SASP may be monitored.
 - 3. The VSC shall serve as the SASPs facility based point of contact and shall coordinate all contact between the SASP and the victim. The VSC shall ensure SASP has proper clearance to enter the facility.
 - 4. Following an investigation, if the incident is determined unfounded, the VSC may discontinue support services. If the

incident is determined unsubstantiated or substantiated, the VSC shall periodically review the need for continued support with the alleged victim, SASP and internal support providers, as needed.”

- POC-0041B Sexual Abuse in Confinement Resource sheet for Offenders provides facility specific information on support services, including how to make a call to the local sexual assault service provider.
- Two completed DOC-2767 Sexual Abuse Incident Victim Support Contact Checklists were reviewed and the notes indicate that one the PIOC was no longer a FCCC and for the other the SASP agency was offered to the victim.
- The PREA poster for inmates was reviewed and it has contact information for the local SASP, Aurora Healing and Advocacy Services, including how to call them or send mail to them. It also indicates that a PIN is not needed to make the call and that they are not recorded or monitored. It further states that written correspondence may be opened or inspected and may be read with the approval of the security director.
- The MOU with Aurora Health Care Metro, Inc was reviewed and it shows they will provide safe and confidential emotional support, accompaniment, crisis intervention, information and referral to victims of sexual abuse in confinement as required by the PREA.
- Site review observations:
 - PREA signage was seen in both of the living units that included information on how to call or write the local rape crisis center, Aurora Health Care Metro, Inc. The information was current, accurate and consistent throughout the facility. Mail drop boxes were also observed in each unit. The audit team tested the phones in multiple units and we were able to call the rape crisis line (#999) without entering a PIN and the call was answered by an advocate with Aurora Health Care Metro, Inc. During informal interviews with inmates they stated access to the phone is good and they had no complaints about access.
- Interviews with inmates who reported sexual abuse:
 - No PIOC who reported sexual abuse were at FCCC during the time of the audit, so no interviews were able to be completed.
- Interview with an advocate from the rape crisis center:
 - The audit team contacted Aurora Healing and Advocacy Services by phone while on-site and spoke with an advocate. She stated they are available to provide victim advocacy and emotional support services to inmates in FCCC.
- Interviews with random inmates:
 - Of the 21 PIOC inmates asked the random inmate questions, 11 stated they were aware of services available outside the facility for dealing with sexual abuse. Several also stated the phone number was provided to them as well as the on the back of their ID cards. Many of the inmates interviewed stated they did not need the information but were aware services may be available and said they would contact their social worker.

	The auditor finds the agency/facility in full compliance with PREA Provision §115.53 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Agency Third Party Reporting poster (English and Spanish) • Reporting information on the WIDOC website Site Review Observations Findings: 115.54(a): • The agency third party reporting poster was viewed by the auditor and it contains information on who a third party can report on behalf of an inmate including, telling any staff person, on their website at www.doc.wi.gov, or contacting local law enforcement. • The agency website was reviewed and this auditor verified it contacts reporting information for community members. A test was sent using the report by email on the website and an email was received from the PREA office verifying they received the test report. From the time the test was sent it only took approximately 45 minutes to receive the reply. The email stated that once a report is received in this manner, the PREA office creates a report and distributes the reported information electronically to the appropriate individuals at the facility for action and follow-up. • Site review observations: ◦ During the site review the audit team observed PREA posters in various areas around the facility including in the visiting area. The auditor finds the agency/facility in full compliance with PREA Provision §115.54 based upon analysis of all available evidence including the documentation provided and the site review.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI 410.60.01 Policy Sexual Misconduct Response , dated 03/11/26 Interviews Conducted: • Random staff • Medical staff • Warden • PREA Director Site Review Observations Findings: 115.61(a): • ED 72 states: ◦ “Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports and 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 DOC; ■ b. Any incidents of retaliation against PIOC’s or staff who reported such an incident; and/or ■ c. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” • Interviews with random staff: ◦ Of the twelve random staff asked if they are required to report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or other information about sexual abuse or sexual harassment all answered yes. They further stated that they knew to preserve the crime scene (if applicable), ask basic questions, separate the victim and suspect and notify their supervisor. 115.61(b):

- ED 72 states:
 - “Staff members shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators and designated officials. Such information shall be limited to information necessary to make treatment, investigation and other security and management decisions.”
- Interviews with random staff:
 - Of the twelve random staff asked if they are required to report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or other information about sexual abuse or sexual harassment all answered yes.

115.61(c):

- ED 72 states:
 - “Medical and mental health practitioners shall be required to report sexual abuse and to inform PIOC’s of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.”
- Interviews with medical staff:
 - Medical staff (HSU) were interviewed and stated that at the initiation of services they disclose the limitation of confidentiality and their duty to report. She knew that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that happened in a confinement setting (mandatory reporters).

115.61(d):

- ED 72 states:
 - “If the alleged victim is under the age of 18 or considered a vulnerable adult in accordance with State or local statute, the DOC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.”
- As FCCC does not house PIOC’s under the age of 18, this section would only apply to vulnerable adults. Since local law enforcement conducts all criminal investigations, they would be responsible for completing any necessary mandatory reports. Wisconsin State Legislature, Criminal code 940.285 Abuse of individuals at risk defines the following:
 - “Adult at risk” 55.01 (1e): means any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, is currently experiencing or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation
 - “Elder adult at risk” (46.90 (1) (br): means any person age 60 or older who has experienced, is currently experiencing or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.”

	• Interview with the Warden(Superintendent): ◦ The Superintendent stated he would respond to an allegation of sexual abuse or sexual harassment made by someone who is considered a vulnerable adult the same as all allegations and report it to law enforcement. • Interview with the PREA Director: ◦ The PREA Director stated that FCCC does not house any under 18 but the infirmary may have some inmates considered vulnerable adults and that medical and mental health staff are mandatory reporters. She stated that it may be reported to adult protective services as well as reported to local law enforcement. 115.61(e): • ED 72 states: ◦ “All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be referred for investigation.” • Interview with the Warden: ◦ The Superintendent stated that all allegations of sexual abuse and sexual harassment are reported to designated facility investigators. The auditor finds the agency/facility in full compliance with PREA Provision §115.61 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 Interviews Conducted: • Agency Head • Warden

	• Random staff Findings: 115.62(a): • The FCCC PAQ reported that they have had no incidents in the past 12 months when the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse. • ED 72 states: ◦ “When the department or facility learns that a PIOC is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the PIOC.” • Interview with the agency head(designee): ◦ The agency head designee stated that if they learn that an inmate is subject to substantial risk of imminent sexual abuse that they will review housing and evaluate if a unit or facility change is needed. He would try to identify any threats and remove that individual rather than the victim as well as ensure that the victims knows what services are available for them. • Interview with the Warden: ◦ The Superintendent stated that they would separate the involved individuals and determine if any moves are needed. They would then investigate the claims and start by taking all the information as valid. • Interviews with random staff: ◦ Twelve random staff were interviewed and all stated they would separate/remove the victim from the area and notify the supervisor, they further stated this would be done immediately. The auditor finds the agency/facility in full compliance with PREA Provision §115.62 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.63 Reporting to other confinement facilities	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual

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

- DAI 410.60.01 Policy Sexual Misconduct Response, dated 03/11/26
- Agency to agency report template (blank and completed examples)

Interviews Conducted:

- Agency Head
- Warden

Findings:

115.63(a-b):

- ED 72 states:
 - “Within 72 hours of receiving an allegation that a PIOC was the victim of sexual abuse while confined at another facility, the information shall be reported by the head, or designee, of the facility to the head, or designee, of the facility where the alleged abuse occurred.”
- The FCCC PAQ reports that in the past 12 months, they have had 1 allegation received that an inmate was abused while confined at another facility. They further reported that their response to these allegations are: “Gather information, notify supervisor and compliance manager, submit an incident report, refer the allegation to the head of the facility of the alleged abuse within 72 hours; assist with investigation as needed.”

115.63(c-d):

- ED 72 states:
 - “All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”
- The Agency to agency report template provides a standard form to be used when an allegation is received that contains the necessary information and is to be completed by the facility head. The one notification sent during the last year was reviewed and showed it was sent/signed by the Warden.
- The FCCC PAQ reports that they have received no allegations of sexual abuse from other facilities in the past 12 months.
- Interview with the Agency Head(designee):
 - He stated that the agency PREA Director is the primary contact for outside agency notifications and the other facilities can also contact the Warden directly. He stated all allegations received are referred for investigation by notifying the current head of that facility to initiate one.
- Interview with the Warden:
 - The Superintendent stated that all allegations will be investigated and that the same process as others would occur (separate involved

	parties, investigate, etc). They did receive one notification recently that involved abuse at a facility that is no longer open but was in the same area as FCCC so they were assigned the investigation, which they conducted to the best of their ability. The auditor finds the agency/facility in full compliance with PREA Provision §115.63 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • Agency First Responder Card-Security, Non-Security and Healthcare • DOC-2981 Sexual Abuse Response Checklist, dated 03/2026 Interviews Conducted: • Staff first responders • Random staff Site Review Observations Findings: 115.64(a): • ED 72 states: ◦ “Upon learning of an allegation that a PIOC was sexually abused, the first security staff member to respond to the report shall, at a minimum: a. Separate the alleged victim and abuser; b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes,

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

- DOC-2981 is the Sexual Abuse response checklist and includes definitions for sexual abuse, first responder duties, how to communicate with the victim, information for the responding supervisor, SANE transport checklist and PREA kit information (if appropriate).
- Agency First Responder Card-Security, Non-Security and Healthcare were reviewed and contain appropriate action steps for the different types of staff on what to do as a first responder.
- The FCCC PAQ reported that in the past 12 months, 2 allegations of sexual abuse were received. Of those 2, 0 had the first security staff member to respond separate the alleged victim and abuser (due to timeframe of report). They further reported that of those 2, none were within a time period that still allowed for the collection of physical evidence.
- Interviews with staff first responders:
 - Two staff were interviewed who are first responders and both stated they would separate the PIOC involved, secure the crime scene, collect evidence, notify supervisors and medical staff, and talk to all involved PIOC.
- Interviews with inmates who reported sexual abuse:
 - No PIOC who reported sexual abuse were at FCCC during the time of the audit so no interviews were able to be completed.

115.64(b):

- ED 72 states:
 - “If the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.”
- The FCCC PAQ reported that in the past 12 months, the number of times a non-security staff member was the first responder was 15 and all 15 times that staff member requested the alleged victim not take any actions that could destroy physical evidence and then notified security staff.
- Interviews with random staff:
 - Twelve random staff were asked what they would do if they were the first person to be alerted that an inmate has been the victim of sexual abuse twelve stated they would ask them not to take any actions to destroy evidence, separate them and notify supervisor. The majority further stated they would only share this information with the supervisor.

The auditor finds the agency/facility in full compliance with PREA Provision §115.64

	based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 410.50.06 Coordinated Response Plan, dated 10/15/24 • DAI 410.60.01 Policy Sexual Misconduct Response, dated 03/11/26 • FCCC Coordinated Response Plan dated 02/02/24 Interviews Conducted: • Warden Findings: 115.65(a): • ED 72 states: ◦ “Each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership.” • DAI policy 410.50.06 provides guidelines for each facility to develop and maintain a written response plan to coordinate actions taken in response to an incident of sexual abuse. • The FCCC coordinated response plan was reviewed and it includes all the standards requirements for staff first responders. It includes actions for first responders to take for incident of sexual abuse as well as a report of imminent sexual abuse. There are multiple steps listed based on position (security first responder, security supervisor, PCM, medical staff, mental health staff, VSC, investigator, appointing authority and incident review team). It also includes contact information for these different positions and multiple flow-charts staff can use. • Interview with the Warden:

	◦ He stated that yes, FCCC has a coordinated action plan for response to an incident of sexual abuse. The auditor finds the agency/facility in full compliance with PREA Provision §115.65 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ Interviews Conducted: • Agency Head Findings: 115.66(a): The FCCC PAQ reports that the agency, facility, or any other governmental entity response for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreements, therefore this standard is not applicable. • In the interview with the Agency Head(designee) he confirmed that WIDOC does not have collective bargaining. 115.66(b): Auditor is not required to audit this provision. This standard does not apply as the agency does not have collective bargaining.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed:

- FCCC PAQ
- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- DAI Policy 410.50.04 Support Services and Retaliation Monitoring, dated 10/15/24
- DOC-2805 Sexual Abuse Allegation Staff Retaliation Monitoring form
- DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist

Interviews Conducted:

- Agency Head
- Warden
- Designated staff members charged with monitoring retaliation

Site Review Observations

Findings:

115.67(a-b):

- The FCCC PAQ reported that they have two retaliation monitors, the PREA Compliance Manager for staff and the Victim Services Coordinator for PIOC.
- ED 72 states:
 - “Each facility shall designate a staff member(s) to monitor retaliation to ensure that all PIOC and staff involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected.”
- DAI policy 410.50.04 states:
 - “The Division of Adult Institutions shall provide support services and retaliation monitoring to all alleged PIOC victims of sexual abuse.”
 - It further states:
 - “A. Following a report of sexual abuse, the VSC shall monitor the conduct and treatment of the reporter and alleged victim once every 30 days for at least 90 days. Monitoring efforts shall continue beyond 90 days if there is a continuing need. If the report is determined to be unfounded, efforts to monitor retaliation may be discontinued.
 - B. In addition to monthly conversations with the reporter and victim, items to monitor include any PIOC disciplinary reports, housing or program changes.
 - C. The VSC shall work with appropriate supervisors to promptly remedy retaliation concerns and document actions taken.”

DOC-2805 Sexual Abuse Allegation Staff Retaliation Monitoring form includes information on what to monitor for (performance reviews or reassignments) and DOC- 2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist includes what needs to be monitored for PIOC's.

- Interview with the Agency Head(designee):
 - When asked how he protects inmates and staff from retaliation he stated that the agency has zero-tolerance for retaliation. They look at items such as housing changes, facility movement, removing the abuser and offering support services, including psychological services, and the victim services coordinator conducts 90 days retaliation monitoring. He stated resources are also available for staff if they were experiencing retaliation.
- Interview with the Warden:
 - The Superintendent stated that the social worker completes retaliation monitoring including reviewing conduct reports, incident reports and speaks with the PIOC's and staff monthly.
- Interview with the designated staff member charged with retaliation monitoring:
 - The victim services coordinator stated that she monitors PIOC's for possible retaliation. She stated she advocates for them, documents any concerns and tries to prevent retaliation. She reviews movements and transfers. She stated she starts monitoring them about once a week then moves to monthly if there are no issues.
- Interviews with Inmates who reported sexual abuse:
 - No PIOC who reported sexual abuse were at FCCC during the time of the audit, so no interviews were able to be completed.
- There were no inmates in Segregated housing for risk of sexual victimization/ who allege to have suffered sexual abuse or inmates who reported sexual abuse to be interviewed.

115.67(c-d):

- ED 72 states:
 - "For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the staff member(s) who reported the sexual abuse to determine if retaliation occurred. Monitoring shall be documented and may include reviews, performance evaluation or work reassignments. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates continuing need."
 - ED 72 further states "For at least 90 days following a report of sexual abuse, the facility's victim services coordinator, or designee, shall monitor the conduct and treatment of the PIOC(s) who reported the sexual abuse and the PIOC(s) who was reported to have experienced

	sexual abuse to determine if retaliation occurred. Monitoring shall include documented periodic status checks.” • The FCCC PAQ reported that no incidents of retaliation have occurred in the past 12 months. • No completed forms were available for review as the two reports received this year were for PIOC no longer at FCCC. • Interview with the Warden: ◦ The Warden stated that if retaliation is suspected it would be investigated and they would be monitored to ensure they are free from retaliation. • Interview with the designated staff member charged with retaliation monitoring: ◦ The victim services coordinator stated that she reviews conduct reports and speaks with the PIOC to see if they have any issues. She stated she has not seen any retaliation during her time conducting the monitoring. Since it is a small facility she stated she monitors for 6 months but would continue if needed or retaliation was suspected. 115.67(e): • ED 72 states: ◦ “For PIOC’s or staff members who express fear of retaliation, the facility shall take appropriate protective measures.” • Interview with the Agency head(designee): ◦ He stated that they would review the incident as well as look at housing, possible voluntary protective confinement, removal of the threats and offer support services. 115.67(f): Auditor is not required to audit this provision. The auditor finds the agency/facility in full compliance with PREA Provision §115.67 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ

- Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22
- DAI Policy 306.05.01 Protective Confinement, dated 12/30/24
- DAI Policy 306.00.72 Screening for risk of Sexual Abusiveness and Sexual Victimization, dated 11/01/17
- DOC-68 Review of Inmate in Temporary Lockup form
- DOC-30 Review of Inmate in Restrictive Housing form

Interviews Conducted:

- Warden

Site Review Observations

Findings:

115.68(a):

- ED 72 states:
 - “Any use of restricted status housing to protect a PIOC who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43 and §115.343 as found within placement (section XIII).”
- DOC-30 Review of Inmate in Restrictive Housing form is used to document when a PIOC is placed in restrictive housing (RH) and includes a timeframe (30 days) on when the next review must be completed.
- The FCCC PAQ reported that there have been no incidents in the past 12 months where an inmate who alleged to have suffered sexual abuse was held in involuntary segregated housing.
- Site review observations:
 - During the site review the audit team verified there is no segregated housing at FCCC.
- Interview with the Warden:
 - He said that yes, the agency policy prohibits placing inmates at high risk of sexual victimization or who have alleged sexual abuse in involuntary segregated housing unless an assessment has determined there are no available alternative means of separation. He stated FCCC does not have segregated housing. If an issue arises where segregated housing is needed the PIOC would be transported to another facility.
- Interview with staff who supervise inmates in segregated housing:
 - FCCC has no segregated housing so no interviews were conducted for this category.

The auditor finds the agency/facility in full compliance with PREA Provision §115.68 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 306.00.15 Inmate Investigations, dated 09/07/23 • Notification for expansion of the Internal Affairs Office (IAO) email dated 07/01/21 • Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations, dated 09/01/25 • DAI Policy 303.00.05 Law Enforcement Referrals, dated 02/22/21 • Agency SINC user guide • Two Administrative Investigation files • State of Wisconsin, Department of Administration, Records Retention Interviews Conducted: • Investigative staff • Warden • PREA Director • PREA Compliance Manager Site Review Observations Findings: 115.71(a): • ED 72 states: ◦ “The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigations. The facility shall request an investigation case number within 72 hours of learning of a sexual abuse or sexual harassment incident or allegation.” • DAI policy 306.00.15 outlines the inmate investigations process including that

investigations are to be conducted promptly, thoroughly and objectively.

- The notification for expansion of the Internal Affairs Office (IAO) was sent to DOC leadership as a notice that four corrections investigators were added to enhance the agency's ability to provide fair, impartial, thorough and timely investigations.
- Human resources policy 200.30.304 outlines employee disciplinary investigations process.
- DAI policy 303.00.05 covers the process for law enforcement referrals including that all contacts with law enforcement agencies shall be tracked and documented.
- The SINC (sensitive investigation network communication) user guide covers how to use SINC as well as the roles of the different positions, including the investigator.
- The agency reported there were two investigations at FCCC in the past 12 months. Both were staff on inmate sexual abuse. One was reported while the PIOC was at FCCC but the alleged abuse occurred while at another facility. The second case was a cold report from over 30 years ago and was at a facility that is now closed. The two investigations reviewed were all determined to be prompt, thorough and included interviews with the alleged victim and suspect (if known) and any witnesses. They also included documentation that the prior reports were reviewed, a description of evidence and documentation of a credibility assessment.
- Interviews with investigative staff:
 - A facility investigator was interviewed. He stated that they start the investigation normally within 24 hours and that they would handle anonymous and third-party reports the same as any other report.

115.71(b):

- Interviews with investigative staff:
 - The investigator interviewed said he has received training specific to conducting sexual abuse investigations in confinement settings. It included crime scene processing, evidence collection and interviewing tactics.

115.71(c-g):

- ED 72 states:
 - "Investigators shall preserve and/or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as PIOC or staff member. The DOC shall not

require a PIOC who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse”

- Interviews with investigative staff:
 - The investigator interviewed said that the first steps would include reviewing any interviewing the victim, interviewing any witnesses, interviewing the suspect, reviewing cameras, phone calls and emails. They stated the investigation process includes reviewing all available information (incident reports, interviews, etc.) gathering additional evidence (emails, phone records, video) and interviewing all parties including the victim, witnesses and suspect. Direct and circumstantial evidence they would gather includes clothing items, mail, phone calls, video footage, photos of the scene or area as well as work logs and schedules. The law enforcement agency if any compelled interviews would take place and if the prosecutor is consulted. To judge credibility he stated it is based on the facts or evidence. He stated he would ever require an inmate who alleges sexual abuse to submit to a polygraph examination. During administrative investigations they said they would ensure staff are following policy and they review items such as log books, camera footage and count sheets. They stated that everything they did/find is documented in their investigations. Criminal investigations are documented by the law enforcement agency.
- Site review observations:
 - No paper investigation files were observed during the site review; all documents were stored electronically.
- The two investigations reviewed included a summary of the incident and a list of when the VSC forms were sent, when HSU and PSU were offered (if applicable), when the victim and suspect were separated, when forms 15807 and 2135 were completed, when the suspect and victim history was documented, when the victim outcome letter was sent (if applicable), when the PREA office completed a review of the case, when the victim and suspect were referred for risk screenings, when referred for SANE (if applicable) and when the SAIR was completed. This format makes it very easy for the investigator and agency to help ensure all necessary items are completed. The reports reviewed included a description of physical, testimonial, and documentary evidence and included a list of attachments to the investigations.

115.71(h):

- ED 72 states:
 - “Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local

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

- The FCCC PAQ reported that law enforcement is responsible for referring potentially criminal conduct for prosecution. They further reported that there has been no substantiated allegations involving potentially criminal conduct since their last PREA audit.
- Interviews with investigative staff:
 - The investigator stated that any referral for prosecution would be done by the law enforcement agency.

115.71(i):

- The State of Wisconsin, Department of Administration, Records Retention was reviewed and it states that "although the investigation is complete and closed the retention of PREA records mandate retention until event plus 5 years."

115.71(j):

- Interview with the investigator:
 - He stated he would try to continue the investigation if a staff member terminates employment prior to the investigation being completed or if a victim leaves the facility during the investigation and would reach out to try and interview them.

115.71(k):

- Auditors are not required to audit this provision.

115.71(l):

- Interview with the Warden:
 - The Superintendent/PREA Compliance Manager stated that outside law enforcement conducts all criminal investigations.
- Interview with the PREA Director:
 - She stated that the facility investigators would conduct the administrative case parallel to the local law enforcement detective conducting their investigation.
- Interview with Investigative staff:
 - He stated that he works with Milwaukee Police and ensures he has a point of contact with them and checks in weekly if there is an active investigation.

The auditor finds the agency/facility in full compliance with PREA Provision §115.71

	based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 306.00.15 Inmate Investigations, dated 05/17/21 • Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations, dated 10/28/20 Interviews Conducted: • Investigative staff Findings: 115.72(a): • ED 72 states: ◦ “The DOC shall impose no standard higher than a preponderance of evidence in determining whether the allegation of sexual abuse or sexual harassment are substantiated.” • DAI policy 306.00.15 states: ◦ “The Warden/designee may return the packet for further investigation or shall recommend a substantiated, unsubstantiated, or unfounded disposition based upon a preponderance of evidence standard. The entire file shall be submitted, via SINC, to the PREA office for a final review and disposition.” • Human Resources Policy 200.30.304 states: ◦ “No standard higher than a preponderance of evidence shall be used to determine whether allegations are substantiated.” • Interviews with investigative staff: ◦ The investigator stated that final determination is made by the PREA office staff. • Of the two cases reviewed one was unsubstantiated and one was

	substantiated. The case determined to be unsubstantiated was reported to have occurred over thirty years earlier and no suspect name was able to be provided so limited information was available which supports the finding of unsubstantiated. The auditor finds the agency/facility in full compliance with PREA Provision §115.72 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • Agency PREA Investigation Notification DOC-2768 - substantiated findings • Agency PREA Investigation Notification DOC-2768A - unsubstantiated findings • Agency PREA Investigation Notification DOC - 2768B - unfounded findings • Agency PREA Investigation Notification DOC-2768C - Report does not constitute sexual abuse or sexual harassment • Sample inmate notifications Interviews Conducted: • Warden • Investigative staff Findings: 115.73(a-b): • The FCCC PAQ reported that 2 administrative and/or criminal investigations of alleged sexual abuse and sexual harassment were completed in the past 12 months and that all both were notified by the facility of the outcome of the investigation. They also indicated that they notify inmates who allege sexual abuse and/or sexual harassment of the outcome of the investigation. • ED 72 states: ◦ "Following an investigation of an allegation that a PIOC suffered sexual

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

- Templates of notifications (2768, A, B and C) for substantiated, unsubstantiated and unfounded incidents were reviewed as well as a template that can be sent to advise the PIOC that the report does not constitute sexual abuse or sexual harassment as defined by PREA.
- Interview with the Warden:
 - The Superintendent stated that the PREA unit in central office notifies the inmate if a case has been determined to be substantiated, unsubstantiated or unfounded.
- Interviews with investigative staff:
 - The investigator stated that the notification was completed by the PREA office in Madison.
- Interviews with inmates who reported sexual abuse:
 - No PIOC who reported sexual abuse were at FCCC during the time of the audit, so no interviews were able to be completed.

115.73(c-e):

- ED 72 states:
 - "Following a substantiated or unsubstantiated allegation of staff-on-PIOC sexual abuse the DOC shall inform the alleged victim, and document such notification, whenever the staff member is no longer posted within the alleged victim's unit; the staff member is no longer employed at the facility; or the DOC learns that the staff member has been indicted or convicted on a charge related to the initial allegation of sexual abuse."
- One allegation against staff did not have a named suspect so this section is not applicable to it. The notification for the second allegation was reviewed and it indicated that the alleged staff suspect was no longer employed at the facility.
- All notifications are documented and done via letter.

115.73(f): Auditor is not required to audit this provision.

The auditor finds the agency/facility in full compliance with PREA Provision §115.73 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • WIDOC, Executive Directive 2 (ED 2): Employee Discipline, dated 06/07/22 Findings: 115.76(a): • ED 72 states: ◦ “Employees who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions up to and including termination.” • ED 2 “establishes the framework under which the Department may fairly and consistently impose discipline.” 115.76(b): • The FCCC PAQ reported that they have had no incidents in the past 12 months where staff have violated agency sexual abuse or sexual harassment policies. • ED 72 states: ◦ “Termination is the presumptive sanction for an employee who engaged in sexual abuse.” • As there were no staff who were reported to have violated agency sexual abuse or sexual harassment policies in the last 12 months there were no records to review. 115.76(c): • ED 72 states: ◦ “Sanctions shall be commensurate with the nature and circumstances of the violation, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.” 115.76(d): • ED 72 states:

	◦ “All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies.” The auditor finds the agency/facility in full compliance with PREA Provision §115.76 based upon analysis of all available evidence including the documentation provided.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 Interviews Conducted: • Warden Findings: 115.77(a-b): • ED 72 states: ◦ “Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with PIOC’s and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of PIOC’s in contact with volunteers and contractors.” • The FCCC PAQ reported that there have been no incidents in which a contractor or volunteer were reported to law enforcement agencies or relevant licensing bodies. • There were no investigations or complaints regarding any contractors or volunteers in the past 12 months so there were no investigations to review. • Interview with the Warden/Superintendent: ◦ He stated that in case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer that he would restrict access to the facility and report the incident to law

	enforcement. The auditor finds the agency/facility in full compliance with PREA Provision §115.77 based upon analysis of all available evidence including the documentation provided and interviews conducted.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • Department of Corrections, Chapter DOC 303.01, Discipline Interviews Conducted: • Warden Findings: 115.78(a): • ED 72 states: ◦ “PIOCs who have committed PIOC-on-PIOC sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.” • The FCCC PAQ reported that in the past 12 months, there have been no administrative findings of inmate-on-inmate sexual abuse and no criminal findings of guilt for inmate-on-inmate sexual abuse 115.78(b): • ED 72 states: ◦ “Sanctions shall be commensurate with the nature and circumstances of the violation, the PIOC’s disciplinary history and the sanctions imposed for comparable offenses by other PIOCs with similar histories.” • Interview with the Warden/Superintendent:

- He stated that disciplinary sanctions for inmates are proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories and the sanctions imposed for similar offenses by other inmates with similar histories and that mental disability or mental illness are considered when determining sanctions. He stated that PIOC may receive a conduct report and they would consult with the PREA office if needed.

115.78(c):

- ED 72 states:
 - "The disciplinary process shall consider whether a perpetrating PIOC's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed."

115.78(d):

- ED 72 states:
 - "The facility shall consider requiring perpetrating PIOC's to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse."
- Interviews with mental health staff:
 - FCCC has no mental health staff on-site so no interviews for this category were able to be conducted.

115.78(e):

- ED 72 states:
 - "A PIOC may only be disciplined for sexual contact with a staff member upon a finding that the staff member did not consent to such contact."

115.78(f):

- ED 72 states:
 - "Reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence to substantiate the allegation."

115.78(g):

- ED 72 states:
 - "While consensual sexual activity between PIOC's is prohibited in the DOC facilities, the DOC may not deem consensual sexual activities as

	sexual abuse if it is determined that the activity is not coerced.” • Department of Corrections, Chapter DOC 303.01, Discipline, outlines the infractions for inmates for sexual conduct. The auditor finds the agency/facility in full compliance with PREA Provision §115.78 based upon analysis of all available evidence including the documentation provided and interviews conducted.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 500.70.01 Mental Health Screening, Assessment and Referral, dated 04/1/24 • DAI Policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, dated 05/24/21 • Screenshot of the Agency Electronic Medical Record (blank and completed examples) • Screenshot of the Agency Risk Screening Referral • DOC-3473E PSU PREA Follow-Up Note • Non-Health Disclosure Form - DOC-1163 (blank) • Confidentiality Form -DOC-1923 (blank) • PHI Disclosure Form - DOC-1163A (blank) • DOC-2781B PREA Screening Tool - Adult Male Facility Interviews Conducted: • Inmates who Disclose Sexual Victimization at Risk Screening • Staff Responsible for Risk Screening • Medical Staff Findings: 115.81(a-b): • ED 72 states:

- “If the intake screening, transfer screening or rescreening indicates a PIOC has previously experienced prior sexual victimization, whether it occurred in an institutional or community setting, employees setting, staff shall ensure the PIOC is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. If the screening indicates a PIOC has previously perpetrated sexual abuse, whether in an institutional or community setting, staff shall ensure the PIOC is offered a follow-up meeting with a mental health practitioner within 14 days of the screening.”
- DAI policy 500.70.01 outlines the PREA referral process for PSU staff.
- The Agency Risk Screening Referral shows that if an inmate answers yes to having ever been a victim of unwanted or abusive sexual contact (either in the community or while confined) the person completing the form and then select Yes or No for if they accepted a referral to medical or mental health, including the date the referral was made. It also shows that if an inmate states they have had sexual contact with someone without their consent or because they forced, coerced or threatened them are offered a referral to medical or mental health.
- The Screenshot of the Agency Electronic Medical Record shows that one of the reasons for visit that can be selected is PREA follow-up.
- DOC-2781B PREA Screening Tool – Adult Male Facility shows that if they answer yes to having ever been the victim of unwanted or abusive sexual contact or to having sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them that they are to be offered a referral to mental health. If they accept the offer, it states to complete a DOC-3183.
- The FCCC PAQ reports that 100 percent of inmates who disclosed prior victimization during screening and inmates who reported previous sexual perpetration of sexual abuse in the past 12 months were offered a follow-up meeting with a medical or mental health practitioner. They further reported that no PIOC accepted a referral in the past 12 months.
- Interviews of staff responsible for risk screening:
 - A staff member who completes the screening was interviewed and she verified that if an inmate indicates they have either experienced sexual victimization (either in the community or an institutional setting) or if they have previously perpetrated sexual abuse, she offers a follow up meeting but that there are no mental health staff on-site at FCCC. She stated that a referral can still be submitted to HSU and a video call with a provider from another facility would be arranged. The meeting was typically offered the next day.

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

115.81(d):

- DAI policy 410.30.01 states:

	◦ “Information related to sexual victimization or abusiveness occurring in a confinement setting shall be confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including, but not limited to: housing, bed, work, education and program assignments.” 115.81(e): • ED 72 states: ◦ “Medical and mental health practitioners shall obtain informed consent from PIOC’s before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the PIOC is under the age of 18.” • Non-Health Disclosure Form - DOC-1163, Confidentiality Form -DOC-1923, PHI Disclosure Form - DOC-1163A all explain the limits to confidentiality of health information and require an inmate’s signature before treatment is provided. • Interviews with medical and mental health staff: ◦ A medical staff member who was interviewed stated that she is a mandatory reporter and would have to report prior sexual victimization. She stated that they would not have any PIOC under 18 at FCCC. The auditor finds the agency/facility in full compliance with PREA Provision §115.81 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 500.30.19 Sexual Abuse-Health Services Unit Procedure in the Event of Sexual Abuse, dated 11/21/23\ • DAI Policy 500.70.01 Mental Health Screening, Assessment and Referral, dated 04/1/24

- DAI 316.00.01-Inmate Co-Payment for Health Services (attachment)
- Off-Site Service request and report, DOC 3001 (blank)

Interviews Conducted:

- Medical staff

Findings:

115.82(a):

- ED 72 states:
 - "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment."
- DAI policy 500.30.19 details the step to take upon notification on an occurrence of sexual abuse including:
 - "The medical plan of care shall include:
 - 1. timely and unimpeded access to emergency medical treatment without cost to the PIOC
 - 2. Transfer to offsite for a SANE assessment when determined evidentiarily or medically appropriate by health care staff in consultation with the SANE
 - 3. Contact the PSU supervisor/designee or on-call clinician to initiate mental health services."
- DOC 3001 Off-Site Service request and report was provided to show what medical and mental health staff maintain as secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided.
- Interview with medical staff:
 - Medical staff interviewed stated that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. HSU (medical) staff further stated that a RN is always on site Monday-Friday normally 7AM to 330PM and on-call services are available outside these hours. PSU (mental health) staff are not located at FCCC but an on-call provider could be contacted if needed. She stated services provided are according to their professional judgement.
- Interviews with inmates who reported sexual abuse:
 - No PIOC who reported sexual abuse were at FCCC during the time of the audit, so no interviews were able to be completed.

115.82(b):

- ED 72 states:'

- “In the event that no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioner(s)”
- Interviews with staff who may be first responders:
 - Two staff who may/have acted as first responders were interviewed and both stated that they would separate the victim from the suspect, secure the crime scene and make appropriate notifications.

115.82(c):

- ED 72 states:
 - “The DOC’s medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis.”
- DAI policy 500.30.19 states:
 - “If the alleged victim refuses care at the ED, or is not sent to a SANE the facility ACP shall determine the appropriate plan of care which shall include:
 - Treatment and follow-up care for any injuries.
 - Testing for STIs, other communicable diseases and pregnancy.
 - Timely information and access to follow-up testing, emergency contraception, prophylactic treatment and follow-up care for STIs or other communicable diseases.
 - For pregnancy follow the DAI 500.30.09 - Provision of Services to Pregnant Patients.”
- Interview with medical staff:
 - Medical staff interviewed stated that victims of sexual abuse would be offered timely information about access to sexually transmitted infection, including HIV, prophylaxis normally at the emergency room. '
- Interviews with inmates who reported sexual abuse:
 - No PIOC who reported sexual abuse were at FCCC during the time of the audit, so no interviews were able to be completed.

115.82(d):

- ED 72 states:
 - “All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care.”
- DAI 316.00.01 Inmate Co-Payment for Health Services (attachment) shows there is no copayment for treatment for an actual medical or dental emergency as determined by a physician, dentist or registered nurse, a

	written referral from a PREA risk assessment screener and crisis intervention evaluation and treatment related to sexual abuse in confinement. The auditor finds the agency/facility in full compliance with PREA Provision §115.82 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 500.30.19 Sexual Abuse-Health Services Unit Procedure in the Even of Sexual Abuse, dated 11/21/23 • DAI Policy 500.70.01 Mental Health Screening, Assessment and Referral, dated 04/1/24 Interviews Conducted: • Medical staff Findings: 115.83(a-b): • ED 72 states: ◦ “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all PIOC’s who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referral for continued care following their transfer to, or placement in, other facilities or their release from custody.” • The investigation files reviewed indicate when PSU and HSU were notified.

- Interview with medical staff:
 - A medical staff member was interviewed and stated that evaluation and treatment of PIOC who have been sexually victimized includes meeting with them, taking vital signs, speaking with them and asking if they want a referral for mental health services or to speak with their social worker.
- Interviews with inmates who reported sexual abuse:
 - No PIOC who reported sexual abuse were at FCCC during the time of the audit, so no interviews were able to be completed.

115.83(c, g):

- ED 72 states:\
 - “All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care.”
- Interview with medical staff:
 - The medical staff interviewed indicated that they feel that the services offered are consistent with the community level of care.

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

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

115.83(f):

- ED 72 states:
 - “Victims of sexual abuse shall be offered tests for sexually transmitted infections.”
- DAI policy 500.30.19 states that testing for STD’s, other communicable diseases and pregnancy shall be included in their plan of care.

115.83(h):

- ED 72 states:
 - "Facilities shall attempt to conduct a mental health evaluation of all known PIOC on PIOC abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by mental health practitioners.”
- DAI policy 500.70.01 states:
 - “PSU staff shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of when DOC staff first learn of the abuse history.”
- Interviews with mental health staff:

	◦ FCCC has no mental health staff on-site so no interviews for this category were able to be conducted. The auditor finds the agency/facility in full compliance with PREA Provision §115.83 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • DAI Policy 300.00.70 Assault by Inmate, Reporting and Tracking, dated 05/15/20 • DAI Policy 410.50.01 Sexual Abuse Incident Review, dated 05/29/24 • Sexual Abuse Incident Review (SAIR) Form -DOC-2863 (blank and completed examples) Interviews Conducted: • Warden • PREA Compliance Manager • Incident Review team Findings: 115.86(a-c): • The FCCC PAQ reported that there were 2 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding unfounded incidents. • ED 72 states: ◦ “All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The team shall consist of upper-level management officials with input from supervisors, investigators, and medical and mental health practitioners.”

- DAI policy 300.00.70 states that:
 - “The Warden/designee shall convene an incident review team following substantiated and unsubstantiated cases of sexual abuse. 1. The Team shall consist of upper level management officials with input from supervisors, investigators, and medical and mental health practitioners. 2. The team shall document their findings in SINC to include recommendations for improvement and implementation efforts.”

DAI policy 410.50.01 outlines procedures for conducting the review and who as a minimum shall be included in the review process.
- The examples provided showed that a sexual abuse incident review (SAIR) was completed on each case, one was within 30 days of it being closed the other was slightly over 30 days. It shows who the review team consists of, including their full name and title. Of the nineteen investigations selected, the SAIR was also received and reviewed to verify it was conducted on all sexual abuse cases that were not unfounded. They showed that SAIR were completed on both cases of sexual abuse that were determined to be either unsubstantiated or substantiated. The form also shows that all required information from this standard is to be reviewed for each case. Due to one of the two reviews being done later than the 30 day requirement during the period since the on-site review the PREA Coordinator sent an email to the center system management reminding them of the time frame requirement for all incident reviews. The Security Director acknowledged the reminder and stated the review in question was completed in time but it had not been entered into the system in time.
- Interview with the Warden:
 - The Warden said that FCCC does have an incident review team and that it includes upper-level management, supervisors, investigators and medical staff.

115.86(d):

- ED 72 requires:
 - “The review team shall 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4. Assess the adequacy of staffing levels in that area during different shifts; 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees; and 6. Prepare a report of its findings, including but not necessarily limited to

	determinations made in the above items, and any recommendations for improvement, and submit such report to the facility head and PREA Compliance Manager.” • Interview with the Warden/PREA Compliance Manager: ◦ The Superintendent said that they use the information from incident reviews for quality assurance, physical plant recommendations and training. He verified that all required information is covered in the incident reviews. • Interview with a member of the incident review team: ◦ The incident review team member stated that they do consider any underlying motivations for the incident as well as examine the area where it as alleged to have occurred, assess the adequacy of staff level in that area and assess whether monitoring technology, such as cameras, should be changed or added to. • Per the DOJ memo titled "National PREA Standards Alignment with Executive Order 14168” dated December 2, 2025 this auditor is not auditing the following section: 115.86(d)(2). 115.86(e): • ED 72 states: ◦ “The facility shall implement the recommendations for improvement, or shall document its reason for not doing so.” The auditor finds the agency/facility in full compliance with PREA Provision §115.86 based upon analysis of all available evidence including the documentation provided and interviews conducted.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • PREA Annual Reports, 2021-2024 • Survey of Sexual Victimization (SSV) 2017-2024 Interviews Conducted:

	• PREA Director Findings: 115.87(a-f): • ED 72 states: ◦ “The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of PIOC’s, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” • The SSV forms were reviewed that show they were completed from 2017-2024. 2024 would be the most recent report requested for submission. • The auditor reviewed the agencies website and it includes the PREA annual reports from 2010-2024, the SSV from 2012-2023 and an overview of sexual harassment and sexual abuse incidents form 2012-2026. • Interview with the PREA Director: ◦ She stated that the SSV is completed annually and that the contract agency information is included in the agency's annual report. The auditor finds the agency/facility in full compliance with PREA Provision §115.87 based upon analysis of all available evidence including the documentation provided and interviews conducted.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 • Agency Annual PREA Reports, 2018-2024

- PREA annual reports on agency's public website

Interviews Conducted:

- Agency Head
- PREA Director
- PREA Compliance Manager

Findings:

115.88(a-d):

- ED 72 states:
 - "The data collected and aggregated shall be analyzed to assess and improve effectiveness of the DOC's sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility as well as the DOC as a whole. The report shall, additionally, include a comparison of the current year's data and corrective actions with those from previous years and shall provide an assessment of the DOC's progress in addressing sexual abuse. Corrective action reports shall also be posted publicly to the DOC's website. The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted."
- The agency annual PREA reports were reviewed and this auditor verified they contain all information required in this standard, including a report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.
- This auditor verified the annual report is available on the agency's website at <https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx>.
- Interview with the Agency Head (designee):
 - He stated that after each substantiated or unsubstantiated allegation an incident review is conducted to review any issues and determine if any modifications or enhancements are needed. The PREA office compiles the data annually and this information is reviewed for trends such as training or staffing issues or other actionable items.
- Interview with the PREA Director:
 - The PREA Director stated that the agency does review data collected and aggregated pursuant to 115.87. She stated it is securely retained in the computer system (SINC database) and access to the information is based on their role. She further stated that there is an annual report prepared by her office which includes findings from its data review and any corrective actions for each facility. Nothing is redacted as there is no identifying information included in the report.

	• Interview with the PREA Compliance Manager: ◦ He stated this data is maintained by the PREA office. The auditor finds the agency/facility in full compliance with PREA Provision §115.88 based upon analysis of all available evidence including the documentation provided and interviews conducted.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: • FCCC PAQ • Wisconsin Department of Corrections (WIDOC) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 08/02/22 Interviews Conducted: • PREA Director Site Review Observations Findings: 115.89(a, d): • ED 72 states: ◦ “All data shall be securely retained and maintained for at least 10 years after the date of initial collection.” • Interview with the PREA Director: ◦ She stated that all data collected is securely retained in their SINC database. • Site review observations: ◦ During the site review no paper files regarding the PREA standards were observed, everything was maintained electronically. 115.89(b-c): • ED 72 states: ◦ “The DOC shall collect accurate, uniform data from incident-based

	documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of PIOC's, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC's website annually." The auditor finds the agency/facility in full compliance with PREA Provision §115.89 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: 115.401(a-b): - The auditor reviewed the agency's website at https://doc.wi.gov/Pages/-AboutDOC/PrisonRapeEliminationAct.aspx and verified the agency has posted the final PREA audit reports for all facilities. 115.401(h): - During the on-site portion of the audit the audit team was able to access and view all areas of the facility. 115.401(i): - FCCC provided all requested documents in a timely manner and was able to view the electronic system onsite where documents are stored. 115.401(m): - FCCC provided offices for the auditors to use which provided enough space

	to conduct private interviews of inmates and staff where others were unable to hear the conversations. 115.401(n): The auditor received no letters from FCCC inmates. The audit notices were observed to be posted throughout the facility and through informal conversations with staff and inmates they confirmed they had been posted for several weeks. Photos of the audit notice postings were received via email six weeks before the onsite portion of the audit. The auditor finds the agency/facility in full compliance with PREA Provision §115.401 based upon analysis of all available evidence including the documentation provided, the site review and interviews conducted.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403(f): The auditor reviewed the agencies website at https://doc.wi.gov/Pages/-AboutDOC/PrisonRapeEliminationAct.aspx and verified the final audit reports for all facilities are posted. The auditor finds the agency/facility in full compliance with PREA Provision §115.403 based upon analysis of all available evidence including the documentation reviewed.

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

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

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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
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 formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
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 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to	yes

	consent or refuse?	
	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	yes

	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?	
	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.)	na
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, whichever is later.)	na
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	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
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 inmates on how to avoid inappropriate relationships with inmates?	yes
	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	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
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 to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

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

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

	health care practitioners who work regularly in its facilities.)	
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	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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 being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education 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: 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
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
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	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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.)	na
	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.)	na
	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.)	na
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	yes

	can be arranged?	
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 and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
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 is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	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.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	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 inmates and these organizations and agencies, in as confidential a manner as possible?	yes
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	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	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 sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
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	yes

	confidentiality, at the initiation of services?	
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	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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 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?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

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

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
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, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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 order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
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	yes

	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?	
	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	yes

	have engaged in sexual abuse?	
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 the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
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 §	na

	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.)	
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 has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
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	yes

	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?	
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 (b)	Frequency and scope of audits	
	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	na

	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.)	
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 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.)	yes