

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 12/19/16

Auditor Information			
Auditor name: DeShane Reed			
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Telephone number: (501) 276-1678			
Date of facility visit: May 24, 2016 –May 25, 2016			
Facility Information			
Facility name: Oakhill Correctional Institution			
Facility physical address: 5212 Highway M, Fitchburg, WI 53575			
Facility mailing address: <i>(if different from above)</i> P.O. Box 140 Oregon, WI 53575			
Facility telephone number: 608-835-3101			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Douglas Percy			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity: 344			
Current population of facility: 694			
Facility security levels/inmate custody levels: Minimum Security/Minimum-Community Custody			
Age range of the population: 18 and above			
Name of PREA Compliance Manager: Beckie Blodgett		Title: PREA Compliance Manager/Security Director	
Email address: Rebecca.Blodgett@wisconsin.gov		Telephone number: 608-835-6000	
Agency Information			
Name of agency: Wisconsin Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Wisconsin Department of Corrections			
Physical address: 3099 East Washington Avenue, Madison, WI 53704			
Mailing address: <i>(if different from above)</i> Same as Physical Address			
Telephone number: 608-240-5000			
Agency Chief Executive Officer			
Name: Jon Litscher		Title: Secretary	
Email address: Jon.Litscher@wisconsin.gov		Telephone number: 608-240-5065	
Agency-Wide PREA Coordinator			
Name: Christine Preston		Title: Statewide PREA Director	
Email address: Christine.Preston@wisconsin.gov		Telephone number: 608-240-5113	

AUDIT FINDINGS

NARRATIVE

On May 24, 2016, in coordination and cooperation with the Wisconsin Department of Corrections (WIDOC), USDOJ Certified PREA Auditor DeShane Reed conducted a facility audit of the Oakhill Correctional Institution (OCI). The audit commenced with Pre-Audit Briefing meeting (8:30am) consisting of Oakhill Correctional Institution administration and supervisory staff. In attendance was the following from OCI and WIDOC: Douglas Percy (Warden), Rebecca Blodgett (PREA Compliance Manager), James Logan (OCI PREA Co-Chair), Paul Ninneman (Deputy Warden), Jason Ruff (PREA Analyst), and Christine Preston (Statewide PREA Director). The PRE-Audit meeting commenced with introductions, review of the PREA audit schedule and agenda, on-site document requests, lists of inmates for interviewing and a tour of the entire Oakhill Correctional Institution.

The PREA audit commenced with a full tour of OCI's multiple housing locations, program locations, warehouse, cafeteria, food prep warehouse, laundry, showering locations, offices, recreation and educational locations within OCI. After a complete tour and documentation, the PREA Auditor moved into interviewing a selecting a random sample of inmates. A total of 16 inmates were interviewed, with a specific selection focused on the following category of inmates, based on PREA audit requirements: (Inmates with prior victimization, LGBTI, disability, current allegation, limited English proficiency, and an inmate in segregation). The PREA Audit also consisted of interviews of a random selection of OCI staff including: Facility Warden, PREA Compliance Manager, Investigation and Retaliation Team, Human Resources, Contractors, Volunteers, Medical/Mental Health Staff, and other OCI Specialized Staff. The PREA Auditor also reviewed multiple files and physical documents while on-site, which allowed the PREA auditor to verify compliance with PREA facility standards and confirm compliance consistency.

On May 25, 2016 at approximately 5:00pm (CST), the PREA Audit of Oakhill Correctional Institution (OCI) concluded with a Post-Audit Debriefing meeting. All representatives from the Pre-Audit Briefing meeting were in attendance. The PREA Auditor shared that the information shared by the auditor within the debriefing meeting did not depict a final reporting. The PREA Auditor continued by sharing several highlights of the OCI's programs. Though there were limited use of cameras, due to the age of the facility and other WIDOC constraints, there were no observable physical plant blind spots areas in question, as a result of the use of the use of two-way mirrors, as well as consistent staff supervision and rounds. The Post-Audit Debriefing meeting concluded with the Auditor thanking the OCI staff for their cooperation, efficiency and coordination in allowing the audit to move along in an even flow. The PREA Auditor also informed the OCI staff that pending the results of the onsite-audit, interviews, and documentation review a PREA Final Audit Report or an Interim Audit Report (with Corrective Actions) will be submitted 30 from the conclusion of the facility audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Oakhill Correctional Institution (OCI) is a 344 inmate capacity minimum security/custody prison, housing male inmates ages 18 and older. The facility does not house youthful inmates. The physical plant consists of approximately 25 buildings. OCI has 16 housing units with single, double, and triple occupancy rooms. Each housing unit has 1 control room which monitors inmate housing areas (some housing locations are two-levels). The additional buildings consisted of intake/receiving area, administrative, education, vocational training, recreation, maintenance, mental health offices, and dining halls.

Oakhill Correctional Institution (OCI) relies heavily on a compilation of camera assistance, staff supervision through sight/sound supervision by Correctional Officers, as well as predictable and random unannounced rounds per shift by supervisory staff (Lieutenant or higher). OCI's video technology consists of limited cameras in strategic locations. To make up for the lack of camera technology, OCI relies heavily on staff sight and sound supervision. At the time of the PREA Facility Audit, OCI had approximately 280 staff employed, as well as 176 volunteers and individual who may have contact with inmates within their daily roles at OCI. Finally, OCI employs a PREA Investigation Team of 3 staff to investigate allegations of sexual abuse. OCI-related Forensic sexual assault medical exams are conducted off site at Meriter Hospital and Medicine by a Certified SANE Nurse. The University of Wisconsin Hospitals and Clinics are also used for Specialty Services.

SUMMARY OF AUDIT FINDINGS

The PREA site audit of Oakhill Correctional Institution (OCI) consisted of a 2-day comprehensive assessment (May 24, 2016 through May 25, 2016), related to PREA's mission of prevention, detection, responding to instances of sexual abuse/sexual harassment, and the freedom from retaliation when reporting sexual abuse/harassment. The PREA Institution Audit also consisted of assessing the 43 PREA standards. The assessment of the Oakhill Correctional Institution included an exhaustive facility tour, review of electronic and on-site documents, reviewing investigations and retaliation follow-up documentation, comprehensive interviews with inmates, staff, volunteers, and OCI's Administration.

Based on the audit findings of 43 total PREA Standards there were 39 PREA Standards in Compliance, 1 PREA Standard which was Non-Applicable, and 2 PREA Standards requiring Corrective Action (115.67 and 115.86). The identified PREA standard areas requiring Corrective Action were either non-existent or in their beginning stages of compliance and require procedural consistency over time to be considered in compliance.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1 (115.66)

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source to determine compliance for Standard 115.11. WIDOC submitted their Executive Directive 72: *Sexual Abuse and Sexual Harassment in Confinement (PREA)* Section V. as evidence of compliance with 115.11. Finally, the PREA Auditor also reviewed the WIDOC-Secretary's Office Organizational Chart, which identified Christine Preston as the Statewide PREA Director who oversees the agency's efforts to comply with PREA standards in all WIDOC facilities. Christine Preston was also present at the PREA Audit.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed audit documents submitted via electronic source to determine compliance for Standard 115.12. WIDOC's State PREA Coordinator submitted a copy of WIDOC's Residential Services Contract, which commenced on 1/1/16 through 12/31/16. The contract contained PREA standards compliance language as part of accepting the contractual agreement (Section XIX).

This PREA auditor concludes this particular standard 115.12 to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.13. This PREA Auditor reviewed WIDOC's Executive Directive #72, which referenced all the necessary PREA language to meet standard 115.13 policy compliance requirements. An examples of WIDOC's Executive Directive as it pertains to PREA Standard 115.13 states, *"OCI is subject to staffing allocations as determined through the Wisconsin State biennial budget process. Currently, OCI is permitted 80 correctional officers, in addition to 96 sergeants and 14 security supervisors. Security staff assignments are based upon programming, inmate movement and behavioral needs. The number of staff on the Restrictive Housing (RH) unit varies according to the demographic needs and number of inmates on the unit. The following chart illustrates OCI's staffing pattern. OCI utilizes an electronic scheduling program to assist with planning. When a security shift vacancy occurs overtime is hired. Only in an emergency situation is a post vacant, as soon as the emergency is over the vacancy is filled. In addition to security staff, OCI has one social worker assigned to each housing unit, with the exception of RH where there the assigned social worker for the inmate addresses any needs. Each housing unit also has a Corrections Program Supervisor as well as two security supervisor liaisons, with the exception of RH where there is one crisis intervention worker, and two security supervisors. In the event of a staff shortage, overtime is hired following these guidelines: On Tuesday's OCI offers pre-scheduled overtime to employee's who sign up for additional hours of work for the following week. At the completion of hiring of pre-scheduled overtime time a position remains vacant the next rotated officer (s) / sergeant (s) from the forced overtime rotation list is ordered/ forced to fill the remaining vacant position(s). If positions become vacant after Tuesday's hiring process those positions are hired out on the same day of the needed vacancy one and one half hour (1 1/2) prior to the start of the on-coming shift. If no employees accept to work the overtime then the next rotated employee is ordered/ forced to fill the vacant position based on the forced overtime rotation list."* This PREA auditor also discussed WIDOC's staffing plan during the interview with OCI's Warden.

This PREA auditor also reviewed the "Unannounced Rounds" logs on each of the housing units. In each "Unannounced Rounds" log book 4/11/16 was the first entry and there were no other log books to show any previous documentation of "Unannounced Rounds." The staff informed the auditor that the logging of "Unannounced Rounds" did not start until 4/11/16. Due to the short period of time in which the documentation of the "Unannounced Rounds" has been documented, this auditor concluded that this particular standard required a Corrective Action.

At the completion of the PREA site audit, this PREA Auditor coordinated a 90-day Corrective Action Plan with the WIDOC's state PREA Coordinator to allow time to assess the consistency and frequency of unannounced rounds, as well as logbook documentation by intermediate-level or higher-level staff. This auditor reviewed documentation of unannounced rounds by an intermediate-level or higher-level staff between dates of 4/11/16 through 8/17/16. After review of documentation submitted by Oakhill Correctional Institution (OCI), this PREA Auditor finds OCI to be in full compliance with the above-mentioned PREA Standard.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.14. This PREA Auditor reviewed WIDOC's Executive Directive #72 (Page 10), which referenced all the necessary PREA language to meet standard 115.14 policy compliance requirements. An examples of WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.14 states, *"Youthful inmates shall not be placed in a housing unit in which they have sight, sound or physical contact with any adult offender 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 offenders or provide direct staff supervision when youthful inmates and adult offenders 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."*

This PREA auditor did not observe any Youthful Offenders on the facility's inmate census, or during tour. This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.15. This PREA Auditor reviewed WIDOC's Executive Order #72 (Pages 6, 7), which referenced all the necessary PREA language to meet standard 115.15 policy compliance requirements. An examples of WIDOC's Executive Order #72 as it pertains to PREA Standard 115.15 states, *"Except in exigent circumstances, adult facilities shall not permit cross-gender pat-down searches of female offenders nor shall juvenile facilities permit cross-gender pat-down searches of either gender. Facilities shall not permit cross-gender strip or body cavity searches except in exigent circumstances or when performed by medical practitioners. All cross-gender strip and body cavity searches, in addition to cross-gender pat-down searches of females, shall be documented. Facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner."*

Additionally, OCI is an all male facility. This PREA auditor also reviewed the search procedures training lesson plans, as well as staff files to verify trainings. This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for
PREA Audit Report

Standard 115.16. This PREA Auditor reviewed WIDOC’s Executive Directive #72 (Page 8), which referenced all the necessary PREA language to meet standard 115.16 policy compliance requirements. An examples of WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.16 states, “*Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. 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 offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities.*” *The facility shall not rely on offender interpreters, offender readers or other types of offender assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-responder duties or the investigation of the offender’s allegations. The exigent circumstances in which offender assistants are used shall be documented.*”

Additionally, OCI utilizes “Purple Communications” for interpretation services for the hearing impaired inmates. This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.17. This PREA Auditor interviewed the OCI Human Resources (HR) Manager, who showed documentation of recruitment, screening, interviewing, and hiring protocols. This PREA Auditor also reviewed WIDOC’s Executive Directive #72 (Page 4 and 5), which referenced all the required PREA language to meet standard 115.17 policy compliance requirement. An excerpt from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.17 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 employee. 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. The DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. The DOC shall conduct a criminal background records check every five years for current employees.”

During the auditor’s interview with the HR Manager, four random employee files were pulled. Each file had the required and updated background checks, employment application questions which may disqualify and potential candidate from being employed with OCI, as well as required PREA disclosures.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Per the documentation and interviews with leadership at the OCI facility, there were no recent upgrades to the physical plant or technologies.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.21. This PREA Auditor reviewed WIDOC’s Executive Directive #72 (Page 14), which referenced all the necessary PREA language to meet standard 115.21 policy compliance requirements. An excerpt from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.21 states, *“The DOC’s medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis. Further, all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SANEs. 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.”*

Additionally, this PREA auditor verified through documentation and an interview with OCI’s Supervisor of the Health Services Unit, OCI utilizes the “Meriter Hospital and Medicine” for SANE staff. The “University of Wisconsin Hospital and Clinics” are used for specialty services.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.22. This PREA Auditor reviewed WIDOC's Executive Directive #72 (Page 14), which referenced all the necessary PREA language to meet standard 115.22 policy compliance requirements. An excerpt from WIDOC's Executive Directive #72 *Sexual Abuse and Sexual Harassment in Confinement (PREA)* Section XVII. B. as it pertains to PREA Standard 115.22 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 investigation. 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."

Additionally, this PREA auditor verified through documentation and an interview the OCI's PREA Investigation Team that the Fitchburg Police Department (FPD) handles criminal investigation for OCI. OCI then works with FPD, assisting with gathering any evidentiary information.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.31. This PREA Auditor reviewed WIDOC's Executive Directive #72 (Page 7, 8), which referenced all the necessary PREA language to meet standard 115.31 policy compliance requirements. An excerpt from WIDOC's Executive Directive #72 *Sexual Abuse and Sexual Harassment in Confinement (PREA)* Section XVII. B. as it pertains to PREA Standard 115.31 states that all employees, volunteer, and contractor will receive PREA Zero for sexual harassment and sexual abuse training.

This auditor also review the files of 16 Correctional staff, as well as specialized staff. All files contained the documentation verifying HR meeting with new hires about PREA policy, as well as on-line PREA training for all staff. Finally, this auditor reviewed the online PREA course, as well as the PREA test administered after the training.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.32. This PREA Auditor reviewed WIDOC's Executive Directive #72 (Page 7, 8), which referenced all the necessary PREA language to meet standard 115.32 policy compliance requirements. An excerpt from WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)Section XVII. B. as it pertains to PREA Standard 115.32 states that all employees, volunteer, and contractor will receive PREA Zero for sexual harassment and sexual abuse training.

This auditor also reviewed the files of 2 Volunteers and 2 Contractor Files. All files contained the documentation verifying HR meeting with new hires about PREA policy, as well as on-line PREA training for all staff. Finally, this auditor reviewed the online PREA course, as well as the PREA test administered after the training. Volunteers also receives a pamphlet titled, "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors."

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.33. This PREA Auditor reviewed WIDOC's Executive Directive #72, which referenced all the necessary PREA language to meet standard 115.33 policy compliance requirements. An excerpt from WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XI. B. 3.(Page 3 and 8) as it pertains to PREA Standard 115.33 states, "*Upon transfer to another facility, offenders 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. Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 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 offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities.*"

The auditor also reviewed various "PREA Education Inmate Participation logs," reviewed the PREA Orientation agenda, which entails a PREA Video, Review of the Handbook, and a Question and Answer session regarding PREA. This auditor also observed a PREA Orientation Session, while on site at OCI. Inmate PREA Orientation occurs every Tuesday for new intakes, as well as on Wednesdays and Fridays for new intakes who was transferred to OCI after Tuesday and did not attend the Tuesday PREA Orientation session. Finally, the auditor observed literature posted within all the housing locations in English and Spanish. Oakhill also have a Language Line for Limited English Proficient (LEP) Inmates, as well as an LEP Coordinator on staff.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.34. This PREA Auditor reviewed WIDOC's Executive Directive #72 (Page 8), which referenced all the necessary PREA language to meet standard 115.34 policy compliance requirements. An excerpt from WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XI. A. 4. (Page 8) as it pertains to PREA Standard 115.34 states, "*Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion.*"

The auditor also reviewed files and documentation of three OCI PREA Investigators, to verify specialized sexual abuse and sexual harassment investigation training. This auditor also reviewed WIDOC's training tracking system, which assisted in verifying compliance.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.35. This PREA Auditor reviewed WIDOC's Executive Directive #72 (Page 8), which referenced all the necessary PREA language to meet standard 115.35 policy compliance requirements. An excerpt from WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XI. A. 5. (Page 8) as it pertains to PREA Standard 115.35 states, "*All medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on the subparts below. The DOC shall maintain documentation that such training has been received:*

- 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 auditor also reviewed files and documentation of the random CCI Medical staff which was interviewed, to verify specialized sexual abuse and sexual harassment training, as well as reporting sexual abuse and sexual harassment procedures.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.41. This PREA Auditor reviewed WIDOC’s Executive Directive #72, which referenced all the necessary PREA language to meet standard 115.41 policy compliance requirements. An excerpt from WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XII (Page 8) as it pertains to PREA Standard 115.41 states, “*Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, and again upon transfer to another facility, for risk of being sexually abused by other offenders or sexually abusive towards other offenders. The objective screening instrument shall include, at minimum, the following criteria. Offenders may not be disciplined for refusing to answer or for failing to disclose information in regards to the assessment questions.*

1. *The presence of a mental, physical or developmental disability;*
2. *Level of emotional and cognitive development (juveniles 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. *Offender’s perception of vulnerability*

Facilities shall not consider lesbian, gay, bisexual, transgender or intersex identification or status as an indicator or likelihood of being sexually abusive.

Adult Facility-Based Intake Screening

In addition to the initial screening, within 30 days of arrival, the facility shall reassess the offender’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening. Thereafter, an offender’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 offender’s risk of sexual victimization or abusiveness.

If either the initial or follow-up screening indicates an offender has previously experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in a community setting, employees shall ensure the offender is offered a follow-up meeting with a mental health provider within 14 days of the initial or follow-up screening.

Appropriate controls shall be placed on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender’s detriment by employees or other offenders. Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

This PREA auditor also interviewed OCI’s Psychologist Supervisor, who shared WIDOC’s procedures and assessment documentation for Screening for Risk of Victimization and Abusiveness. OCI Psychologist Supervisor also showed documentation of inmates screening over the previous 3 weeks, as well as discussed the “Wisconsin Integrated Corrections System” (WICS). As it pertains to housing at OCI, OCI utilizes the “Pair with Care” strategy, which allows the screening assessment to dictate the housing and cellmate assignment for vulnerable

inmates.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.42. This PREA Auditor reviewed WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XIII. A. (Page 10) and Section XIII E. 2, which referenced all the necessary PREA language to meet standard 115.42 policy compliance requirements. Excerpts from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.42 states, *“Information obtained from the initial or follow-up screening shall inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. 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 offender. When making facility, cell/unit housing and programmatic assignments for transgender or intersex offenders the DOC shall consider on a case-by-case basis whether a placement would ensure the offender’s health and safety and whether the placement would present management or security problems, in addition to serious consideration of the offender’s own views with respect to their own safety.”*

This PREA auditor also interviewed OCI’s Psychologist Supervisor, who shared WIDOC’s procedures and assessment documentation for Screening for Risk of Victimization and Abusiveness. OCI Psychologist Supervisor also showed documentation of inmates screening over the previous 3 weeks, as well as discussed the “Wisconsin Integrated Corrections System” (WICS). As it pertains to housing at OCI, OCI utilizes the “Pair with Care” strategy, which allows the screening assessment to dictate the housing and cellmate assignment for vulnerable inmates. This auditor also interviewed inmate who identified as LGBTI. This inmate shared that their opinion and views are taken into account when they are being placed, as well as they do feel safe at OCI.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.43. This PREA Auditor reviewed WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement

(PREA) Section XIII. B. 1. (Page 10), which referenced all the necessary PREA language to meet standard 115.43 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.43 states, "Offenders at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment."

This PREA auditor also reviewed documentation from OCI's Restricted Housing Unit (RHU) and there were no documented inmates in RHU for non-disciplinary reasons or for being high risk of sexual victimization. This auditor also interviewed 1 inmate who identified as LGBTI. This inmate shared that they were not placed in RHU for the purpose of their risk level.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.51. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XIV. (Page 11), which referenced all the necessary PREA language to meet standard 115.51 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.51 states, "The DOC shall provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents. In addition, the DOC shall provide at least one way for offenders to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC. The DOC shall provide a method for third-parties to report sexual abuse and sexual harassment on behalf of an offender. Information on how to report sexual abuse and sexual harassment on behalf on an offender shall be posted publicly. Employees 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 offenders or employees who reported such an incident; and/or
- c. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Reports shall be immediately reported to a supervisor who is not the subject of the allegation, unless reporting to such a person compromises the safety of the alleged victim, witness(es) or reporter. In those instances a report shall be made to the Office of Special Operations, the PREA Office, local law enforcement or submitted electronically via the DOC's internet site.

The DOC shall provide a method for employees to privately report sexual abuse and sexual harassment of offenders.

All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be reported.

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

Medical and mental health practitioners shall be required to report sexual abuse and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

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.

In addition, if the alleged victim is under the age of 18 the facility shall promptly (within 14 days) report the allegation to the alleged victim's:

- a. Parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified; or

- b. Child welfare caseworker, if the alleged victim is under the guardianship of the child welfare system; or
- c. Attorney or other legal representative, if a juvenile court has jurisdiction over the alleged victim.

Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported by the head, or designee, of the facility to the head, or designee, of the facility where the alleged abuse occurred. In the event the alleged victim is a juvenile, facility employees shall also notify the appropriate investigative agency. All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”

This PREA auditor interviewed 16 inmates regarding their knowledge on how to report sexual abuse and sexual harassment. Each inmate knew at least three reporting avenues. The common responses to reporting avenues among the inmates were: 1) Telling a Supervisor; 2) Calling #777 or #888; and 3) Write an Internal Complaint. Each also knew that they a PREA abuse call can be made through a Third- Party. Lastly by dialing #777 or #888 to report a PREA incident, there is an option for English or Spanish.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.52. This PREA Auditor reviewed WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XV. (Page 12), which referenced all the necessary PREA language to meet standard 115.52 policy compliance requirements. Excerpts from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.52 states, “All sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. See Investigations (section XVII.) for guidelines. Inmates shall be notified within 30 days of the initial complaint that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced and the Inmate Complaint Review process has concluded. Further:

- A. A time limit shall not be imposed on when an offender 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.
- B. The complaint process shall not include a mandatory informal resolution requirement.
- C. Each facility shall ensure that an offender who alleges sexual abuse or sexual harassment may submit a complaint without submitting it to an employee who is the subject of the complaint and that such a complaint is not referred to an employee who is the subject of the complaint. The offender may use an alternate method of filing.
- D. Third parties, including fellow offenders, employees, family members, attorneys and outside advocates, shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment. Complaints filed shall be referred for sexual abuse and/or sexual harassment investigation.
- E. If an offender alleges that he or she is subject to a substantial risk of imminent sexual abuse, the offender may contact any employee 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 inmate 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 Employee Reporting.

The DOC may discipline an offender for a complaint filed alleging sexual abuse or sexual harassment only where the DOC demonstrates that the complaint was filed in bad faith.”

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.53. This PREA Auditor reviewed WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XV. (Page 12), which referenced all the necessary PREA language to meet standard 115.53 policy compliance requirements. Excerpts from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.53 states, *“Thereafter, the facility shall provide offenders 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 offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to offenders of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Juveniles shall be provided reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.”*

This PREA auditor interviewed 16 inmates who had knowledge of the “Rape Crisis Center of Madison Wisconsin” as the external advocates for sexual abuse victims. OCI’s Psychologist Supervisor, who confirmed that the “Rape Crisis Center of Madison Wisconsin” (RCC) is the external victim advocates for OCI victims of sexual abuse, as well as “Domestic Abuse Intervention Services (DAIS).” At the time of the site audit, OCI was in the concluding stages of their MOU with RCC Finally, the auditor observed literature on the housing units, depicting RCC’s purpose and their contact information.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.54. This PREA Auditor reviewed WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), which referenced all the necessary PREA language to meet standard 115.54 policy compliance requirements. Excerpts from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.54 states, *“Third parties, including fellow offenders, employees, family members, attorneys and outside advocates, shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment. Complaints filed shall be referred for sexual abuse and/or sexual harassment investigation. If an*

offender alleges that he or she is subject to a substantial risk of imminent sexual abuse, the offender may contact any employee 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 inmate 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 Employee Reporting."

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.61. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XIV C. 1. (Page 11), which referenced all the necessary PREA language to meet standard 115.61 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.61 states, "*Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports; and immediately report:*

- d. 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;*
- e. Any incidents of retaliation against offenders or employees who reported such an incident; and/or*
- f. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation."*

This auditor interviewed 18 random staff, covering multiple shifts and disciplines within OCI. This auditor asked all the same question, "If you witnessed or was informed of sexual abuse or sexual harassment here at OCI, what steps do you take in reporting this alleged sexual abuse or sexual harassment?" Each interviewed staff verbally shared their reporting procedures based on their specific role. The PREA auditor also verified the most current PREA training of each randomly selected staff. Each staff's file was in compliance with PREA training standards. Finally, the auditor interviewed the OCI PREA Investigators, who were well versed in their responsibilities, once any reports of sexual harassment and sexual abuse occur.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.62. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI (Page 13), which referenced all the necessary PREA language to meet standard 115.62 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.62 states, *"When the department or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender."*

This auditor also interviewed 18 random staff, covering multiple shifts and disciplines within OCI. This auditor asked all the same question, "If you learn an inmate is at risk of imminent sexual abuse, what actions do you take to protect the inmate...and how quickly do you take such actions?" Each interviewed staff verbally shared their responding procedures. The common theme of the staff responses was that they would immediately report the inmate imminent risk issue to their immediate supervisor, mental health or the highest ranking officer on duty, with the goal of further investigation or reassigning the inmate to another housing location pending the outcome of further investigation.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.63. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XIV C. 8. (Page 11), which referenced all the necessary PREA language to meet standard 115.63 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.63 states, *"Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred. In the event the alleged victim is a juvenile, facility employees shall also notify the appropriate investigative agency. All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated."*

During this audit reporting period, the facility had 1 documented report of sexual abuse by an OCI inmate, which occurred at a previous facility. The auditor reviewed documentation that once the allegations reported to OCI on 4/5/16 by the inmate, a memo was sent out on 4/7/16, to the institution where the allegation was made.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.64. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI A. 1. (Page 13), which referenced all the necessary PREA language to meet standard 115.64 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.64 states, "Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to, at a minimum:

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

This auditor interviewed 18 random staff, covering multiple shifts and multiple disciplines within OCI. This auditor also interviewed 1 medical and 1 mental health staff. This auditor asked all the same question, "If you witnessed or were informed of sexual abuse or sexual harassment here at OCI, what steps do you take in reporting this alleged sexual abuse or sexual harassment and preserving/protecting the alleged crime scene?" Each interviewed staff verbally shared their reporting procedures and procedures to preserve/protect the crime scene (including not allowing the involved inmates to clean, brushing teeth, urinating, defecating, drinking, eating, or changing clothing). All trainings of these 18 random staff was in compliance with PREA training standards.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.65. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), which referenced all the necessary PREA language to meet standard 115.65 policy compliance requirements.

This PREA auditor interviewed the PREA Investigation Team as well as other members of the Sexual Abuse Response Team. Each was able to identify their duties within their roles, when an incident of sexual abuse has occurred. Additionally, during the on-site audit, this PREA auditor reviewed WIDOC's "Sexual Abuse Response Team (SART) Protocol", which identified each SART member's role and procedures. This auditor also reviewed the "Sexual Abuse in Confinement Coordinated Response Plan Critical Contacts List"

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- N/A Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

According to a WIDOC, no collective bargaining agreements have been entered into or renewed since August 20, 2012, or since the last PREA audit.

This PREA auditor concludes this particular standard (115.66) to be Not Applicable to the above-mentioned PREA Standard.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed documents submitted via electronic source in response to the auditor’s Corrective Action, to determine compliance for Standard 115.67. This PREA Auditor reviewed OCI’s submitted “Sexual Abuse and Sexual Harassment Incident Victim Support Contact Log” which identified face-to-face contact on the following dates: 5/19/16, 6/1/16, 6/17/16, 7/7/16, 7/21/16, 7/28/16, 8/4/16, 8/18/16, and 8/25/16. The auditor determined the consistent and consecutive face-to-face contact documentation to be sufficient evidence to confirm compliance with 115.67.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.67. This PREA Auditor also reviewed WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XVIII A and B (Page 16), which referenced all the necessary PREA language to meet standard 115.67 policy compliance requirements. Excerpts from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.67 states, “*Each facility shall designate an employee(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected. 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 offender(s) or employee(s) who reported the sexual abuse and the offender(s) who were reported to have experienced sexual abuse to determine if retaliation occurred. For offenders, such monitoring shall include periodic status checks. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need.*”

This PREA auditor interviewed the PREA Investigation Team as well as OCI’s PREA Compliance Manager. Though WIDOC has Retaliation monitoring forms, OCI was unable to show this PREA auditor documentation of retaliation monitoring in the 3 random PREA Investigation files reviewed while on the site visit. OCI’s Compliance Manager, shared that OCI have not been documenting retaliation monitoring.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.68. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XVIII A. and B. (Page 16), which referenced all the necessary PREA language to meet standard 115.68 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.68 states, "*Any use of restricted status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43 as found within Placement.*"

This PREA auditor interviewed the PREA Investigation Team as well as OCI's PREA Compliance Manager. Each stated that zero inmates whom has suffered sexual abuse was placed in segregated housing or involuntary segregation within the past 12 months. Interviewed inmates also stated that segregated housing is not to place alleged victims of sexual abuse or sexual harassment. The inmates further stated that the alleged victim will likely be relocated to another housing unit for separation from the alleged perpetrator.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.71. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XVII (Page 15), which referenced all the necessary PREA language to meet standard 115.71 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.71 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 investigation.*"

- A. *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.*
- B. *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. When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in 115.21(a-e).*
- C. *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.*

- D. *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 offender or employee. The DOC shall not require an offender 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.*
- E. *Administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse.*
- F. *The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated.*
- G. *Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years. Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings.*
- H. *The departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation.*
- I. *When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigation.*

The auditor also reviewed files and documentation of three OCI PREA Investigators, to verify specialized sexual abuse and sexual harassment investigation training. This auditor also reviewed WIDOC's training tracking system, which assisted in verifying compliance. Additionally, the WIDOC's OCI utilizes the Fitchburg Police Department for all criminal investigation with the institution.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.72. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XVII G (Page 16), which referenced all the necessary PREA language to meet standard 115.72 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.72 states, "*The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated.*"

This auditor also verified through 2 random investigation where preponderance of the evidence is utilized in determining the outcome of allegations of sexual abuse and sexual harassment.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.73. This PREA Auditor reviewed WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XVII K, L, and M (Page 16), which referenced all the necessary PREA language to meet standard 115.73 policy compliance requirements. Excerpts from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.73 states, *“Following an investigation of an allegation that an offender suffered sexual abuse in a DOC facility, the facility shall inform the alleged victim, and document such notification, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the DOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the alleged victim. The DOC’s obligation to report shall terminate if the alleged victim is released from custody. Following an offender’s allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the DOC shall subsequently inform the alleged victim, and document such notification, whenever the employee is no longer posted within the alleged victim’s unit; the employee is no longer employed at the facility; or the DOC learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse. Following an offender’s allegation that he or she has been sexually abused by another offender, the DOC shall subsequently inform the alleged victim, and document such notification, whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse.”*

The auditor also verified through 2 random completed investigations that there was documentation where the inmate making the allegation was notified of the outcome of the investigation at its conclusion.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.76. This PREA Auditor reviewed WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XIX M. (Page 17), which referenced all the necessary PREA language to meet standard 115.76 policy compliance requirements. Excerpts from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.76 states, *“Staff members 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. 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 . Termination is the presumptive sanction for a staff member who engaged in sexual abuse. All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies. Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors”*

The auditor also verified through interviews with OCI’s Warden, Human Resources, and OCI’s Compliance Manager that the standard of practice is consistent with the above standard.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.77. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XIX A. (Page 4), which referenced all the necessary PREA language to meet standard 115.77 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.77 states, "*Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors.*"

The auditor also verified through interviews with OCI's Warden Human Resources, and OCI's Compliance Manager that the standard of practice is consistent with the above standard.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.78. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XIX B. (Page 17), which referenced all the necessary PREA language to meet standard 115.78 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.78 states, "*Offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. Sanctions shall be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process shall consider whether a perpetrating offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility shall consider requiring perpetrating offenders to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse. For juveniles, the DOC may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to general programming or education. An offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact. Reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not*

establish evidence to substantiate the allegation. While consensual sexual activity between offenders 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.”

The auditor also verified through interviews with OCI’s Warden Human Resources, and OCI’s Compliance Manager that the standard of practice is consistent with the above standard. Additionally, the auditor reviewed the Rules of the WIDOC—Inmate Offenses and Disciplinary Procedures,” which documented similar PREA compliant language within it Disciplinary Codes.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.81. This PREA Auditor reviewed WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XII E. and F. (Page 9), which referenced all the necessary PREA language to meet standard 115.81 policy compliance requirements. Excerpts from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.81 states, *“If either the initial or follow-up screening indicates an offender has previously experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in a community setting, employees shall ensure the offender is offered a follow-up meeting with a mental health provider within 14 days of the initial or follow-up screening. Appropriate controls shall be placed on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender’s detriment by employees or other offenders. Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.”*

The auditor also interviewed OCI’s Psychologist Supervisor and Health Services Unit (HSU) Supervisor who shared the process which occurs with medical and mental health screenings. This auditor also reviewed on-site screening documentation, showing follow-up meetings occurring within the allotted 14-day of the intake. Also the documentation verified that information related to sexual victimization or abusiveness occurring in an institutional setting is strictly limited to medical, mental health practitioners, and other necessary staff.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.82. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI B. 2. (Page 14), which referenced all the necessary PREA language to meet standard 115.82 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.82 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"*

The auditor also interviewed OCI's Psychologist Supervisor, Health Services Unit (HSU) Supervisor, as well as random inmates. Each verified that access to medical services and crisis intervention services are responded to within a reasonable timeframe (1-72 hours). Also, the documentation OCI submitted while on site verifies timely access to medical and mental health services. Finally, this auditor reviewed OCI's Nurse Examiners Policy and Procedures Manual (dated 2/2015) stating, *"It is the policy of Aurora Sheboygan Memorial Medical Center (ASMMC) that any victim/patient presenting to ASMMC will not personally be charged for a SANE/Forensic Exam, including STI prophylaxis. If the victim/patient allows billing to his or her own private insurance, then that will be the first form of payment."*

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.83. This PREA Auditor reviewed WIDOC's Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XII E. and F. (Page 9), which referenced all the necessary PREA language to meet standard 115.83 policy compliance requirements. Excerpts from WIDOC's Executive Directive #72 as it pertains to PREA Standard 115.83 states, *"The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody."*

The auditor also interviewed OCI's Psychologist Supervisor, Health Services Unit (HSU) Supervisor. Each verified that ongoing access to medical and mental health care for sexual abuse victims and abusers.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed documents submitted via electronic source in response to the auditor’s Corrective Action, to determine compliance for Standard 115.86. This PREA Auditor reviewed OCI’s “PREA Incident Review Team Meeting Minutes” from the following dates: 7/22/16, 8/3/16, 8/17/16, 8/31/16, 9/14/16, 9/28/16, 10/12/16, 10/27/16, 11/18/16, and 11/29/16. The auditor determined the consistent and consecutive minutes to be sufficient evidence to confirm compliance with 115.86. Additionally WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XII E. and F. (Page 9), referenced all the necessary PREA language to meet standard 115.86 policy compliance requirements. Excerpts from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.86 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. 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.*

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.”

This PREA Auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.87. This PREA Auditor reviewed WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI A. 1. (Page 18), which referenced all the necessary PREA language to meet standard 115.87 policy compliance requirements. Excerpts from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.87 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 offenders, 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 also verified through interviews with OCI’s Warden Human Resources, and OCI’s Compliance Manager that the standard of practice is consistent with the above standard.

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.88. This auditor reviewed the WIDOC Web-based PREA Annual Data Report After this PREA Auditor’s examination of this comprehensive reports, it contains all the elements and language to meet this 115.88 PREA Standard.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.87. This PREA Auditor reviewed WIDOC’s Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI A. 1. (Page 18), which referenced all the necessary PREA language to meet standard 115.87 policy compliance requirements. Excerpts from WIDOC’s Executive Directive #72 as it pertains to PREA Standard 115.87 states, “*All data shall be securely retained and maintained for at least 10 years after the date of initial collection. 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 offenders, 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.*”

This PREA auditor concludes this particular standard to be in compliance and meets the above-mentioned PREA Standard.

AUDITOR CERTIFICATION

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

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

DeShane Reed

December 19, 2016

Auditor Signature

Date