

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 8/6/2016

Auditor Information			
Auditor name: G. Peter Zeegers			
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Telephone number: 863-441-2495			
Date of facility visit: 7/5-7/6-16			
Facility Information			
Facility name: Oshkosh Correctional Institution			
Facility physical address: 1730 West Snell Road Oshkosh, Wisconsin 54901			
Facility mailing address: (if different from above) PO Box 3530 Oshkosh, Wisconsin 54901			
Facility telephone number: 920-231-4010			
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: Warden Judy Smith			
Number of staff assigned to the facility in the last 12 months: 466			
Designed facility capacity: 1494			
Current population of facility: 2060			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 18-89			
Name of PREA Compliance Manager: Emil Toney		Title: Supervising Officer II	
Email address: Emil.Toney@wisconsin.gov		Telephone number: 920-236-2608	
Agency Information			
Name of agency: Wisconsin Department of Corrections			
Governing authority or parent agency: (if applicable) State of Wisconsin			
Physical address: 3099 East Washington Ave. Madison, Wisconsin 53707			
Mailing address: (if different from above) Click here to enter text.			
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: PREA Director	
Email address: Christine.Preston@wisconsin.gov		Telephone number: 608-240-5113	

AUDIT FINDINGS

NARRATIVE

Oshkosh Correctional Institution was audited on July 5th and 6th, 2016 by DOJ PREA Auditors G. Peter Zeegers and Robert Lanier. A review of the pre-audit documents was completed prior to the on-site visit through a thumb drive that was sent to this auditor. Present during the initial briefing was Christine Preston, Statewide PREA Director; Judy Smith, Warden; Steve Wierenga, Director of Office of Special Investigations; Jim Zanon, Security Director; Bob Hable, Deputy Warden; and Emil Toney, Facility PREA Manager/Security Director. Current lists of inmates and staff were provided and names were randomly selected for interviews. Eighteen inmates were selected from various living units. Twelve staff were randomly selected from the various shifts and twenty specialized staff were also targeted for interviews.

A facility tour was then conducted, which included all buildings of the facility and the outside grounds. During the tour, it was noted that the Notice of PREA Audit and other PREA related materials were posted in all housing units as well as other locations frequented by inmates and staff. 550 cameras were also monitored during the tour. Specific areas toured were the administration area, control centers, intake, visitation area, the maintenance shop, food service, the Drug Abuse Care Center, the education area, outdoor recreation area, laundry room and an indoor gymnasium, canteen, barber shop, security offices, outdoor inmate garden, and health services. The dorms were toured, as well. Included were the "K" building, "C" building, "D" building, "E" building, "X" unit, "P" building, "V" building, "Q" building, "R" building, "W" building, and restrictive housing. There was also a building that housed Badger State Industries and a print shop as well as a clothing shop. During the tour it was noted that the practice of cross-gender staff announcing their presence, by pressing a button in the control room was in place. The button sounded a tone in order to let the inmates know when cross-gender staff were entering the unit. Signs to this effect were posted.

There had been 29 reports of alleged PREA incidents during the previous year. All resulted in an administrative investigation, and if needed, were referred for criminal investigation. All required policies, documentation, reports, logs and files were checked for compliance with PREA Standards. There were four inmate letters received by this auditor before the onsite audit. Each were handled by this auditor dealing with the institution and the Warden on the conclusions of the letters.

It should be noted that the staff of Oshkosh Correctional Institution and the Wisconsin Department of Corrections were very well prepared and organized for the on-site audit, and all pre-audit materials were in order and well highlighted. This shows the dedication and concern for the PREA program from both a Department as well as at the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

Oshkosh Correctional Institution is located in Oshkosh, Wisconsin. Its mission is to ensure public and staff safety, keep inmates secured until such time as they are properly released or transferred; provide for the custodial needs of inmates; motivate inmates to learn and develop skills which will prepare them to adjust to the community; and to work cooperatively within the institution and with the Department and the public to ensure that health care is provided to inmates. The institution is consistent with professional, community, and correctional health care standards.

The security department provides a safe and secure facility for the public, staff, and inmates. The program uses a system of reinforcements and consequences to aid in managing the inmates, recognizing their social skills and emotional management skills through observing prosocial behaviors and decision making. Inmates are held accountable for complying with Wisconsin's statutory laws, the Department of Wisconsin's Administrative Codes, and the Institutions' policies and procedures. The facility continues to strive to meet the missions and goals of WDOC through training, communication, experience and education. OCI's security department works cooperatively through a multidisciplinary approach.

Various educational opportunities for the inmates include but not limited to: GED Certificate, High School Equivalency Diploma, Badger State Industries Laundry Facility, Braille Transcription, Building Maintenance and Construction, Culinary Arts / Food Service Technician, Food Production Program, Horticulture, Microsoft Office Applications, Multi-occupational Aide, and Practical Computer Skills. Various programs available to the inmates include but not limited to: Alcohol and Other Drug Abuse (AODA), Anger Management Program, Domestic Violence Counseling, Mental Illness Chemical Abuse, Sex Offender Treatment, and Thinking for a Change. Inmates hold a variety of jobs throughout the institution, helping with daily operations.

The PawsForward Service Dog Program is a community service project designed to have inmate volunteers' train puppies and dogs to become guide dogs for visually impaired persons residing in Wisconsin. The program is a joint effort between Oshkosh Correctional Institution and OccuPaws (a non-profit organization) located in Madison, Wisconsin. The inmate volunteers are selected through disciplinary record, record checks, job or school status, staff reviews, and a "job style" interview process. They continue to be evaluated on a continuous basis for their appropriateness and positive motivation for the program. The selected inmate volunteers live with their dogs in their cells and are responsible for their dog's health, training, and well-being at all times. OccuPaws provides volunteer trainers and groomers that come into Oshkosh C.I. to train the inmates in a group setting on a rotating schedule. OccuPaws provides all of the dogs and supplies for the program through donations and their funds. Since December 2012 inmate volunteers have helped train over 36 dogs and 7 graduated guide dogs.

SUMMARY OF AUDIT FINDINGS

The on-site audit was conducted on July 5th and 6th, 2016. Eighteen inmate screening instruments were reviewed. All were completed within the 72 hour time frame. The inmate education acknowledgment forms were completed within 72 hours of intake. All staff background screenings were complete, as well as staff PREA training records being timely and complete. Policies and procedures were verified by reviewing staff files and the staff interviews.

All Agency Policies that were submitted to this PREA Auditor via thumb drive were reviewed prior to arrival for the on-site audit. Additionally, during the on-site audit many of these documents and relevant information were again reviewed. Policies included but not limited to: Wisconsin Department of Corrections Executive Directive (PREA) 72, Executive Directive 42, Facility and DAI policies 300.00.35, 300.00.01, 306.00.14, 306.17.02, 500.30.19, and 900.19.01. Additional documents were viewed such as: Rules of Department of Corrections, Division of Adult Institutions DOC 303, Wisconsin DOC and OCI Leadership Organizational Charts, employee and inmate handbooks, various statutes, internal and external facility audit reports, PREA audit guide, PREA audit notices, OCI facility layouts, facility program specific coordinated response plan, power point and video trainings, various forms and manuals, statewide and internal PREA-related memos and emails, websites, policy amendment emails, staffing plan, various postings, staffing breakdown and rosters, master schedules, camera listings and locations, various logbooks, Staff Training Acknowledgement Forms, inmate educational information, contracts, Agency Mission Statements, and MOU's and agreements.

The results of the audit indicate that the facility is in full compliance with PREA Standards. A final report is being issued. The facility staff were very helpful, very professional, and well versed in PREA activities at the facility level. The facility response to privacy concerns confirms the facility commitment ensuring to the safety of all inmates. It was a pleasure to work with the Warden and her staff.

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3

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

- 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.

There is a written policy addressing zero tolerance toward sexual abuse and sexual harassment. Executive Directive 72 addresses this in detail. This directive outlines the implementation of the agency's approach to the preventing, detecting, and responding to sexual abuse and harassment. It further addresses the rules of conduct between employees and inmates. The directive also defines prohibited behaviors and mirrors the Prison Rape Elimination Act definitions.

Christine Preston, the state agency PREA Director, is in a dedicated position and reports sufficient time and authority to the development and implementation of agency efforts in PREA compliance. She is also a certified PREA Auditor.

Emil Toney is the facility PREA manager. He reports that there is enough time to carry out his PREA related responsibilities.

Standard 115.12 Contracting with other entities for the confinement of 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)

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There are several facilities that Wisconsin DOC contracts with for confinement of inmates. All contracts for the confinement of DOC offenders shall include requirements of the entity's obligation to adopt and comply with PREA standards, as well as provide for the agency contract monitoring to be conducted.

Oshkosh Correctional Institution does not contract for confinement of inmates.

Standard 115.13 Supervision and monitoring

- 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)

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Executive Directive 72 and policy 900.19.01 require all facilities shall have a staffing plan that takes into consideration all 11 requirements of the PREA standard; requires documentation and justification of deviations of the plan; and requires an annual review of the existing staffing plan and all post audits. This facility staffing plan identifies assigned posts and emergency/relief posts. Deviations are documented on the Duty Roster each day and each shift. A Staffing Plan Review was conducted for this facility in May 2016 and addresses the population, physical plant, supervisory staff, staffing levels and supervision, programming, prevalence of sexual abuse incidents, rounds, transportation, volunteer/contractor supervision, overtime, and any findings of inadequacy.

The directive also addresses the requirement of the facility supervisory staff to conduct and document unannounced rounds intermittently during all shifts. Staff are prohibited from alerting other staff of supervisory rounds. A review of the logbook entries found that these rounds are conducted at random on all shifts.

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)

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N/A - Youthful inmates are not held at Oshkosh Correctional Institution.

Standard 115.15 Limits to cross-gender viewing and searches

- 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)

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Executive Directive 72 and policy 306.17.02 address cross-gender strip searches which are prohibited unless there is an immediate threat to the safe, secure, orderly operation of the facility, and there is no other available alternative. The directive also notes that only medically trained professionals are permitted to conduct body cavity searches. All cross-gender searches shall be documented on an Internal Incident Report. The directive allows only for the identification of the transgender or intersex inmates genital status to be determined through means other than a strip search by non-medical staff.

Executive Directive 72 notes procedures and practices to enable inmates to shower, perform bodily functions, and change clothing without non-medical staff or staff of the opposite gender viewing, except in exigent circumstances or where viewing is incidental to routine cell checks. This process includes the announcing of opposite gender staff onto the housing unit by pressing a button which sounds a tone throughout the area. Interviews with staff and inmates confirm this practice.

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

- 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.

Executive Directive 72, policies 300.00.61 and 300.00.35 address the agency's commitment to provide inmates with disabilities, or who are limited English proficient, appropriate means to participate in all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This commitment prohibits the use of resident interpreters or readers except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations. The agency has a contract providing for translation services for verbal, written and Sign Language through Vendornet Services.

Signage and orientation material is presented in English and Spanish. There are systems in place to provide staff assistance for limited English proficient inmates, as identified. The agency would, if necessary, have these documents interpreted into other languages as the need arose.

Standard 115.17 Hiring and promotion decisions

- 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.

Executive Directive 72 and Executive Directive 42 both confirm the commitment to not hire or promote any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; or has been civilly or administratively adjudicated to have engaged or has been convicted of engaging or attempting to engage in sexual activity in the community. The agency considers sexual harassment in determination of hiring or promoting of employees or enlisting the services of a contractor. The directive also addresses required background screenings to be conducted prior to any new staff having contact with inmates or before enlisting the services of any contractor who may have contact with inmates. There is a provision for background checks to be completed every five (5) years. It further confirms the affirmative duty for staff, or a contractor, to report when charged or found liable in any civil or disciplinary proceedings of having engaged or attempted to engage in sexual activity. Failure to report or material omissions regarding charges or convictions of sexual abuse or sexual harassment is grounds for termination. Hiring and promotions practices include specific interview questions as required by the standard, and has a commitment to not hire or promote any person who has engaged in sexual abuse in an institution; or has been civilly or administratively adjudicated to have engaged or has been convicted of engaging or attempting to engage in sexual activity in the community. The facility provided documentation of these practices.

Standard 115.18 Upgrades to facilities and technologies

- 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 facility has added 550 new cameras replacing 100 already installed. The project was completed in January, 2016. The project was to enhance inmate’s safety from sexual abuse and sexual harassment. .

Standard 115.21 Evidence protocol and forensic medical examinations

- 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 facility is responsible for administrative investigations of allegations of sexual abuse. Local Law Enforcement conducts criminal investigations of allegations of sexual abuse. Executive Directive 72, policy 500.30.19 and policy 306.00.14 require the use of a uniform evidence protocol that is developmentally appropriate for inmates. The Sexual Assault Victim Search/Evidence Collection Protocol is followed for all investigations into allegations of sexual abuse.

The directive allows for the facility to offer a victim a forensic medical examination that is performed by a SAFE or SANE examiner at no cost to the victim. It also requires a victim advocate to be provided upon request. Oshkosh Correctional Institution uses either Mercy Medical Center or Aurora Medical Center for SAFE/SANEs. Additionally, there is a staff member called the Victim Services Coordinator who has completed the PREA: Advocacy in Confinement course, for victim advocacy services. Advocates may, as requested, accompany victims to forensic exams, during investigations and may also include follow-up visits or communications with the victim. There is an agreement with REACH Crisis Center to provide victim advocacy to inmates, if needed. The State of Wisconsin is working towards a statewide MOU with Wisconsin Coalition against Sexual Assault. The local law enforcement agency used for criminal investigations is the Oshkosh Police Department.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- 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.

Executive Directive 72 addresses administrative and criminal investigations. The facility is responsible for administrative investigations of allegations of sexual abuse. Local Law Enforcement conducts criminal investigations of allegations of sexual abuse after an internal investigation at the facility level has determined that the allegation may be criminal in nature.

There had been 29 reports of alleged PREA incidents during the previous year. All resulted in an administrative investigation, and if needed, were referred for criminal investigation. All required policies, documentation, reports, logs and files were checked for compliance with PREA Standards. The Directive addresses the responsibilities of all parties in the event of an investigation of sexual abuse or sexual harassment.

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)

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Executive Directive 72 requires all new staff to receive PREA Orientation which includes all ten items identified in the standard prior to assuming any job duties with a unit. It also requires annual training of all staff in PREA, which includes all ten items as identified in the standard.

The facility reports that 100% of the staff have been trained. Staff interviews confirm training and the training topics.

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)

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Executive Directive 72 requires all volunteers and contractors that have contact with inmates are trained on their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures. And, at a minimum, will be notified of the zero tolerance policy and how and to whom to report. The facility maintains documentation of the training or confirmation of receiving the zero-tolerance policy, the inmates right to be free from sexual abuse while at the facility, and how and to whom to report and provided the documentation.

Standard 115.33 Inmate education

- 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.

Executive Directive 72 requires all inmates upon admission 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 and be given the "PREA Redbook" (English or Spanish) Within ten (10) days of arrival, inmates shall receive comprehensive education including the video “PREA: What You Need To Know”. The inmate training is documented and maintained by the facility. All inmates having been transferred receive a copy of the "PREA Redbook". The facility conducts the education with the inmate. There are also Braille copies of the handbook available as well as an audio version. Once completed, documentation is maintained by the facility on the PREA Education Offender Participation log. There is information available throughout the facility in order to keep inmates educated after their admittance into the facility, such as posters, handbooks, and brochures.

Established inmate education guidelines are newly implemented and a long-term continued practice has not been established. During interviews with inmates who have been at the facility for longer than the inmate education guidelines have been in effect, the PREA information had been completed.

Standard 115.34 Specialized training: Investigations

- 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)

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Executive Directive 72 requires PREA Investigators receive additional training regarding PREA; specifically, techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and criteria and evidence required to substantiate a case for administrative action or prosecution. This training covers all material as required and additional material. Additionally, this training covers not only PREA investigative courses, but general investigations as well. The facility PREA Investigators have completed the training as required by the standard and this training is documented. Viewed by this auditor is a statewide list of all investigators who have completed the specialized training. An interview with a facility investigator confirmed the practice and completion of the training.

Standard 115.35 Specialized training: Medical and mental health care

- 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)

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Executive Directive 72 requires medical and mental health care practitioners to receive training mandated for employees or for contractors and volunteers, depending upon the practitioner’s status.

The directive requires all full and part-time medical and mental health staff who work regularly in DOC receive specialized training in the detection and assessment of signs of sexual abuse and sexual harassment, preservation of physical evidence of sexual abuse, effective and professional response to sexual abuse and sexual harassment victims, and the reporting of allegations or suspicions of sexual abuse and harassment. Training sign-in sheets confirm training.

All medical and mental health practitioners have received initial mandated training based upon contact with inmates. A power point training called, “PREA for Health Care Workers” is completed by all medical and mental health staff. The specialized training is also completed and documented. Forensic examinations are conducted at either Mercy Medical Center or Aurora Medical Center at no cost to the inmates.

Standard 115.41 Screening for risk of victimization and abusiveness

- 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)

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Executive Directive 72 requires an initial assessment be completed within 72 hours of intake. Any inmate who scores as a High Risk Sexual Victim (HRSV) and/or High Risk Sexual Aggressor (HRSA) will be referred to the facility Psychological Services Unit (PSU) for follow-up. The directive also requires a 30-day reassessment based upon any additional and relevant information that may have been received. It also identifies that sensitive information is not disseminated outside of the persons who are in a need to know position, and that no inmate will be disciplined for refusing to answer a questions or for not disclosing complete information. The directive also identifies that an inmate’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 inmate’s risk of sexual victimization or abusiveness.

An Objective Screening Instrument is used throughout the agency. The facility uses a Pre-Assessment tool and a Transfer and Reassessment tool and provided to this auditor samples of completed assessments. The assessment tool contains all areas as identified in the standards. Inmates who score for ROA (Risk of Abusiveness) or ROV (Risk of Victimization) are documented in a Housing Roster.

Standard 115.42 Use of screening information

- 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.

Executive Directive 72 identifies the steps taken by the facility to utilize the Classification Assessment as a tool to make individualized determinations of housing and bed assignments while keeping the goal of separating high risk victims from high risk sexual aggressors. This directive also addresses the placement of transgender or intersex inmate on a case-by-case basis keeping in mind the inmates views to their own safety as well as the safety of the facility. The directive requires mental health staff to conduct 6 months reviews of any transgender or intersex inmate to ensure appropriate housing and programming is in place. It identifies the steps for work placement by the Work Program Assignment Reviewer for inmates who are identified as HRSA or HRSV. The directive further addresses transgender and intersex inmates being allowed to shower separately from other inmates. Housing decisions for transgender or intersex inmates will take into consideration the inmate’s view of their safety and the safety of the facility.

Standard 115.43 Protective custody

- 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)

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Executive Directive 72 allows for special housing for inmates who are identified as HRSV or who alleged to have suffered sexual abuse with the victims consent, unless there are no other alternative means of separation from likely abusers. The facility may hold an inmate only up to 24 hours is special housing only if an assessment was not completed immediately upon arrival or new information obtained.

The directive allows for Offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent unless it has been determined that there is no available alternative means of separation from likely abusers. The placement of an inmate under this directive requires clear documentation of the basis and normally would not extend beyond 30 days. Reviews by mental health staff of inmates under this directive are done weekly.

The directive allows for special housing for inmates who are identified as HRSV or who alleged to have suffered sexual abuse with the victims consent, or when there is no alternative placement available to separate the victim from the subject. The facility removes the victim from the area to ensure the safety of the reporter and in order to conduct an investigation.

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.

Executive Directive 72 identifies that staff accepts allegations of sexual abuse or sexual harassment that are made verbally, in writing, anonymously, and from third parties and shall prepare an Internal Incident Report. It identifies that inmates have the ability to use a dedicated hotline when the inmate telephones are available by dialing 777, and also identifies the Grievance Procedure is one of the internal methods available for inmates to privately report sexual abuse/harassment, retaliation or staff neglect/violation of responsibilities.

The facility accepts multiple ways for inmates to report sexual abuse or sexual harassment which includes an Offender Request, Offender Grievance, or the Hotline. There is a MOU established with the State Capitol Police which allows inmates to dial 888 on the inmate phones and privately and anonymously report to an outside agency. During interviews, both staff and inmates confirmed that the various methods of reporting are known, including contacting the outside abuse agency, and allegations are responded to as identified in the directive.

Standard 115.52 Exhaustion of administrative remedies

- 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.

Executive Directive 72 addresses the all components of the PREA standard regarding exhaustion of administrative remedies. The directive addresses: staff are not to respond to grievances written about them; inmates are not disciplined for filing in bad faith; an informal complaint process is not required prior to filing a grievance; and there is no time limit on grievances regarding an allegation of sexual abuse. The grievance system allows for third-party reporting and assistance in completion of grievance paperwork. Responses to PREA related grievances are not treated as regular grievances or emergency grievance. All PREA related grievances are acted upon immediately and no longer have the time criteria of grievances. Interviews with the Deputy Warden, the Statewide PREA Director, and the Facility PREA Compliance Manager verified this practice. This standard is N/A.

Standard 115.53 Inmate access to outside confidential support 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.

Executive Directive 72 allows for the facility to offer a victim a forensic medical examination that is performed by a SAFE or SANE examiner at no cost to the victim. It also requires a victim advocate to be provided upon request. Oshkosh Correctional Institution uses either Mercy Medical Center or Aurora Medical Center for SAFE/SANEs. Additionally, there is a staff member called the Victim Services Coordinator who has completed the PREA: Advocacy in Confinement course, for victim advocacy services. Advocates may, as requested, accompany victims to forensic exams, during investigations and may also include follow-up visits or communications with the victim. There is an agreement with REACH Crisis Center to provide victim advocacy to inmates, if needed. The State of Wisconsin has signed an assurance to work towards compliance with the federal PREA standards, thus reallocating five percent of qualifying grant funding towards PREA compliance efforts. The Violence against Women Act (VAWA) is one of the reallocated qualifying grants; under the grant the Wisconsin Department of Corrections and the Wisconsin Coalition against Sexual Assault have entered into a

collaborative effort to work towards solidifying compliance with PREA standard 115.53. Part of this grant funded collaboration includes entering into or attempting to enter into a Memorandum of Understanding (MOU) between the Wisconsin Department of Corrections and local sexual assault service providers. A MOU has been created and approved through the Office of Legal Counsel within the Wisconsin Department of Corrections; the document was passed onto the Wisconsin Coalition against Sexual Assault for further review. Under the reallocation grant, the Wisconsin Coalition against Sexual Assault is circulating the MOU to statewide sexual assault service providers for review and feedback. Once this effort has concluded, the Department of Corrections and the Wisconsin Coalition against Sexual Assault will seek signatures of this document.

Information for inmates is provided on posters throughout the facility which list the mailing address and phone numbers, as well as other resources that may be utilized for reporting.

Standard 115.54 Third-party 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.

The agency offers several ways of third-party reporting of sexual abuse and sexual harassment. The Wisconsin DOC website identifies the phone numbers for the statewide PREA Office. Additionally, posters are provided in areas that visitors to the facility are allowed.

Inmate and staff interviews note that they are aware of third-party reporting.

Standard 115.61 Staff and agency reporting duties

- 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.

Executive Directive 72 requires all employees, volunteers or contractors to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation for reporting or staff neglect/violation of responsibilities that may have contributed to an incident or retaliation. This directive also addresses the prohibition of revealing information to a person who is not a part of investigation, treatment or management of the particular incident or victim/subject.

The directive requires all medical and mental health professionals at initiation of services to disclose their duty to report and the limitations of confidentiality.

The directive further requires that all allegations of sexual abuse and sexual harassment be reported to the facility designated investigator for initial investigation and notification to the PREA Manager.

All employees, volunteers or contractors to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation for reporting or staff neglect/violation of responsibilities that may have contributed to an incident or retaliation. The directive addresses confidentiality of the information and with whom information may be shared.

Standard 115.62 Agency protection duties

- 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.

Executive Directive 72 requires that when the facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender. However, the directive does not address how or types of action that is taken to assess and implement appropriate protective measures without unreasonable delay.

Based on interviews with random and specialized staff, it was determined that the immediate protective measures the facility takes to protect an inmate at substantial risk of imminent sexual abuse is to separate the potential victim from the potential aggressor(s), and place the potential victim in a safe location where they can be monitored by staff.

Standard 115.63 Reporting to other confinement facilities

- 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.

Executive Directive 72 requires the head of the facility to immediately notify the head of the facility or the appropriate office of the agency when an alleged prior abuse had occurred at that facility. The policies meet the requirement of the standards in regards to reporting prior institutional sexual abuse to the facility head or appropriate office of the agency when identified within 72 hours. The facility received no allegations that an inmate was abused at another facility, and no allegations received from another facility.

Standard 115.64 Staff first responder duties

- 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.

Executive Directive 72 identifies steps to be taken immediately when there is an allegation of sexual abuse that includes separating the victim from the subject, preserving and protecting the scene, and ensuring both the victim and the subject do not take any actions that could destroy physical evidence upon their bodies.

The directive identifies the presence and use of the facility specific Coordinated Response Plan that details out steps for any responder to include the above noted steps and further includes moving the victim to the medical department for assessment and treatment and to notify mental health. If the first person to respond is not a trained first responder, they are to protect and separate the victim from the subject and notify administration. This Coordinated Response Plan identifies those persons responsible for specific tasks and requires each person to sign off that the task has been completed.

Staff interviewed are aware of the necessary steps for responding to an allegation of sexual abuse.

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.

Executive Directive 72 details the presence and use of the facility specific Coordinated Response Plan for responding to an allegation of sexual abuse. This plan is dated 4/9/2016. The facility presented this auditor a facility specific Coordinated Response Plan. Staff interviewed are aware of the necessary steps for a coordinated response.

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

- 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.

N/A - Wisconsin DOC has not entered into any Collective Bargaining Agreements.

Standard 115.67 Agency protection against retaliation

- 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.

Executive Directive 72 provides protection measure for inmates and staff who report sexual abuse or sexual harassment or who cooperate with an investigation or who may fear retaliation by other inmates or staff.

The directive provides multiple protective measures that mirror the standard, as well as monitoring of the conduct and treatment of offenders or staff who have reported sexual abuse or cooperated in an investigation each month for 90 days, or longer if necessary. This also includes the requirement of periodic status checks for inmates. The facility is not currently monitoring for retaliation on inmates and staff for reporting or cooperating with an investigation of a PREA allegation.

The Victim Services Coordinator Response Checklist allows for identification and documentation of retaliation monitoring towards inmates. Documented are the steps taken to provide an inmate who report incidents with appropriate retaliation monitoring and services. There is a check list for 30 day retaliation checks and follow-up notes on care provided. Victim Services Coordinators are tasked with monitoring inmates for retaliation. HR and the Security Director are tasked with monitoring staff for retaliation. Interviews verified the procedure.

Standard 115.68 Post-allegation protective custody

- 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.

Executive Directive 72 provides provisions for the use of segregation only in the event that the victim requests or that it has been determined that there is no other available means of separation from the likely abuser. Any use of segregation for this purpose requires an Institutional Classification Authority Hearing report which documents the details of reasons for the use of segregation. This directive limits the use of segregation for this purpose to not ordinarily exceed 30 days. There is a form use for this procedure called “Review of Offender in Program Segregation, Disciplinary Separation, or Administrative Confinement”. Interviews and examples confirmed the procedure.

Standard 115.71 Criminal and administrative agency investigations

- 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.

Executive Directive 72 identifies that allegations of sexual abuse and sexual harassment require an administrative investigation by facility PREA Investigators who have received specialized training, and that such investigations shall be conducted promptly, thoroughly, and objectively. Local law enforcement conduct criminal investigations. The directive also details the preservation of evidence, interviews with alleged victim and suspected perpetrators and witnesses. Additionally, the directive addresses credibility of the alleged victim, suspect or witnesses and includes that all efforts are documented in a written report. Those allegations where the investigation identifies potential criminal conduct shall be referred for prosecution. It also addresses the departure of the alleged abuse is not a reason to stop the investigation.

The directive complies with all aspects of the standard. There is a system in place to conduct investigations of sexual abuse and sexual harassment once identified by the Facility PREA Investigator. There were 29 reports of alleged PREA incidents during the previous year. All resulted in an administrative investigation, and if needed, were referred for criminal investigation. All required policies, documentation, reports, logs and files were checked for compliance with PREA Standards.

Standard 115.72 Evidentiary standard for administrative investigations

- 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.

Executive Directive 72 states that a preponderance of evidence presented at the hearing shall be sufficient to support a finding of guilt in an investigation. The policies meet the requirement of the standard. The Facility PREA Investigator stated the same during the interview.

Standard 115.73 Reporting to 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.

Executive Directive 72 requires that at the conclusion of an investigation the facility shall inform the offender as to the outcome of the investigation, and requires notification of certain information if the allegation was against staff or another inmate as per the standard. Reporting to inmates following investigations is documented.

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.

Executive Directive 72 details consequences of staff and inmate relationships. In the event of sexual misconduct, termination is the presumptive disciplinary action for those who have engaged in sexual abuse. Additionally, if the staff resigns prior to the conclusion and eventual termination, the incident shall be reported to any relevant licensing bodies and law enforcement agencies, unless the activity was clearly not criminal. The directive advises staff of the requirement for any violation of the sexual abuse or sexual harassment policies to be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. The agency directive complies with the PREA standards.

Standard 115.77 Corrective action for contractors and volunteers

- 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.

Executive Directive 72 details possible grounds for volunteer dismissal if they fail to comply with DOC procedures, federal or state laws, or unit rules. Any volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. It additionally, allows for remedial measures in case of other violations of agency sexual abuse or sexual harassment policies by a volunteer.

The agency directive meets all of the requirements of the standard with regards to corrective action for contractors and volunteers. There have been no instances of a volunteer or contractor dismissed under this standard.

Standard 115.78 Disciplinary sanctions for 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.

Executive Directive 72 requires inmates who are found guilty of a disciplinary or criminal offense for sexual abuse shall be offered therapy, counseling or other interventions if they are offered at the facility. The directive also details the Disciplinary Hearing Procedure that encompasses the requirements of the standard in full. There is consideration given based on the identification of any mental disabilities or mental illness and the requirement of participation in various therapy or counseling sessions. If the investigation finds that an unfounded allegation was made on good faith, the inmate cannot be disciplined. All findings of sexual contact between an inmate and a staff member shall not result in inmate discipline unless the inmate sexually assaults the staff member. The directive contains all requirements of the 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.

Executive Directive 72 identifies the process for the OSU to follow up with an inmate who is identified as HRSA or HRSV during the assessment. Any information obtained during the screening related to a sexual victimization or abusiveness that occurred in an institutional setting is limited to those staff necessary to direct treatment plans and security and management decision. Additionally, all practitioners are required to obtain informed consent from inmates before reporting information about a prior sexual victimization that did not occur in an institutional setting.

The directive meets all requirements of the standard including the need for follow-up referrals, privacy of information, and informed consent. Interviews with specialized staff confirm the requirement for informed consent. Samples reviewed showed that OSU follow-ups were conducted within 48 hours of referral and are well documented.

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.

Executive Directive 72 requires that if no medical or mental health staff is on duty when there is an allegation, that the first responders shall take preliminary steps to protect the victim and contact the facility’s designated medical and mental health practitioner. It requires emergency services to be provided regardless if the victim identifies the subject or cooperates with any portion of the investigation. The directive also provides for emergency services in a timely, unimpeded manner; as well as the requirements for emergency contraception and

STD treatment. All of this is offered at no cost to the inmate.

The directive provides for the requirements of this standard. There are additional provisions in place to address any needs at a later date as per the interview with medical staff.

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

- 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.

Executive Directive 72 requires the medical and mental health evaluation and treatment, as appropriate to all inmates who have been victimized in any institutional setting. This shall include assessment, treatment plans, follow-up services and referrals. Services that are provided are at a level consistent with community care. Victims of sexual abuse while incarcerated are offered STD testing and treatment as appropriate. All treatment services offered under this directive are free of charge to the victim regardless of the identification of the perpetrator or cooperation in any investigation.

The directive address the components of the standard. Interviews with medical and mental health staff indicate that these services are available at no cost to the inmate. The Coordinated Response Plan is used for allegations of abuse at the housing facility includes a referral to the mental health staff for evaluation. Additionally, an assessment is completed by the PSU and details the necessity of further services and treatment as identified during the evaluation.

Standard 115.86 Sexual abuse incident reviews

- 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.

Executive Directive 72 requires that a Review Team shall be conveyed to review all instances of sexual abuse and sexual harassment. The review shall begin as soon as possible after completion of the investigation, and a formal report shall be submitted within seven days. The directive addresses members of the review team and the specifics as required by the standard.

The directive addresses all requirements of the standard. There is a new for being utilized that includes supervision, staffing, motivation, and other factors as required by the standard. The incident reviews are conducted by administration with input from medical/mental health, line supervisors, and investigators.

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.

Executive Directive 72 addresses the collection of accurate and uniform data for every allegation of sexual abuse at facilities under their direct control. The collection also includes any privatized facility that is contracted by the agency.

The state agency collects information from all facilities regarding allegations of sexual abuse utilizing a standardized instrument. This system for collection of information is used to assist in the preparation of the DOJ Survey of Sexual Violence as well as assisting the agency in addressing trends and the need for corrective action.

Standard 115.88 Data review for corrective action

- 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.

Executive Directive 72 identifies a data review process with corrective action. The review includes identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings and corrective actions for each facility – and as a whole for the agency. The directive requires a comparison of the current data with prior years, and that this report is made public through the agency website. Redaction of certain information is made along with a statement about the nature of the material redacted.

The directive addresses all requirements of the standard, including identification of corrective actions for each facility as well as the agency as a whole. This report is available on the agency website.

Standard 115.89 Data storage, publication, and destruction

- 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.

Executive Directive 72 addresses retention of records for 10 years after the date of the initial collection and that data must be under the direct control of the agency.

All indicators are that the data collected is maintained with the direct control of the agency and that records are maintained for the minimum of 10 years.

AUDITOR CERTIFICATION

I certify that:

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

G. Peter Zeegers

8/6/2016

Auditor Signature

Date