

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: January 20, 2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: June 23 – 24, 2016			
Facility Information			
Facility name: Chippewa Valley Correctional Treatment Facility			
Facility physical address: 2909 East Park Avenue, Chippewa Falls, WI 54729			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 715-720-2850			
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 Jeffrey Pugh			
Number of staff assigned to the facility in the last 12 months: 165			
Designed facility capacity: 505			
Current population of facility: 491			
Facility security levels/inmate custody levels: Minimum/Minimum Community			
Age range of the population: 18-70 years of age			
Name of PREA Compliance Manager: Turner Wallace		Title: Administrative Captain	
Email address: turner.wallace@wisconsin.gov		Telephone number: 715-720-3630	
Agency Information			
Name of agency: Wisconsin Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Wisconsin			
Physical address: 3099 East Washington Avenue, Madison, WI 53707			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 608-240-5000			
Agency Chief Executive Officer			
Name: Jon E 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

Chippewa Valley Correctional Treatment Facility received an on-site PREA audit on June 23-24, 2016 by DOJ Certified Auditor Bobbi Pohlman-Rodgers. Prior to the on-site audit, the facility was sent the Audit Notices to post along with directions on providing pre-audit information and documentation. As a result, a flash drive was received by the auditor. This flash drive contained a completed PREA Pre-Audit Questionnaire, agency policies, facility procedures, and sample documents/forms. These were reviewed by the auditor prior to the on-site audit. Additionally, the facility was provided a list of items to have available on the first day of the audit by PREA Coordinator Christine Preston. These items consisted of an inmate roster by housing unit, specific inmate classification lists, and a staffing roster for all shifts for the two day audit to allow for selection of random interviewees.

On the first day of the audit, the auditor met with Warden Pugh, Deputy Warden Nelson, Administrative Captain and PREA Compliance Manager Wallace, and PREA Coordinator Director Preston. A brief introduction and review of the on-site auditing process was discussed, along with information regarding interim reports, corrective action plans, and a final report.

Selection of the specialized staff, random staff and random inmates was completed. The auditor did not receive any inmate letters prior to the audit, nor was there identification of any inmate who reported to the facility that they wished to speak with the auditor. Twelve Inmates were interviewed, including one disabled, one who reported a prior victimization, and one who had a current allegation. There were no identified gay, bisexual, transgender or intersex inmates and there are no youthful offenders at the facility. Ten random staff were interviewed, with a selection from all three shifts. Thirteen specialized staff interviews were conducted, including Warden, PREA Manager, Upper Level Management, Medical, Mental Health, Human Resources, Investigations, Intake Staff, Risk Screening Staff, Incident Review Team Members, Retaliation Monitor, First Responder Staff, and Maintenance. The Agency Head and PREA Coordinator were interviewed at an earlier date by DOJ Certified Auditor Kevin Maurer, and this information is included.

The tour of the facility consisted of visiting each area of the facility. A description of these areas is noted in the Facility Characteristics.

From June 23, 2015 to June 23, 2016 there were two allegations of sexual abuse or sexual harassment received by the facility. Both received administrative investigations. One was referred for criminal prosecution. Both victims were notified of the outcome of the investigations. There were no grievances submitted that alleged sexual abuse or sexual harassment. There were no allegations of sexual abuse received that indicated sexual abuse occurred at the facility, and no allegations reported that indicated sexual abuse occurred in another facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

Chippewa Valley Correctional Treatment Facility is a minimum custody facility for male inmates aged 18-70. The population is diverse and fluid, and houses inmates with a host of predatory characteristics (i.e. gang affiliation, prior violent outburst, poor discipline history, etc.) and unique needs (i.e. persistent mental illness, intellectual disabilities and physical disabilities, etc.). It was originally dedicated in 1966 as a part of then then Norther Colony, later names Northern Wisconsin Center for the Developmentally Disabled. In 1999, WI Act 9 authorized the spending of \$7.3 million to convert the building to a geriatric prison for the confinement of an aging prison population and inmates with special medical concerns. In 2003-2005 biennial budget called for a mission change and plans for the facility to convert to an AODA (Alcohol and Other Drug Abuse) treatment facility. In 2004, the building, formerly known as Highview Hall, was renamed Chippewa Valley Correctional Treatment Facility (CVCTF).

This is the only Department of Adult Inmates within the Wisconsin Correctional Center System dedicated solely to providing treatment programs to inmates. AODA programs include substance abuse groups (A New Freedom), Alternative to Revocation, Earned Release Program, Cognitive Behavioral Interventions for Substance Abuse, and Thinking for a Change. Additionally, support groups are offered to assist the men in their treatment process, working toward success and recovery. These support groups include Alcoholic Anonymous, Self-Management and Recovery Training (SMART), SOS (Save our Selves), Life on the Inside, Co-Occurring Disorders, and The Courage to Stay Tobacco Free. Staff and inmates recognize National Crime Victim's Rights week in September, Domestic Violence Awareness Month in October, and the Great American Smoke Out in November with a variety of activities for inmate participation. Community Services is a requirement of the Earned Release Program. The inmates are involved in numerous projects that allow them to give back to the community. Some examples of community services include working with the Chippewa County Housing Authority, Veteran's Assistance Program, Adopt-a-Highway, Chippewa Youth Hockey Rink, Eau Claire Probation and Parole, and Bloomer Cemetery.

There are 164 staff employed at Chippewa Valley CVCTF. Security staff total 92, and include 5 Captains, 3 Lieutenants, and 29 Sergeants. Non-secure staff total 72, including designated coordinators for Americans with Disabilities Act, Limited English Proficiency, Correctional Offender Management Profiling for Alternative Sanctions and PREA. There are 86 cameras with an anticipated 36 that are pending. Master control staff have access to all cameras, and each floor control center has access to the cameras on that floor. All cameras can be viewed from the Security Supervisor's office.

The main building consists of 220,000 square feet of space contained within a five level building. A "central core" with programming group rooms, elevators and staircases, and staff offices. The staircases contain cameras for supervision. Each floor has four wings that extend from the central core, similar to the shape of an "X".

Floors 2, 3 and 4 the building house 4 inmate living quarters. Each of these twelve wings can house from 38 to 44 inmates. The 2nd floor wings each contain 4 dormitories, a bathroom, a shower room, day room, dining room and classroom. The bathrooms contains 5 sinks, 2 urinals, 2 toilets, and 3 showers. Toilets and showers have doors for privacy, yet allow for staff to supervise. Each 3rd and 4th floor wing contains 4 dormitories, 3 2-person dry cells, a bathroom, a shower room, dayroom/classroom, and dining room. The bathrooms contains 5 sinks, 2 urinals, 2 toilets, and 3 showers. Toilets and showers have doors for privacy, yet allow for staff to supervise. Two wings on each floor provide access to the mechanical equipment and the fire escape.

The facility also has full medical capability, dental, optometry, and psychological services. Each exam room, treatment room, offices, and interview rooms allow supervision through windows. There are two medical observation rooms, with cameras for supervision. Medical services are provided by a Nursing Supervisor, Medical Program Assistant, and two nurse clinicians. The Dentist, Dental Assistant, Physician, Psychiatrist, and Physical Therapist are provided through the Bureau of Health Services. Mental health services are provided by one Psychologist Supervisor and one Licensed Psychologist.

The security suite is located on the 1st floor. Staff offices, Security Director Office, group room, and a conference room are located within.

Education is provided at the facility. There are three rooms and each provides for staff supervision through windows into the rooms. A computer lab is available for inmates. Open 19 hours per week, it is staff by a part-time contract licensed teacher

who provides on-site support for inmates. This lab is used for GED or HSED coursework and tests, GED testing, and AODA or ERP groups, reentry modules, employability course work, typing of legal documents, and educational letters. The 16 computers allow access to Microsoft Word, Career Scope and Job Center. The Chippewa County Literacy Volunteers provide tutors for inmates as well. Five of the computers are designated GED testing stations. Additionally, the computers allow inmate access to course descriptions and program offerings at any of the technical colleges or universities in Wisconsin. Access to financial aid, FAFSA, and application processes are available. In 2015 there were 180 Career Scope assessments, 14 TABE tests, and 24 GED/HSED predictor tests given in the lab.

Religious services are available and cover a wide range of services, studies and activities with Catholic, Eastern Religion, Islamic, Jewish, Native American, Pagan, and Protestant religious beliefs. There is one Chaplain and 39 active volunteers. Inmates participate in The Prison Fellowship Angel Tree Program and The Salvation Army Christmas toy project which aids incarcerated fathers to provide gifts to their children at no charge. A religious library is also available.

There is an inmate library that is open Monday through Friday with a window and cameras to aid in staff supervision. As of the end of 2015, there were approximately 12,190 items in the catalog. There are five computers with access to LexisNexis, word processing, and the JobCenter website. The Librarian is the Chief Examiner for GED Testing.

Food services at the facility is based on the Wisconsin DOC consolidated menus. Individual meals are prepared in the kitchen and delivered to each living unit. Supervision of this area is through staff, mirrors and cameras.

Recreation is provided both inside and outside. The basement of the facility offers indoor recreation. There is a pool room, weight room, and barber shop. Outdoor recreation consists of a walking/jogging course with workout stations, basketball court, bocce ball court, volleyball court, and covered pavilion.

The maintenance department is located in the basement of the main building. There is an office and breakroom within this area. Additionally, there is a tunnel from this area to the basement of the Administration building. This area is toured hourly by security staff.

Intake is located in the basement. Photographing, strip searches, data entry and a meeting with the social worker takes place here. There is a transportation office and two holding cells for transportation purposes.

Laundry and tailoring is located in the basement. The majority of the laundry is removed to Osh Kosh CI, but there are some washers and dryers in this area. There

The basement also houses a staff area, property room, inmate mailroom, loading docks. Laundry is sent to Osh Kosh CI. The 1st floor also houses legal offices for parole, court and disciplinary hearings.

The Administration building is connected through both a hallway and a tunnel to the main building. The Wardens office, other staff offices including the Warden Secretary, Business Office and Human Resources, and a conference room are located in this building. One inmate has access to provide for janitorial services. The basement provides for a tool room, maintenance shop and inmate canteen.

The gatehouse is the entrance to the secure facility. All staff and visitors enter here.

Outside the secure facility is a garden shed, maintenance shop and warehouse. A three-story garden shed is located outside of the secure facility. It provides storage for garden equipment and seasonal maintenance items. The maintenance shop is connected to another agency building and provides an area for the repair of vehicles and maintenance tools. The warehouse is located across the street and is a part of another agency's building. This provides additional storage of items used at Chippewa Valley (Correctional Treatment Facility CVCTF). Inmates have access to these buildings only under the supervision of staff. These area are included in the unannounced rounds.

SUMMARY OF AUDIT FINDINGS

A review of the documents, interviews and on-site audit information, Chippewa Valley Correctional Treatment Facility is found to have met thirty-one of the standards, and did not meet six of the standards. It is noted that the six standards are not applicable to the facility. This auditor will work with both the facility PREA Compliance Manager and the agency PREA Director to address the seven standards that were not met. This shall be completed no later than January 20, 2017.

During the corrective action period, Chippewa Valley CTF and the Wisconsin Department of Corrections addressed the compliance issues raised in this report, specifically PREA Standards 115.13, 115.15, 115.33, 115.41, 115.42, and 115.86. The facility provided training rosters, photographs, and physical documents to show compliance with PREA Standards. The corrective actions taken support their continued commitment to PREA standards. At this time, this auditor finds the facility in compliance with all applicable PREA Standards.

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 6

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” 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. There are thirty-eight PREA Compliance Managers who report to her indirectly. Director Preston reports directly to the Wisconsin Department of Corrections Assistant Deputy Security.

Administrative Captain Turner Wallace is the designated facility PREA Compliance Manager. He reports that approximately 10% of his time is devoted to PREA related activities. Coordination of the facility’s efforts towards compliance is completed through the dissemination of information, goal setting, and monitoring goal success. His methods of identify and issue with compliance include gathering information, speaking with decision makers, setting objectives, determining actions, and monitoring progress. His understanding of the PREA standards and requirements is sound. He is supervised by the Deputy Warden.

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)

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 are eight facilities that contract with the Wisconsin Department of Corrections for the confinement of inmates. A review of the standard contract shows the inclusion of the contractors requirement to comply with the Prison Rape Elimination Act of 2002, timely completion of the Department of Justice, Bureau of Justice Statistics, Annual Survey on Sexual Victimization, the provision for Wisconsin Department of Corrections to conduct a compliance review, and a requirement for the contractor to notify Wisconsin Department of Corrections within twenty-four hours of any allegations of sexual abuse or sexual harassment.

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)

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires 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. While the allocation of staff is based on the Wisconsin biennial budget process, the facility administrators have the ability to schedule staff to ensure adequate levels of staffing to protect inmates against sexual abuse. The facility is not under any judicial, federal, internal, or external findings of inadequacy.

The staffing plan was last reviewed on March 4, 2016. There are no deviations from the staffing plan; however if this occurred it would be documented in the Shift Report. The facility identifies needs in advance and allow staff to select over-time shifts. This is done on Tuesdays. In the case that immediate coverage is needed, the facility also utilizes a forced hold-over system. Changes to personnel are documented on the Shift Report.

The facility staffing plan identifies assigned posts and emergency/relief posts. Chippewa Valley Correctional Treatment Facility has 164 employees, including Security Supervisors: 3 Lieutenants and 5 Captains. A minimum of one security supervisor is assigned to each shift. Security staff includes 54 correctional officers and 29 Sergeants.

There are 86 cameras throughout the facility, with an anticipated 36 pending installation. Master Control and the Security Supervisor’s Office have the capability of viewing all cameras. Each floor control center has the capability of viewing only their floor cameras. Recording capability is possible.

Unannounced rounds are conducted as per Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” and Facility Procedure 900.412.01 “Logbooks”. Supervisors are required to conducted and document unannounced rounds in the Unannounced Rounds logbook. Staff are not allowed to notify other staff of the rounds. Unannounced rounds are conducted by Security Supervisors once per shift. Regular rounds are conducted no less than every hour by security staff in the housing areas. Some of the areas identified as blind areas during the tour are not a part of the unannounced rounds. These include the fire stairwells, Warehouse, Garden Shed and Woodshop.

During the corrective action period, the facility reminded staff that all areas of the facility are to be included in the unannounced rounds, including outlying areas. The facility provided documentation that these areas are now being included in the unannounced rounds and documented on the Supervisor Shift Reports.

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses the housing of youthful offenders and includes the requirement for sight and sound supervision from any adult inmates. However, this facility does not hold youthful offenders. This standard is N/A.

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)

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” prohibits cross-gender strip searches and cross-gender visual body cavity searches except when performed by medical practitioners. Division of Adult Inmates Policy 306.17.02 “Searches of Inmates” requires agency form DOC 1523 be used to document all inmates searches. There were no cross-gender searches in the past twelve months.

A tour of each housing wing found that all showers and toilets are equipped with privacy doors. The medical observation cells have cameras which show inmates toileting, and while efforts are made to staff this position with same gender staff, that is not always possible.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses the announcing of cross-gender staff within the housing unit where inmates may be showering, toileting or changing clothing. The facility began using a dedicated tone to signify the presence of females in the buildings. Interviews with inmates confirmed their education on the tone that signified a female was in the building. No inmate reported that the tone was misused. However, they are used only at the beginning of the shift and the tone is made audible throughout the floor versus when a cross gender staff enters a wing. The tone must be used each time a female enters the wing.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” and Division of Adult Inmates Policy 306.17.02 “Searches of Inmates” addresses the prohibition of searching transgender or intersex inmates to determine an inmate’s genital status. Interviews with staff found that they are aware of how to search a transgender or intersex inmate; however, none could articulate the gender of the staff who was to conduct the search.

During the corrective action period, the facility adjusted the camera views in the medical observation cells to allow inmate privacy while toileting. Photographs of these camera angles were provided.

The facility updated Facility Procedure 940.110 to include the announcement of female staff entering the hallways where the inmate housing is located. Staff were provided refresher training along with a copy of the facility procedure that addresses cross gender announcements. All staff completed a viewing of the search video, which details specific directions for transgender and intersex inmate searches.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” and Division of Adult Inmates Policy 300.00.35 requires that all inmates who are disabled or limited English proficient shall have an equal opportunity to participate in or benefit from all aspects of the prevention, detection and response to allegations of sexual abuse or sexual harassment. Chippewa Valley Correctional

Treatment Facility is compliant with the Americans with Disabilities Act of 1990. There are notices posted in the facility on how to access services. All services, programs and activities, when viewed in their entirety, are accessible to and usable by individuals with disabilities. There are two ADA Coordinators at the facility. Interviews with one disabled inmate indicated that he is aware of how to request services. The PREA Coordinator confirmed that material in Braille is available upon request from the PREA office.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)”, Executive Directive 71 “Language Assistance Policy and Implementation for Addressing Needs of Offenders with Limited English Proficiency (LEP)”, and Division of Adult Inmates Policy 300.00.61 “Language Assistance for Limited English Proficient (LEP) Inmates requires that materials and translation services are provided in the native language of an inmates who does not have a full understanding of English. There are posters throughout the facility on how to access services. The facility utilizes “I SPEAK” cards during the intake process to ensure that all inmates are provided material in a language that they are able to understand. Posters in English and Spanish were observed through the facility during the tour.

The State of Wisconsin has multiple contracts, through October of 2020, with interpreter services, that includes Written Foreign-Language Translation Services, Telephone Conference-Call Foreign-Language Interpretation Services, In-person Foreign-Language & American Sign Language Interpretation/Translation Services, and Other Interpretation Services. These resources are available at Chippewa Valley Correctional Treatment Facility.

While the Pre-Audit Questionnaire showed 7 instances where inmate interpreters, readers or other types of inmate assistants have been used, these were not for the purposes of reporting sexual abuse or sexual harassment.

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)

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Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” prohibits the hiring or promoting of anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in activity described above. It also requires that the Department of Corrections shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee.

Executive Directive 42 “Arrest and Conviction Policy for Applicants and Current Employees” requires that all staff, contractors, interns, and job shadowing persons must have a completed background check prior to hire. Background checks are conducted through state and federal criminal history, fingerprinting, civil records, sex offender registries, and driving history. Additionally, all Wisconsin Department of Corrections employees are subject to periodic background checks, including fingerprinting to comply with federal requirements. Periodic background checks are clearly identified as occurring once every five years for those who have contact with inmates, juveniles or offenders. Backgrounds are conducted by the Bureau of Personnel and Human Resources within the Division of Management Services. It was noted during the on-site that the agency fingerprinted all staff in 2012 and 2013. They are systematically running a new background on all employees in order to create a system that is easy to maintain every five years. Interviews confirmed that all employees have provided fingerprints to the Bureau. There were 7 background checks for newly hired persons in the past 12 months. There were 23 background checks conducted on contractors who were providing services at the facility in the past 12 months.

Executive Directive 42 “Arrest and Conviction Policy for Applicants and Current Employees” requires that all current employees are required to report to their supervisor in writing of any non-work related police contact. This is required to be completed within forty-eight hours. Contractors are required to report any police contact by the next scheduled work day.

The agency requires that any person applying for a job, when periodic review is required, and when promoted complete form DOC-1098 “Application Supplement Background Check” includes the three required questions regarding sexual abuse or sexual activity.

The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to work, as well as are in receipt of a release from the former staff. This was confirmed through interviews.

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)

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This standards is Not Applicable as no information was provided to show substantial expansion or modification of the existing facilities; nor any updating of the current video monitoring system.

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)

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Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses administrative and criminal investigations. All allegations are reported to the Office of Special Operations who determines if an incident is PREA related and if facility investigators will conduct the administrative investigation. They will also provide guidance in notification to the Chippewa Valley Police Department. Chippewa Valley Correctional Treatment Facility conducts administrative investigations only, in conjunction with the Chippewa Valley Police Department if criminal activity is identified. The Chief of Police was requested to comply with PREA standards when conducting sexual abuse investigations.

Division of Adult Inmates Policy 306.00.14 “Protection, Gathering and Preservation of Evidence” addresses the steps to be taken with regards to evidence collection. The protocol was developed from the “National Commission on Correctional Health Care Response to Sexual Abuse”.

Division of Adult Inmates Policy 306.30.19 “Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse” steps out the medical staff duties. This includes providing inmates with forensic medical examinations without financial cost. Forensic examinations are provided Sacred Heart Hospital in Eau Claire, WI. The Coordinated Response Plan and interviews with medical staff confirm that forensic examinations are provided as necessary after an allegation of sexual abuse and at no cost to the victim.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses the requirements for the provision of victim support services. Chippewa Valley Correctional Treatment Facility has a trained Victim Support Person who is immediately notified when an allegation occurs. Victim Support Persons have received agency training titled “Advocacy in Confinement”, The Victim Support

Person will meet with the victim and offer services, as well as engage the services of other outside advocacy services, such as the Family Resource Center. The Family Resource Center Environment, is responsive to the needs of the facility.

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)

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Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports, be investigated. This Executive Directive also requires that allegations that involve potentially criminal activity shall receive a criminal investigation. This was confirmed in an interview with an investigator.

While not in policy, both the Office of Special Operations and the PREA Director’s office would be notified. There were two allegations of sexual abuse or sexual harassment in the past twelve months. Both received administrative investigations. Of these, one was referred for criminal investigation.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” is available on the agency website.

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all staff complete PREA training that includes: the agency zero tolerance policy, staff responsibilities regarding the prevention, detection, reporting and response to sexual abuse and sexual harassment, inmate rights to be free from sexual abuse and sexual harassment, offender and staff’s rights to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, detection and response to signs of threatened and actual sexual abuse, avoiding inappropriate relationships with inmates, effective communication with inmates, including LGBTI and gender nonconforming inmates, mandatory reporting laws, age of consent laws, gender specific training, and the unique needs and attributes of juveniles. Training is to be conducted every two years, with refresher training in the alternate years.

The auditor completed the PREA course. The course provides information consistent with the Executive Directive and PREA Standard 115.31 (a), and includes periodic tests within the course. A random review of training records indicated that all files reviewed contained proof of PREA education. All random staff interviews confirmed that they have completed PREA training.

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.

The facility conducts PREA education to all volunteers, contractors, Pastoral visitors, program guests and interns through the Department of Adult Inmates Volunteer Orientation Manual and Orientation PowerPoint Presentation. A review of these items shows that all participants are informed that sexual contact is not allowed at the program, and in some cases is criminal, and that they are to report any knowledge to the facility. Participants are also provided a brochure “Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors” that notification to any supervisor, Security Director, Warden/Deputy Warden, Office of Special Operations, or the PREA Director (verbally or by e-mail) must be made immediately.

The facility reports one hundred and one volunteers. While this is a large amount, many provide religious services. During the audit, a volunteer was not present at the facility. However, records indicate that volunteers complete PREA training, a brochure, and other reading material. Information reviewed indicated that volunteers are made aware of the zero-tolerance policy and are required to report all allegations of sexual abuse and sexual harassment.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all inmates will receive information on the agency’s zero-tolerance policy and how to report at intake. It also requires comprehensive education within thirty days, as well as facility specific information upon transfer.

Upon arrival, all inmates will receive PREA education – both basic and comprehensive. All inmates receive three books – Assessment and Evaluation Handbook, Relating to Discipline, Code of Inmate Offenses and Disciplinary Procedures Handbook, and the Sexual Abuse/Assault Prevention and Intervention Handbook. Each book is available in both English and Spanish and the Sexual Abuse/Assault Prevention and Intervention Handbook is also available in Braille. The Sexual Abuse/Assault Prevention and Intervention Handbook is an overview of the Prison Rape Elimination Act of 2002 requirements. This includes definitions, how to report, what to do if assaulted, and steps to protect oneself against sexual assault. Included with this is an addendum identifying the name and address of the Chippewa Valley Police Department, in both English and Spanish. Every Monday the facility conducts Orientation with all new inmates. Orientation includes comprehensive PREA education verbally through the agency script and through a video, “PREA: What you Need to Know”, which is available in six languages and with closed caption.

The facility maintains a PREA Inmate Participation Log that was reviewed by the auditor. This log was implemented in May 2016 for all orientation classes. Prior to then, documentation of the orientation process was not maintained. A review of the current logs found that the facility is now capturing the date of the orientation and all inmates who attend. This confirmed that the comprehensive education is being provided within 30 days. It was reported that all inmates have not yet received PREA training at this facility.

PREA education posters are located throughout all housing units, as well as other key areas for inmate viewing. Inmate interviews confirmed receipt of the three Handbooks.

During the corrective action period, the facility conducted PREA training with all inmates and provided them written information on the zero tolerance policy. Copies of inmate signatures verifying they attended the training was provided.

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)

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all staff who investigate allegations of sexual abuse or sexual harassment must receive specialized training that includes interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warning, sexual abuse evidence collection in confinement, and the criteria and evidence required to substantiate da case for administrative action or prosecution referral.

The agency has provided specialized investigative training to one hundred and seventy-six staff. The staff trained not only include investigators at all facilities, but other key agency staff, including staff from the Office of Special Operations. This training is provided in a classroom setting with a Wisconsin Department of Corrections Investigations Training. This training was reviewed by the auditor and contains all elements of the Executive Directive and PREA standard 115.34(b). Chippewa Valley Correction Treatment Facility has 8 trained investigators. An interview with an investigator found that she has completed both the staff PREA training and a specialized investigations training. She reported that the specialized training included SANE services.

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)

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all full and part-time medical and mental health staff complete specialized training in the detection and assessment for signs of sexual abuse and sexual harassment, preservation of physical evidence of sexual abuse, effective and professional communication with victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

No forensic examinations are conducted at the facility. Victims are transported to Sacred Heart Hospital for forensic examinations.

Interviews with both medical and mental health staff confirmed they have received the required specialized training, as well as the standard PREA training for all staff. File reviews confirmed both their specialized training and their PREA education.

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)

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires all inmates to be screened within 72 hours of arrival for their risk of sexual abuse victimization or sexual abusiveness towards other inmates. The Executive Directive requires that an objective screening tool addressing mental/physical/developmental disabilities, age, physical build, prior incarcerations, violent/non-violent criminal history, prior convictions for sexual offenses, inmate perception or reporting as LGBTI or gender nonconforming, prior sexual victimization, inmates own perception of vulnerability, prior convictions of violent offenses, and history of prior institutional violence or sexual abuse is to be used. The screening is to be reviewed within thirty days of the inmate’s arrival at the facility when additional, relevant information is received by the facility since the initial screening, as well as anytime new information is received through referral, request, and incident of sexual abuse or through any other means. The Executive Directive also prohibits the dissemination of information outside of those who need to know and that no inmate will be disciplined for refusing to answer questions or not disclosing complete information.

The screening tool was reviewed and contains all elements of the Executive Directive and PREA standards 115.41(d) and 115.41(e) with the exception of civil immigration information. The PREA Director reported that no person is held in the Wisconsin Department of Corrections solely on the basis of their Immigration and Customs Enforcement status.

An interview with a social worker found that the screening tool is completed upon the inmate’s arrival. The inmate meets with the social worker where screening questions are asked and then the form is scored. The score is called to the Intake Sergeant in order to determine inmate housing and bed assignment. The score is also called into the Captain and the Shift Supervisor. A review of the files found that this process was implemented in May 2016. The auditor reviewed the date of the risk screening for one inmate who arrived after the implementation date. The review found that the form was completed on the first day. Of the other files reviewed, two inmates arrived in 2016 and both show that screenings have been completed. The facility has not completed risk assessments on standing inmates.

During the corrective action period, the facility completed screening for the majority of inmates. Samples were provided to the auditor for review.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that information from the screening tool and subsequent information be used to make determinations for housing, programming, work and education assignments. These determinations are made individually. While the interviews confirmed that the initial housing and bed assignments are made with the risk screening results, there is no system to keep the risk scoring available for future housing or programming needs. The agency has a spreadsheet for this purpose but it has not been implemented at this facility.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires case by case determination when assigning a transgender or intersex inmate to housing and programming assignments. While the Executive Directive does require twice a year reviews for transgender or intersex inmate placement and programming, social workers review every two weeks, looking at all components of the risk screening. This was confirmed through interviews. A transgender or intersex inmates own views regarding safety is given serious consideration. There were no identified transgender or intersex inmates at the facility at the time of the audit.

All showers in the facility are individual and privacy doors are in place. There are no units or wings dedicated solely for transgender or intersex inmates.

During the corrective action period, , the facility now has a database with all ROV and ROA inmates listed, along with their current housing assignments. This was provided to the auditor for review and shows that no ROV or ROA inmates are placed in the same housing units.

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)

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” prohibits the use of separation from the general population for inmates at high risk of sexual victimization unless an assessment of all other available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. A twenty-four hour hold may be utilized in order to complete the assessment.

The facility does not utilize restricted housing, segregation or temporary lock up. It was reported during interview with mental health staff that a perpetrator would be transferred to Stanley Correctional Institution. Therefore this standard is not applicable.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires multiple methods of reporting sexual abuse or sexual harassment, including an external method. Inmates are educated on how to report abuse that includes telling a staff member, writing a letter to staff, calling “777” (Office of Special Operations – internal), calling “888” (Capital Police Department – external), and contacting local law enforcement. The Executive Directive also requires that staff will accept reports made verbally, in writing, anonymously, and from third parties. As inmates are not detained solely for civil immigration purposes by the Wisconsin Department of Corrections, there is no policy addressing this portion of the standard.

Methods of reporting sexual abuse or sexual harassment is provided to the inmates at intake and poster on how to report were observed throughout the housing units and other key areas. No pin code is needed to make calls, confirming anonymity. Phones are located on each housing wing.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires methods for staff reporting. Staff are provided this information during PREA education where they are informed that they may report to their supervisor, the commander, the Office of Special Operations, the Department of Adult Inmates, PREA Director or directly to local law enforcement.

Phones were observed on each housing wing. During the inmate interviews, inmates reiterated the various methods of reporting abuse, including submitting a kite, calling “777” or “888”, telling staff and telling family. The majority reported knowing that they could report anonymously. Many still, while answering the question, reported that this information did not apply to them.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System. Specifically, all complaints of sexual abuse and sexual harassment submitted through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Therefore, this standard is Not Applicable.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that the facility provide inmates with access to outside victim advocates, shall enable reasonable communication between the inmates and the victim advocates, and provide notification to inmates of the extent to which such conversations will be monitored and reports of abuse will be forwarded to authorities.

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 and under the grant; the Wisconsin Department of Corrections and the Wisconsin Coalition Against Sexual Assault have entered into a collaborative effort to work towards 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. There is a MOU that has been created and has been approved through the Office of Legal Counsel within the Wisconsin Department of Corrections and it was passed onto the Wisconsin Coalition Against Sexual Assault for further review. Under the reallocation grant, the Wisconsin Coalition Against Sexual Assault is deploying the MOU to statewide sexual assault service providers for review and feedback. Once this effort is concluded, the Department of Corrections and the Wisconsin Coalition Against Sexual Assault will seek signatures of this document.

The facility provides inmates with an addendum to their handbook which lists the name of the victim advocate agency, Family Services Center, contact information, and confidentiality information. Interviews with inmates found that they were provided with this information. While the addendum states the services that are available, inmates were not clear on what services would be provided. After a discussion, the PREA Director will further educate inmates by providing this information through the creation of posters.

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 will accept third party reports of sexual abuse or sexual harassment through contact with the Warden or through the PREA Director. Contact information is available to both inmates and visitors through posters in the facility. Additionally, a method to report is made available on the agency’s website.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all staff immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have

contributed to an incident or retaliation. Staff are prohibited from sharing the information to persons other than those who make treatment, investigation, and other security, and management decisions.

Staff interviews confirm that they are required to report any knowledge, suspicion, or information regarding sexual abuse, retaliation or staff neglect or violation of responsibilities. Medical and mental health practitioners also confirmed through interview that they are required to report sexual abuse and report that they inform inmates at the beginning of services of their duty to report and limits of confidentiality.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that if the alleged victim is under the age of 18, the facility will notify the parent/guardian, child welfare worker (if applicable), and the attorney or legal representative, if the youth is still under the jurisdiction of the juvenile court. This is not applicable at the facility as they do not house youthful inmates.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires immediate staff action when there is information that an inmates is subject to a substantial risk of imminent sexual abuse.

Staff report that they are required to separate the inmate from other offenders and notify their immediate supervisor. This information is provided through the staff PREA education. There have been no instances where the facility has determined that an inmates was subject to substantial risk of imminent sexual abuse.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that any allegation received that indicate an inmate was abused at another facility must be immediately reported to the head of the facility where the alleged abuse occurred. This notification must be made within seventy-two hours and must be documented.

The staff report that this information would be found within an Incident Report that is required to be completed. Additionally, this information would be forwarded to the Office of Special Operations and to the PREA Director’s office.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports, be investigated. This Executive Directive also requires that allegations that

involve potentially criminal activity shall receive a criminal investigation.

This was confirmed through interviews with key administration staff.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that staff separate the alleged victim and abuser; preserve and protect the crime scene; and to request that both the victim and the alleged abuser do not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothing, eating, drinking, smoking, urinating, or defecating.

Staff interviews confirmed that staff are familiar with all four requirements when there is an allegation of sexual abuse. There were two allegations of sexual abuse that were reported but neither were within the appropriate time frame for the collection of physical evidence. In both cases, the victim was separated from the abuser and an investigation was conducted.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all non-security staff protect the victim, request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.

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 facility has a Coordinated Response Plan. It is facility specific and addresses the duties of the first responder, security staff, security supervisor, PREA Compliance Manager, medical staff, mental health staff, Victim Services Coordinator, investigator, appointing authority, and Sexual Abuse Incident Review Team. Attached to the Plan is a Critical Contact list with the position, name and contact phone numbers.

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.

This standard is Not Applicable as the agency has not entered into any Collective Bargaining Contracts.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires retaliation monitoring of all offenders or staff involved in the reporting or investigation of sexual abuse and/or sexual harassment.

The Victim Services Coordinator are responsible for monitoring for retaliation. As reported and as reviewed, when an allegation of sexual abuse or sexual harassment is made the facility Victim Services Coordinator meets with the victim and provides guidance on all services that are available. As a part of these duties, the Victim Services Coordinator is responsible for meeting with the victim regularly to monitor for Retaliation. The Victim Services Coordinator provided a spreadsheet that documented retaliation monitoring of the victim. An interview with the Victim Services Coordinator confirmed that they would monitor for ninety days. A spreadsheet was provided that showed contact regarding monitoring for retaliation.

Interviews confirm that a change in housing unit, transfers to another facility and emotional support is available for inmates as protection methods. For staff, protection methods include shift changes, post assignment changes, transfer to another facility, and emotional support is available.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” prohibits the use of separation from an alleged abuser for victims of sexual abuse unless an assessment of all other available alternatives has been made and a determination has been made that there is no alternative means of separation. A twenty-four hour hold may be utilized in order to complete the assessment for alternative

means of separation or transfer (if applicable).

The facility does not utilize restricted housing, segregation or temporary lock up. It was reported during interview with mental health staff that a perpetrator would be transferred to Stanley Correctional Institution. Therefore this standard is not applicable

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires the administrative investigations to be completed by the facility, and criminal investigations to be referred to local law enforcement (Dodge County Sheriff’s Office), and describes the investigation process.

Administrative investigations begin immediately upon notification. All allegations of sexual abuse are reported to the Office of Special Operations who determines if an incident is PREA related and if facility investigators will conduct the administrative investigation, or in the case of staff being the alleged abuser the Office of Special Operations will conduct the investigation. Only specially trained investigators will handle sexual abuse investigations. The Office of Special Operations will also provide guidance in the notification to the Chippewa Valley Police Department. The Chippewa Valley Correctional Treatment Facility conducts administrative investigations, in conjunction with Chippewa Valley Police Department if criminal activity is identified.

Credibility of the victim, alleged abuser, or any witnesses are based individually. Victims of sexual abuse are not subjected to a polygraph or other truth-telling device as a condition for proceeding with an investigation.

Administrative investigations shall include both an effort to determine whether staff actions or failures to act contributed to the abuse (if applicable), and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and investigative facts and findings.

Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. There was one investigations that was referred for criminal prosecution.

Records are required to be maintained for the ten years beyond the length of the alleged abusers incarceration or employment.

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that no standard higher than a preponderance of the evidence is used in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed through interviews with the facility investigator.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that the victim be notified when the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If a staff member was the subject of the investigation, the victim shall be notified of their departure from the inmates unit, departure from the agency, and indicted or convicted on a charge related to sexual abuse within the facility. If an inmate was the subject of the investigation, the victim shall be notified if they are indicted or convicted on a charge related to sexual abuse within the facility.

There is a standard form that is used to notify victims of the outcome and the status of the alleged abuser. Notification to the victim was confirmed through interviews with the investigator.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses disciplinary sanctions for staff. Disciplinary action, up to and including termination, may be implemented for a violation of the sexual abuse or sexual harassment policies, with termination being the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All disciplinary action for violations of the agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, prior disciplinary history, and sanctions imposed for similar offenses by other staff with similar histories. Termination and resignations (who would have been terminated) are reported to law enforcement and relevant licensing bodies.

This process was confirmed with the administrative staff. There were no instances where disciplinary action was taken upon a staff.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that a contractor or volunteer who violates the sexual abuse or sexual harassment policy be prohibited from further contact with inmates, and reported to law enforcement (if the act was criminal) and relevant licensing bodies.

There has been no instances where a contractor or volunteer has been alleged to have engaged in sexual abuse or sexual harassment.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” details the disciplinary sanctions for inmates who have engaged in inmate-on-inmate sexual abuse or following a criminal findings of guilt for inmate-on-inmate sexual abuse. Sanctions shall be commensurate with the nature and circumstances of abuse the abuse committed, disciplinary history, and the sanctions imposed in similar offenses with similar histories. The process shall also consider whether any mental disabilities or mental illnesses in the determination of the type of sanction that should be imposed. The facility shall consider shall consider participation in any interventions, such as therapy of counseling, to address and correct underlying reasons or motivations for the abuse. In regards to staff-on-inmate abuse, an inmate may not be disciplined upon a finding that the staff member did consent to the contact. All reports of sexual abuse made in good faith shall not constitute falsely reporting an incident or lying. While consensual sexual activity between offenders is prohibited by Wisconsin Department of Correction, the facility may not deem consensual activities as sexual abuse if it is determined that the activity is not coerced.

Youthful inmates are not held at this facility.

There have been no findings of inmate-on-inmate sexual abuse at this facility. This information was confirmed through a file review and interview with the investigator. However, the process was confirmed through interview.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” states that all inmates who disclose prior victimization during the screening process, or who have previously perpetrated sexual abuse, either in the community or in an institutional facility, are offered a follow-up meetings with a mental health professional within fourteen days of the screening. Department of Adult Inmates Policy 500.70.11 “Psychological Services Unit Records” addresses the confidentiality of these records. Department of Adult Inmates Policy 500-70-06 “Consent of Mental Health Services” and Department of Adult Inmates Policy 500.50.09 “Disclosure of Protected Health Information” address staff requirements for the protection and use of information. The DOC Form 1923 “Limits of Confidentiality of Health Information”, DOC Form 1163 “Authorization for Disclosure of Non-Health Confidential Information, and DOC Form 1163A “Authorization for the Use and Disclosure of Protected Health Information” are used to provide inmates acknowledgement and consent for the use of records for housing, work, education, and program assignments.

Interviews with medical and mental health staff confirm referral within fourteen days and informed consent. All information is protected from staff who do not have a need to know.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses timely and unimpeded access to emergency medical treatment and crisis intervention services. Immediate medical services includes, if applicable, information and access to sexually transmitted infections prophylaxis. Interviews with medical and mental health staff confirm that immediate access to emergency medical treatment is provided, and that sexually transmitted infections prophylaxis is offered based on a physician’s order. Interviews with security staff confirm that all staff are aware of the requirement to immediately protect victims. The Coordinated Response Plan ensures that medical and mental health staff are immediately made aware of any sexual abuse allegations.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses that treatment services are to be provided at no financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of an incident. Interviews with medical and mental health staff confirm that services are provided at no cost to the inmate.

Crisis Intervention is offered within 24 hours of an incident. All services are based on professional judgement, policies, and consultation with the medical or mental health authority. Sexually transmitted infection prophylaxis is provided either at the hospital or immediately upon their return to the facility.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses on-going medical and mental health evaluation and treatment to victims of sexual abuse. Mental health services would include an assessment, treatment plans, treatment options, therapy, debriefing, validation of feelings, normalcy, and the invitation of family members to participate. Medical services would include an assessment, documenting injuries, followup, STD testing, and development of a care plan. Both medical and mental health staff interviewed confirmed that services are offered at no cost to the victim. Both believe that services are consistent with the community level of care.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that a Sexual Abuse Incident Review be conducted within thirty days of the close of an investigation that is substantiated or unsubstantiated. The facility has a Sexual Abuse Incident Review Team that includes the Warden, Deputy Warden, Administrative Captain, Treatment Specialist, Nursing Supervisor, Psychologist and Lieutenant. The agency has a standard form that is used to document the review and includes considerations for motivation, change in policy/practice, an examination of the area, and supervision concerns (staffing and electronic monitoring). Interviews and a review of files indicates that the Sexual Abuse Incident Review were not completed.

During the corrective action period, the facility implemented the Sexual Abuse Incident Review process and provided samples for the auditors review. These documents met the requirements of the 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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that collection of accurate and uniform data for all allegations of sexual abuse. The PREA Director’s office maintains a list of all investigative information to address the Department of Justice Survey of Sexual Violence and aggregates this information annually.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that data collected is utilized for improving the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. This includes identifying problem areas, taking corrective action, and preparing an annual report.

The annual report is on the agency website and includes comparison data by year, data for each facility, an assessment of the agency’s efforts, and a review of the individual facility efforts. This report is approved by the agency head prior to being made public.

The agency redacts all personal information. The agency provides data upon request to the Department of Justice.

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 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that data collected is utilized for improving the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. This includes identifying problem areas, taking corrective action, and preparing an annual report. The Executive Directive also requires the maintenance and storage of data collected for ten years after the date of the initial collection.

The annual report is on the agency website and includes comparison data by year, data for each facility, an assessment of the agency’s efforts, and a review of the individual facility efforts. This report is approved by the agency head prior to being made public.

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.

Bobbi Pohlman-Rodgers

January 20, 2017

Auditor Signature

Date