

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: January 25, 2017

Auditor Information			
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Telephone number: 954-818-5131			
Date of facility visit: June 01-03, 2016			
Facility Information			
Facility name: Dodge Correctional Institution			
Facility physical address: 1 West Lincoln Street, Waupun, WI 53963			
Facility mailing address: (if different from above) PO Box 661, Waupun, WI 53963			
Facility telephone number: 920-324-5577			
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 William J Pollard			
Number of staff assigned to the facility in the last 12 months: 662			
Designed facility capacity: 1640			
Current population of facility: 1632			
Facility security levels/inmate custody levels: Minimum, Medium, High and Maximum			
Age range of the population: Youthful inmates and Adults 18-92			
Name of PREA Compliance Manager: Dylon Radtke		Title: Security Director	
Email address: dylon.radtke@wisconsin.gov		Telephone number: 920-324-6248	
Agency Information			
Name of agency: Wisconsin Department of Corrections			
Governing authority or parent agency: (if applicable) State of Wisconsin			
Physical address: 3099 East Washington Avenue, Madison, WI 53707			
Mailing address: (if different from above) 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

Dodge Correctional Institution received an on-site PREA audit on June 1-3, 2016 by DOJ Certified Auditor Bobbi Pohlman-Rodgers. Prior to the on-site audit, the facility provided to the auditor a flash drive with 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 auditor communicated with the facility on additional items that would be needed on the first day of the audit that included inmate roster's by housing unit and by classification and staffing rosters for the three day audit to allow for selection of random interviews.

On the first day of the audit, the auditor met with Warden Pollard, Deputy Warden Eplett, Security Director/PREA Compliance Manager Dylon Radtke, HR Director Uecker, SO2 Falke, PREA Coordinator Christine Preston, PREA Analyst Jason Ruff, and Special Operations Officer Steve Wierenge. A brief introduction and review of the on-site auditing process was discussed, along with information regarding interim reports, corrective action plans, and final report were covered.

Selection of specialized staff, random staff and random inmates was completed. The auditor did receive one letter from an inmate prior to the audit. Twenty-nine inmates were interviewed, including one Limited English proficient inmate, one inmate who reported being transgender, one inmate who reporting a prior victimization, one inmate with a current allegation being investigated, one disabled inmate, and one youthful offender. Ten random staff were interviewed, with a selection from all three shifts. Fourteen specialized staff interviews were conducted. 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 over a period of two days. A description of these areas is noted in the Facility Characteristics.

From April 29, 2015 through April 29, 2016, there were seventy-two allegations of sexual abuse or sexual harassment. There were a total of forty-five allegations of sexual harassment, three of these being staff on inmate. Of these, six were substantiated, thirty were unsubstantiated, two were unfounded, four were identified as not being an incident that met the definition of sexual harassment, and three are still under investigation. There were a total of twenty-seven allegations of sexual abuse, seven of these being staff on inmate. Of these, four were substantiated, seven were unsubstantiated, six were unfounded, five were found not to meet the definition of sexual abuse, and five are still under investigation. Two allegations of sexual abuse that were reported at another facility were reported immediately to Dodge Correctional Institution and both are still being investigated by Dodge Correctional Institution.

DESCRIPTION OF FACILITY CHARACTERISTICS

Dodge Correctional Institution, opened in 1978, is both a central reception center for all adult male inmates, as well as a maximum security facility. It sits on 57 acres in the town of Waupun, in the counties of Dodge and Fond du Lac, Wisconsin. In 2015, the facility processed 6,767 inmates and provided transportation for close to 16,000 transfers, medical emergencies, and medical care. There are 29 housing units. Each of these are unique to inmate population or design. A brief description is noted below.

Staff at Dodge Correctional Institution work collaboratively with staff from the Bureau of Offender Classification and Movement to complete a comprehensive assessment and evaluation of each inmate, determining program needs, custody level and institution placement in a Wisconsin Department of Corrections facility. Upon completion of the assessment, the Offender Classification Specialist recommends placement at the Division of Adult Institution facilities, Division of Juvenile Corrections, Department of Health and Family Services facilities, or other contracted bed. In addition to the classification process, inmates transitioning through Dodge Correctional Institution participate in an orientation to the Wisconsin Department of Corrections and begin adjusting to and learning how to navigate a correction environment.

A Waupun Community & Correctional Relations Board have been formed that includes participants from the three local prisons – Dodge Correctional Institution, Waupun Correctional Institution, and John C Burke Correctional Center - and the community. This began in 1992 and continues today as a forum to inform, educate, share ideas and concerns, as well as to dealing with matters of mutual interest.

Dodge Correctional Institution is the headquarters for the Wisconsin Department of Corrections Security Threat Groups Program. They have the responsibility for identification of gang members or associates and making this information known when an inmate transfers to another facility, as well as to local law enforcement.

There are five social workers who work with inmates to provide a variety of services. Services include comprehensive social services for all inmates, facilitation of “Thinking for a Change”, and the coordination of Affordable Care Act processes, Alcoholics Anonymous, Holiday Food Purchase Program, and, Social Security and Medical Assistance filing.

The Health Services Unit provides medical, dental, optometrist and psychiatric screenings for inmates entering the Wisconsin Department of Corrections, as well as those who are placed at Dodge Correctional Institution. Services are provided 24 hours per day, 7 days per week. Additionally, the Health Services Unit provides Dialysis services and Infirmary Care.

The Psychological Services Unit provides mental health assessments and treatment recommendations at Dodge Correctional Institution in order to ensure appropriate placement and treatment. Included are crisis intervention assessments. A Sex Offender Assessment Program is available at Dodge Correctional Institution. Assessments and identification of specific treatment needs are provided.

There are two chapels located in the facility. There are two full-time Chaplains who provide a variety of religious material and services for inmates. Additionally, the Chaplains oversee the approximately fifty volunteers, including bi-lingual volunteer service providers.

Recreational activities includes Basketball, Volleyball, Soccer, Stationary bicycles, Track running/walking, Frisbee, Softball, Weightlifting, board/table games, Kickball, and Hacky Sack. Hobby crafts, Library, and Music are also available for inmate leisure activities.

Specific facility characteristics that were noted during the tour follows for all areas of the facility.

Administration Offices are in a dedicated building with only 1 Inmate custodian from the facility and other custodians from the minimum security facility next door. A secure booth provides for the entrance and egress to the secure prison grounds. Visitors are stamped by staff in order to assist with determining presence in the prison, as well as an easy way to identify those who are able to exit the grounds.

It is noted that the East building, erected in the early 1900's, contains three levels. The lower level is no longer in use in

much of the building. A “hallway” goes the length of the older building and each unit opens into this hallway. Access to the hallway from the units is by upper management staff. The areas under each unit are used for mostly storage with the exception of the bakery and old gymnasium. Access to the lower level from each unit is possible through a request to the unit Sergeant. There is no documentation of who has been provided the key that is maintained in the staff area of each unit. It is recommended that a key control system be initiated in order to clearly document staff access and if inmates are present.

The Maintenance department is in two buildings. While there are cameras in some areas, much of the separate areas contain windows that allow for supervision. There are some blind areas that include the electrical room, chemical storage, record room and tool room. Some areas do not allow for inmates without supervision. There is also a maintenance annex and contains windows in each of the three areas that allow for supervision.

Unit 1 & 2: These units are on the main floor and upper level and hold general population inmate workers. Both units hold 2-person wet cells, with showers that offer privacy to inmates. There are 2 phones on each level for inmate use. There is a day room on each level. In the central area where staff are assigned, there is a laundry, file room, and supply office. Both units were observed with PREA posters and the pre-audit notices.

Unit 3 & 4: These units are on the main floor and upper level and hold general population inmate workers. Both units hold 1-person and 2-person wet cells, with showers that offer privacy to inmates. There are 2 phones on each level for inmate use. There is a day room on each level. There is a break room for staff which contains blind areas. Both units were observed with PREA posters and the pre-audit notices.

Unit 5 & 6: These units are on the main floor and upper level. Both units hold 1-person and 2-person wet cells, with showers that offer privacy to inmates. There are 2 phones on each level for inmate use. There is a day room on each level. There is a break room for staff which contains blind areas. Both units were observed with PREA posters and the pre-audit notices.

Unit 7 & 8: These units are on the main floor and upper level. Both units hold 1-person and/or 2-person wet cells, with showers that offer privacy to inmates. There are 2 phones on each level for inmate use. There is a day room on each level. There is a break room for staff which contains blind areas. Pre-audit notices and PREA posters for reporting abuse were observed.

Unit 9 & 10: These units are on the main floor and upper level. Both units hold 1-person and/or 2-person wet cells, with showers that offer privacy to inmates. There are 2 phones on each level for inmate use. There is a day room on each level. There is a break room for staff which contains blind areas. Pre-audit notices and PREA posters for reporting abuse were observed.

Unit 11 & 12: These units are on the main floor and upper level. Both units hold 1-person and/or 2-person wet cells, with showers that offer privacy to inmates. There are 2 phones on each level for inmate use. There is a day room on each level. There is a break room for staff which contains blind areas. Pre-audit notices and PREA posters for reporting abuse were observed. Unit 11 also contains a 4 cell Special Management Unit.

Unit 13 & 14: These units are on the main floor and upper level. Unit 13 is on the main floor and holds general population inmate workers. Unit 13 has twelve wet cells and 11 dry cells, with a centrally located bathroom with showers that offer privacy to inmates. Unit 14 is on the upper level and a medium security housing unit with larger rooms housing up to 8 inmates per dry cell that provides temporary housing for inmates who have been through the intake process and are completing all assessments. Toilets and showers are provided and include provisions for privacy. Blind areas include the mop room, storage closet. Pre-audit notices and PREA posters for reporting abuse were observed.

Unit 15 & 16: These unit are on the main floor and upper level and hold general population inmate workers. These are medium security housing units, and as such the inmate have key access to their own rooms. These are 2 person dry cells, with one 3-person dry cell in Unit 15 and a 4-person dry cell in Unit 16. Toilets and showers are provided on each level and include provisions for privacy. Blind areas include the mop room, storage closet, and laundry. Pre-audit notices and PREA posters for reporting abuse were observed.

Unit 17: This unit is for inmates in the process of transportation. There are three-person wet cells, with 4 showers that offer privacy to inmates and 1 ADA shower with privacy through design. There are four phones. Pre-audit notices and PREA posters for reporting abuse were observed.

Unit 18: This unit provide for Disciplinary Separation and Temporary Lock-up. There are cameras in the area to assist with supervision of the hallways. There are 50 cells in the two wings. There are 2 showers per wing. Privacy is provided through a metal door with small areas for viewing. Phones are available upon request and are rolled into the area and phone jacks were observed at each door. Pre-audit notices and PREA posters for reporting abuse were observed.

Unit 19, 20, 21, 22, 23 and 24: These six units are identical. Each provides temporary housing for inmates who have been through the intake process and are completing all assessments. There are 6 showers in each unit with swinging doors to provide privacy. While there are no phones installed in the unit, inmates can request use of phones. Interview with staff in the unit stated that inmates requesting to call "777" are provided a phone call. Pre-audit notices and PREA posters for reporting abuse were observed.

Unit 25 – Infirmary: The prison hosts a medical infirmary for state inmates. Services are provided for dialysis and Palliative care, as well as general medical care that cannot be accomplished in the standard prison setting. Staffed 24 hours per day, 7 days per week, the infirmary contains 65 total beds. There are inmate volunteers that assist nursing staff and who must completed a three-tiered training program. Pre-audit notices and PREA posters for reporting abuse were observed.

Unit 30, 31, 32, 33: These units are dorm style with a capacity of 72 inmates in each unit. Inmates are housed in bunk beds. There is a large bathroom that contains 6 toilet stalls, 4 urinals, 10 sinks, and 8 shower heads on two poles. Privacy in the shower area is provided through a hanging curtain at the entrance. There is one camera on each unit. There are a variety of offices with frosted windows and small storage areas for mops, water heater, and clothing. There are two small areas for cleaning meal trays that contain a roll up wall for supervision. Pre-audit notices and PREA posters for reporting abuse were observed. These units also contain a Limited English Proficient poster that advises all inmates that assistance is available. This is written in both English and Spanish (the most common non-English language in the state system).

Gymnasium: There is a gymnasium in this area that is very large and contains 2 basketball courts and a small area that contains weights for inmate use. There are 2 cameras in this area. The locker room is behind the staff office and is accessible through the staff office or a door in the weight area. The mechanical room and storage supply area do not allow supervision as they are solid doors with no cameras. PREA posters were posted in the gymnasium.

Basement Recreation: There is an area in the lower level of the facility that provides a large weight room for inmate use. There is 1 camera in this area.

Outdoor Recreation: There are numerous areas for outdoor recreation. The grounds appear non-conforming to a prison in that there is a moat type barrier around the perimeter. This drop is approximately 20 feet and does not allow for climbing to the other side. There were cameras noted on the exterior of buildings to provide supervision.

Training Offices: These are located in a basement area and are currently in the works in order to provide a training area for staff. It is noted that this area contains blind areas.

Laundry: There is a large laundry room that services the entire facility. There are numerous blind areas due to solid doors or lack of cameras. These areas include the area behind the dryers, two general storage rooms, and three clothing storage rooms.

Hobby Room: There is an area for inmates to work on hobbies. These are three rooms that are connected through open door ways. Windows are installed in each interior wall and allows for clear sight supervision. There are two cameras and one mirror to assist with supervision.

Elevator Store: This is a staging area with elevator for ease in distributing canteen. There are 2 cameras in this area.

East Chapel: A large room with smaller offices in the back that offers a variety of religious events for inmates. Services offered include Protestant Sunday services, bible studies, Pagan studies, Islamic studies, Buddhist studies, and Native American sweat lodge.

West Chapel: A large room utilized for religious services, groups, training, and a multi-purpose area for other activities. Windows allow for inmate supervision.

Administration Records: This area is a large area for records and includes for the storage of multiple years of records. While inmates are not allowed in this area, staff do have access and there are many blind areas.

Security Record Storage: This area contains security records, including investigations, contraband, and other items related to security. Inmates must be with staff in these areas. Blind areas were noted in this area.

Central Medical Record Storage: This facility houses the medical records for the whole State. Located on two levels, there are multiple areas where inmate medical records are stored. An inmate worker provides cleaning services for 2 hours each day to this area and under supervision of staff. Blind areas were noted.

Electrical Room: This room contains no ability for sight supervision. Access to this room is only by the Electrician and the Electronics Technician. No inmates are allowed to be in the area.

Professional Visitor Rooms: Two rooms located across from each other. Each contains a table and two chairs and a phone. Windows in these rooms allow for supervision.

Dining Hall: There is a large dining area in the East wing that accommodates 3 meals a day for 490-500 inmates within one hour. There are 4 cameras to provide supervision. There is a storage closet, 2 mechanical storage closets, and an exterior door.

Kitchen: There is a large kitchen in the East wing that is not utilized for food preparation. All food is prepared in the West wing and brought to the kitchen at meal times. There are numerous freezers, refrigerators and storage areas. Locks on all freezers and refrigerators prevent access. Storage areas do not allow for supervision due to lack of windows or cameras. Postings on windows prevent appropriate supervision.

Bakery: Within the kitchen there is a bakery area that allows for clear sight supervision within the room and from the outside through the use of windows or camera.

Contraband and Evidence Lockers: It is notable that the facility worked with the Dodge County Sheriff's Office to create an area that allowed for evidence lockers that provide appropriate drying areas for evidence.

Canteen: This is a section of the basement area that allows for the storage and processing of inmate canteen orders. There are storage areas that provide for ease in supervision and some areas that do not. One area had stock in front of the window are preventing supervision and one area that cannot be seen due to the location of the area. The area also includes a dock area with 2 cameras. Staff in this area do not have the capability to open the doors to the outside.

The west, or newer side of the prison, contains the infirmary, medical, kitchen, intake and barber shop. Additionally, there are housing units on this side of the prison as well.

Woodshop: There is a building outside the main fenced area that contains a work area for wood shop activities, paint booth and other maintenance storage. There is one office, one staff bathroom and one inmate bathroom. There are two truck bays. Keys to this area are limited to maintenance or must be checked out of the control center.

Staff Break room: A large breakroom with vending machines is available for staff. The pre-audit notice was posted in this area.

Mailroom: The mail room processes both incoming and outgoing inmate mail. Any legal mail is immediately sent out and not reviewed for content.

Shift Supervisors Office: Two small offices connected to each other is present for shift supervisors. Both rooms have windows to allow for supervision.

Intake: The intake area is a large area with 9 holding cells for newly arrived inmates to wait during the intake process. Once an inmate is brought into the area, a staff enters their information in to the computer, property is documented and sorted for storage or release to the inmate, strip searches and showers are completed and new clothing is issued. The inmate then meets with records personnel to update all information and cover visitation lists, phone access, etc. A medical screening is conducted in this area before inmates are sent to their temporary assigned housing. There is a strip search area in this portion of the prison that allows for preparing inmates for off-site transport. There are some offices that contain windows for supervision.

Health Services Unit: This area provides for general medical care, dialysis, palliative care, dental care, psychiatrist services, and optometrist services. All exam rooms contain a window in the door that is covered with a curtain to allow for supervision. There are a number of offices that allow for supervision through large windows. Dental care is provided in a large room with 5 dental stations. Inmate volunteers who supplement bedside care are carefully screened before training.

Food Service: The kitchen provides for approximately 9,000 meals per day. There is a 2-bay loading dock with camera, 5 food storage rooms, 6 walk-in refrigerators/freezers. There are both cameras and mirrors to aid staff supervision in this area.

SUMMARY OF AUDIT FINDINGS

A review of the documents, interviews and on-site audit information, Dodge Correctional *Institution* is found to have exceeded six standards, met twenty-seven of the standards, and did not meet seven of the standards. It is noted that the three 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 December 29, 2016.

During the corrective action period, the facility and agency addressed the deficiencies in standards 115.13, 115.14, 115.15, 115.42, 115.67, 115.73, and 115.86. The facility and agency provided updated copies of policies or procedures, photographs, samples of systems now in place, and samples of training. Once a review of these items was completed, the auditor finds that this facility is now compliant with the applicable PREA standards.

The auditor would like to thank the facility staff for their welcoming attitude and openness of this process. The PREA Compliance Manager has a good grasp of PREA standards, and implementation of the same has enhanced his sincere dedication to ensuring the safety of inmates at Dodge Correctional Institution. He is diligent in reviewing systems and ensuring compliance. It has been a pleasure to work with the Dodge team.

Number of standards exceeded: 6

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There is a written policy addressing zero tolerance toward sexual abuse and sexual harassment. Executive Directive 72 “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.

Security Director Dylon Radtke is the designated facility PREA Compliance Manager. He reports that approximately 20% of his daily workload is PREA related. System checks, identification of key players, follow-up, and training are methods used to coordinate the facility’s efforts of PREA compliance. He has a very clear understanding of the PREA requirements and has the support of Warden Pollard to monitor and implement effective change as identified. 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)

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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 18, 2016. There are no deviations from the staffing plan. The facility identifies needs in advance and allow staff to select over-time shifts. In the case that immediate coverage is needed, the facility also utilizes a hold-over system. Changes to personnel are documented on the duty roster.

The facility staffing plan identifies assigned posts and emergency/relief posts. Dodge Correctional Institution is staff with eleven Lieutenants, eight Captains, ninety-four Sergeants, and four hundred correctional officers. This is in addition to the Administrative staff.

There are one hundred twenty-seven cameras throughout the facility. Recording capability is possible, however it is not consistent due to the types of digital video recording systems in place and the age of the system. It is understood that the existing systems will be replaced over the next three years; however no new cameras are slated to be installed.

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. However, the documentation is not clear. During the tour, many areas were identified that should be included in the unannounced rounds due to the limited staff supervision; however, the facility staff indicated that rounds are not conducted in those areas. It is noted that the facility staffing plan requires hourly rounds on all housing units.

During the corrective action period, the facility updated procedure 900.412.01 and provided samples of the logbooks showing their unannounced rounds, including areas that previously were identified as not being conducted.

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, the facility currently houses youth in the same housing unit as adult inmates and does not provide appropriate sight and sound supervision.

There were two youthful inmates on the first day of the audit and one was transferred out on the second day of the audit. The auditor interviewed the youthful offender who reported that he was inadvertently placed on three separate occasions in a cell with an adult offender. These were discovered quickly and rectified. There is no provision for direct supervision when youthful offenders are outside of the cell. The interview found that youth and adults are mixed during meals, recreation, showers, phone use, and during canteen. The youthful offender reported that staff are not watching when he is out of his cell.

Restrictive housing procedures allows for the provisions of daily exercise and legally required special education services. No youthful offenders have been placed in restrictive housing in the past twelve months.

During the corrective action period, the agency made a significant change to the housing of youthful inmates. Per the Administrator of the Division of Adult Institutions, all youthful inmates will now be housed within the Division of Juvenile Corrections (DJC) facilities. As Dodge is the intake facility, all youthful male inmates will be temporarily housed, maximum two (2) hours, at Dodge for classification and processing, before being transported to a more appropriate facility at the DJC.

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 the housing areas found that all showers and toilets are equipped with curtains or doors for privacy. The infirmary cells have cameras that do allow the observation of an inmate toileting. Interviews confirmed that sometime female non-medical staff review these monitors.

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. The tone must be used each time a female enters the housing unit.

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.

During the corrective action period, the facility updated procedure 900.403.05 addressing the use of the tone to announce opposite gender staff entering all areas of the facility housing. A memo was sent to all staff and inmates regarding the use of the tone. Additionally, the facility address the camera views by adding features to either blur the toilet area or to block out the toilet area completely from camera view. Photos of the camera views were sent to the auditor for review.

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. Dodge Correctional Institution 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 Dodge Correctional Institution. Interviews with one disabled inmate indicated that he is provided assistance for educational purposes, as well as in other areas as necessary. 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 Dodge Correctional Institution.

Standard 115.17 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Executive Directive 72 “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.

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)

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 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)

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 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 Dodge County Sheriff’s Office. The Dodge Correctional Institution Security Department conducts administrative investigations only, in conjunction with Dodge County Sheriff’s Office if criminal activity is identified. The Dodge County Sheriff’s Office has one Detective who is dedicated to the four prisons in the area – Dodge Correctional Institution, Waupun Correctional Institution, Fox Lake Correctional Institution, and John C Burke Correctional Center. An interview with the Detective confirmed that they work closely with Dodge Correctional Institution Investigators and they have provided training regarding evidence collection.

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”. The Dodge County Sheriff’s Office has worked closely with the Dodge Correctional Institution to establish an evidence room that allows for storage of evidence that has been collected. Dodge Correctional Institution has created evidence bags that are prepared and used when there is an allegation that is made within the appropriate time frame for collection of evidence. This bag includes a tag for identifying the evidence bag (Crime Scene Search, Evidence Report, and Chain of Possession), a detailed PREA Transportation Instruction Sheet that details the use of the items within the evidence bag, jumpsuit, gloves, paper bags, evidence tap, new handcuffs and cuffing belt,

roll of paper, and two plain sheets.

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 St. Agnes Hospital in Fond du Lac, WI.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses the requirements for the provision of victim support services. Dodge Correctional Institution 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 PAVE. PAVE, People Against a Violent Environment, is responsive to the needs of the facility. As a part of the Dodge County Sexual Assault Response Team, PAVE will provide a Sexual Assault Victim Advocate as identified and needed. PAVE also provides counseling, support during forensic examinations, active listening, self-esteem building, support at criminal trials and other support group activities. While there is currently no MOU in place, both PAVE and the facility are working towards an MOU that is inclusive of all services that can be provided.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Executive Directive 72 “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.

While not in policy, both the Office of Special Operations and the PREA Director’s office would be notified. There were seventy-two allegations of sexual abuse or sexual harassment in the past twelve months. Of these, nine were 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. The facility was able to run a progress report for all staff registered for the PREA course. Of the five hundred and twelve staff listed as requiring PREA training, four hundred and twenty-seven have completed the required training. Of these, seventeen were in progress to complete the class and sixty-eight were registered but had not yet started the class. Interviews with staff confirmed that they have completed the training and understand the content.

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 sixty-three volunteers. An interview with a volunteer who was at the program revealed that he has been a volunteer for 4-5 years. He completed the Volunteer Orientation approximately two years ago and was provided the brochure and other reading material. He reported that prior to receiving his badge, he had to complete the course and have a background check completed. This was verified through files.

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.

The Assessment and Orientation Unit is a special unit for all new intakes. While here, 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 Dodge County Sheriff’s Office and the Dodge County Victim Witness Office, in both English and Spanish. Additionally, all inmates are required to view the PREA 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. The review found that of the thirty reviewed, twenty-nine received PREA basic and comprehensive education and viewed the Intake Video on the same as as their arrival. The remaining file indicated that the inmate was moved from the Intake unit within two hours of arrival and therefore did not see the video on the day of intake.

PREA education posters are located throughout all housing units, as well as other key areas for inmate viewing.

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). Dodge Correctional Institution has four trained investigators and proof of their training was provided by the facility. An interview with the investigator confirmed his knowledge of the material. As well, the auditor interviewed the Dodge County Sheriff’s Office Detective who is assigned to the correctional institution. The interview found that he is an active participant in not only criminal investigations, but provides assistance to the facility investigators as requested. He is well respected by the correctional institution staff and his assistance is much appreciated.

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 St. Agnes Hospital for forensic examinations.

Interviews with both medical and mental health staff confirmed they have received the required specialized training. 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. The tool is completed in two parts. The initial interview with the inmates asks all questions or the interviewer documents observations. This allows the tool to be scored for housing and programming needs. The social worker then completes a file review to update the tool, and this is completed within thirty days. With the exception of one inmate who was moved outside of the Admission and Orientation Unit shortly after arrival, the remaining twenty-nine had a completed risk assessment on their day of arrival and a review of the information within 30 days.

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 to be made individually. However, 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. An interview with one transgender inmate confirmed that he is seen regularly and his safety concerns are addressed.

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

During the corrective action period, the facility provided samples of the WICS database that addresses special housing. All inmates identified through the screening process as at risk of victimization or are sexually aggressive have a “Security Special Housing” alert in the database. This system allows for permanent assignment of special housing. All inmates identified as at risk of victimization are housed on the west end units, and all inmates identified as sexually aggressive are housed in the east end units, ensuring the safety of inmates.

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.

There has been no use of protective custody at this facility for inmates at high risk of sexual victimization. Interviews with the Warden and staff who work in the Restricted Housing Unit confirm this information.

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. The auditor called “777” through the inmate phone system to test the system. No pin code was needed, confirming anonymity. A message left asked for the Warden to be notified of the time of receipt of the call. According to the e-mail received by the Warden, the call was picked up eleven minutes after being made.

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.

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 (PAVE), 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. Staff interviews also confirmed that they are mandated reporters for any knowledge, suspicion, or information of sexual abuse of youthful offenders. 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, and that they are mandatory reports of any abuse of youthful offenders.

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 notification will be made within fourteen days.

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 facility utilizes a Security Supervisor PREA Checklist Worksheet that allows for the documentation of notifications for all allegations of sexual abuse or sexual harassment information. 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.

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 five allegations of sexual abuse that were reported within the appropriate time frame for the collection of physical evidence. In all five instances, the victim was separated from the abuser, the crime scene was protected and both the victim and alleged abuser were prevented from destroying physical evidence.

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 that was last updated in April, 2016. 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 Security Director, Social Worker, and 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. All meetings are documented on Form DOC-2766. A sample of these forms were reviewed and documentation includes meetings at least one time per month. An interview with the Victim Services Coordinator confirmed that they would monitor for ninety days. However, there is little evidence that staff or other inmates who report or are involved in the investigation are monitored 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.

During the corrective action period, the facility implemented the appropriate agency forms to allow for monitoring for retaliation. Due to this being an intake facility, many of the inmates will have moved within the 90 day period. Samples provided by the facility for consideration included one where the inmate was there the full 90 days and monthly meetings were held with the inmate, and documented, to show retaliation monitoring was conducted. The second sample shows where the inmate was transferred to his permanent facility and there is a notation that the receiving facility was advised of the need for retaliation monitoring due to a PREA allegation.

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).

There has been no use of utilizing restricted housing to separate a victim from the alleged abuser.

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 Dodge County Sheriff’s Office. The Dodge Correctional Institution Security Department conducts administrative investigations, in conjunction with Dodge County Sheriff’s Office if criminal activity is identified. The Dodge County Sheriff’s Office has one Detective who is dedicated to the four prisons in the area – Dodge Correctional Institution, Waupun Correctional Institution, Fox Lake Correctional Institution, and John C Burke Correctional Center. An interview with the Detective confirmed that they work closely with Dodge Correctional Institution Investigators and they have provided training regarding evidence collection.

The Dodge County Sheriff’s Office has worked closely with the Dodge Correctional Institution to establish an evidence room that meets the requirements of the Sheriff’s Office. Additionally, Dodge Correctional Institution has created evidence bags that are prepared and used when there is an allegation that is made within the appropriate time frame for collection of evidence. This bag includes a tag for identifying the evidence bag (Crime Scene Search, Evidence Report, and Chain of Possession), a detailed PREA Transportation Instruction Sheet that details the use of the items within the evidence bag, jumpsuit, gloves, paper bags, evidence tap, new handcuffs and cuffing belt, roll of paper, and two plain sheets.

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 were three investigations that were 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.

Dodge Correctional Institution has a strong working relationship with the Dodge County Sheriff's Office Detective assigned to their facility. Both investigators and administrative staff cooperate with Dodge County Sheriff's Office and are able to obtain updated information on a regular basis. This was evidenced and confirmed through an interview with the Dodge County Sheriff's Office Detective.

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 both the facility investigator and the Dodge County Sheriff's Office Detective.

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. While there are some forms indicating that victims were notified, not all files contained this information when the investigation was conducted by the outside agency.

During the corrective action period, the facility implemented a system to ensure that victims are notified of the outcome of a PREA investigation. Samples were provided by the facility to the auditor for review showing that victims are provided written information of the outcome of an investigation.

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.

There were no staff reported to law enforcement or licensing bodies following their termination or resignation for violating sexual abuse or sexual harassment policies.

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 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 offenders who have been removed from general population shall not be denied daily large-muscle exercise, and should include access to education or work opportunities. Youthful offenders shall also receive daily visits from medical or mental health professionals if removed from general population.

There have been fifty-nine allegations of inmate-on-inmate sexual abuse, of which ten results in a criminal finding of guilt. A Disciplinary Hearing Procedure is utilized to determine sanctions. Decisions are made on a case-by-case basis. Restricted Housing may be used for disciplinary sanctions. This was confirmed through interviews and sample file reviews of both Adult Conduct Reports and Restricted Housing documentation.

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.

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.

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. This includes sexually transmitted infection treatment, treatment plans, follow-up care, and referrals as per interviews with medical and mental health staff. Both medical and mental health staff confirm that the services are consistent with the community level of care, and are offered at no cost to the inmate.

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 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 is not always completed.

During the corrective action period, the facility implemented a system to ensure that a Sexual Abuse Incident Review is completed for every investigation that closes as substantiated or unsubstantiated. Samples provided to the auditor showed that administration, security, Deputy Warden and medical/mental health were present at the meetings.

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)

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 25, 2017

Auditor Signature

Date