

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: February 8, 2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: June 30 – July 1, 2016			
Facility Information			
Facility name: Fox Lake Correctional Institution			
Facility physical address: W10237 Lake Emily Road, Fox Lake, WI 53933			
Facility mailing address: <i>(if different from above)</i> W10237 Laek Emily Road, PO Box 147, Fox Lake, WI 53933			
Facility telephone number: 920-928-3151			
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 Randall Hepp			
Number of staff assigned to the facility in the last 12 months: 343			
Designed facility capacity: 979			
Current population of facility: 1335			
Facility security levels/inmate custody levels: Medium Custody			
Age range of the population: 19-84			
Name of PREA Compliance Manager: Mark Schomisch		Title: Security Director	
Email address: mark.schomisch@wisconsin.gov		Telephone number: 920-324-7225	
Agency Information			
Name of agency: Wisconsin Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Wisconsin			
Physical address: 3099 East Washington Avenue, Madison, WI 53707			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 608-240-5000			
Agency Chief Executive Officer			
Name: Jon E Litscher		Title: Secretary	
Email address: jon.litscher@wisconsin.gov		Telephone number: 608-240-5065	
Agency-Wide PREA Coordinator			
Name: Christine Preston		Title: PREA Director	
Email address: Christine.preston@wisconsin.gov		Telephone number: 608-240-5113	

AUDIT FINDINGS

NARRATIVE

Fox Lake Correctional Institution received an on-site PREA Audit on June 30-July 1, 2016 by DOJ Certified Auditor Bobbi Pohlman-Rodgers, with assistance from DOJ Certified Auditor Richard Barnett. Prior to the on-site audit, the facility was sent the Audit Notices to be posted for staff and inmate viewing, as well as directions on providing the pre-audit information and documentation. As a result, a flash drive was received by this auditor which contained a completed Pre-Audit Questionnaire, agency policies, facility procedures, and sample documents/forms. These were reviewed by the auditor prior to the on-site audit. Additionally, the facility was provided a list of items to have available on the first day of the audit. The items requested consisted of an inmate roster by housing unit, specific inmate classification lists, and a staffing roster for all shifts for the two day audit to allow for the selection of random interviewees.

On the first day of the audit, the auditors met with Warden Hepp, Deputy Warden Krueger, Security Director and PREA Compliance Manager Schomisch, Secretary Bishop, and Agency PREA Coordinator Preston. A brief introduction and review of the on-site auditing process was discussed, along with information regarding interim reports, corrective action plans, and a final report.

Selection of the specialized staff, random staff and random inmates was completed. The auditor received one inmate letter prior to the audit and one was received a week after the audit that revealed no specific activities. Thirty inmates were identified for interviewing and included inmates who identified as Gay/Bisexual, Limited English Proficient, Disabled, one held in segregation, one with a reported prior victimization, and one with a current allegation. Ten random staff were selected for interviewing, with a selection from all three shifts. Thirteen specialized staff interviews were conducted, including the Warden, PREA Compliance Manager, Upper Level Management, Medical, Mental Health, Human Resources, Volunteer Coordinator, Investigations, Intake, Risk Screening, Incident Review, Retaliation Monitor, and the Victim Services Coordinator. The Agency Head and PREA Coordinator were interviewed at an earlier date by DOJ Certified Auditor Kevin Maurer, and this information is included.

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

From May 25, 2015 through May 25, 2016, there were 19 allegations of sexual abuse or sexual harassment. All received administrative investigations. Eight received criminal investigations. There were 2 allegations of sexual abuse received from other facilities. All received an administrative investigation. There was one allegation of sexual abuse that was reported within a timeframe to collect evidence. There were no instances where an alleged victim was involuntarily held in segregations pending completion of an assessment. Of the criminal investigations, three were referred for criminal prosecution.

DESCRIPTION OF FACILITY CHARACTERISTICS

Fox Lake Correctional Institution (CI) is a medium custody facility for male inmates. The facility itself sits on approximately 85 acres; however it is surrounded by 1,200 acres of land in Dodge County, WI. The facility opened in September 1962. The facility embraces a responsible living concept approach in managing the inmate population where inmates are able to move freely around the grounds from one activity to another. Due to the size of the facility, there are two areas when can be closed off from the main campus – the recreation building and the area where Units 9 & 10 are located. There is also a mobile patrol unit when inmates are outside of the housing units.

With an operating capacity of 979 inmates, there are a total of 347 staff. Of these, 264 are uniformed staff and include 104 Sergeants. There are 14 Supervising Officers – 8 Captains and 6 Lieutenants. The facility also provides an ADA Coordinator, a Limited English Proficiency Coordinator and a PREA Compliance Manager.

Education of inmates is a main component of the facility. Adult Basic Education, literacy programs, and GED/HSED are provided. Career & Technical Education programs teach transferable skills to inmates in Auto Maintenance, Masonry/Bricklaying, Millwork, Computer Drafting, Custodial Services, Horticulture, Machine Tool Operation, Outdoor Engine, Welding, and HVAC. Programming and other activities include Alcoholic Anonymous, Diversity Enhancement Programs and a Veterans Group.

Psychological services provided at the facility include Clinical Monitoring, Crisis Intervention, Evaluations, Multi-Disciplinary Meetings, and Sex Offender Treatment. Social services programming includes Domestic Violence Counseling, Thinking for a Change, Windows to Work – Fox Valley Workforce Development Board, and Victim-Offender Conferencing with the Remington Law Center, Restorative Justice.

Volunteers are a valuable resource to the facility and to inmates. Volunteers participate in religious services, pastoral visits, Restorative Justice and the Veterans Group.

There are numerous buildings on the grounds of the facility. These include the entrance facility/armory, administration, chapel, food service, laundry, health services, education, 9 housing units, recreation building, garage, industrial maintenance, and vocational shop building.

The administration building is three stories. The main floor houses the visiting room where PREA information was present, business offices, Human Resources, Wardens Office and a staff room. The lower level contains the mail room, property room, Supervisors satellite office, staff muster room, and an elevator for handicapped inmates and visitors. The upper level houses the Deputy Warden's office, Program Director's office, Conference and meeting room, Social Services Director's office, records, Officer post, ICE offices, Classification and Psychological services staff. The property room was specifically identified due to windows being blocked, preventing supervision of the area.

The recreation building provides inmate recreation and has equipment for basketball, weights strengthening, and ping-pong. There are three baseball diamonds at the rear of the area. There is a barber shop and music room with instruments. There are 6 practice booths that are no longer in use. The bathroom in the recreation building has 8 shower heads, toilets and sinks. While this is no longer in use, it was reported that the prior staffing entered the area only when necessary.

The academic building is a three story building. Keys to this building are limited to educational staff, maintenance, and building workers. The lower level no longer provides area for inmate programming. Staff and educators have an area for a breakroom. There are numerous storage areas and a large maintenance room. The main floor contains a library with cameras, mirrors and offices. Book shelves are kept under 4 feet for supervisory purposes. There are educational classrooms, offices, conference room, and a break room. There is some restricted viewing in the breakroom and conference room. The stairway provides mirrors for ease in supervision. The upper level houses Unit 7 in one half of the building. The other half of the upper level is no longer in use.

The chapel is an impressive building and is the hub of much activity. Staff are present each day, with services from 8:30 am-10:00 am, 2:00 pm – 3:30 pm, and 6:00 pm – 8:00 pm. The interior has a second level only around the perimeter of the building and this houses a religious library and offices. Inmate workers are assigned and present in the building from 8:00 am until 8:00 pm. There is a lower level that is used for a variety of activities and is staffed.

The Health Services Unit (HSU) provides patient care, including palliative care and dialysis. There are two sick inmate cells. The examination rooms, offices and conference rooms all have windows to allow for supervision.

The Kitchen has 4 cameras that provide enhanced supervision to the rounds that are conducted every 30-60 minutes by security staff. Rounds include the closets, coolers, dish wash room and access doors. There is a riser here for staff positioning. A small staff dining room is also located in this building. Blind areas identified include behind the dishwasher, the exit door to the cart storage and the basement. The basement is storage for pans, cookers and other equipment. Interviews with staff found that there are no clear directions on access to this area. The second basement area is used for maintenance storage and is only accessible with a key that is not readily available to staff.

The laundry has two cameras. There is a staff present; however it was noticed that there are blind areas to the clothing cage due to clothing hanging on the cage.

The maintenance shop provides areas that are caged. These areas were not blocked with stacked items and viewing was possible. Additionally, there are two cameras.

The vocational building houses CAD, Custodial, Masonry, Mechanic/Tool shop, woodshop, small engines, welding, and HVAC. There are limited cameras, however there are uniformed staff present who conduct rounds every 15-20 minutes. The rooms were designed and laid out to allow the maximum sight supervision. There is one room off the welding area that has no mirror or camera that presents a sight supervision challenge. Additionally, the office door of the Head Director for Education & Vocation has a blocked window. The auto body vocational program has been closed for 6 years and access to this area is only through keys for the auto mechanic staff, building officer and control center. The auto mechanic shop is visited by staff 2-4 times per day at random intervals as there are no cameras in this area. The HVAC classroom contains large windows for supervision.

The facility hosts a Badger State Industry of furniture building. A staff is positioned on a riser to provide supervision. The majority of the area is open to staff sight with the use of mirrors that have been positioned to cover areas around the building. There is one area that is not seen by the cameras or covered through mirror positioning.

The multi-purpose building is located in the former minimum security area and provides for large group activities. It can be divided. Staff are present when inmates are in the building.

The greenhouse contains a classroom and open areas for the growing of plants. There are glass walls in some of the areas allowing for supervision.

Units 1-6 are individual housing units, each with four wings. There are 24 rooms to each wing that provide for double occupancy. The non-secure wings all open into a main hall that contains bathrooms, showers, and two control centers. Each bathroom contains 6 sinks, 4 toilet stalls including one modified for ADA purposes, and 5 showers including one modified for ADA purposes. A hallway provides viewing into the showers through a modified grated window with plexi-covering. Due to the restricted air flow, the showers steam up the plexi-glass and prevents observing an inmates full body. There is a main dining room where PREA posters were observed. Food is brought into the units at meal time. There is a small kitchen for serving and this area is open for supervision purposes. There are 2 phones per unit with metal signs that show numbers to contact for PREA allegations. A tone is used to announce female officers or visitors entering the building, and a sign is posted that can be seen from the entrance that alerts inmates to the presence of a female. There are two cameras in each building that capture only the main hallway. Mail is picked up daily. Additionally, there is a basement and storage areas in each unit. All staff have access to these areas. Outside of each unit is a passive recreation area and seating.

Unit 7 is on the top floor of the education building. There are double occupancy rooms. General bathroom facilities that include toilets, sinks and showers. The dining area contains PREA educational posters and phones for inmate use.

Unit 8 is a Restricted Housing Unit. There are 8 cells on the south side, and 20 cells on both north upper and north lower. A central control is located in the main area. A hallway provides a property room, staff room and offices on the second level. This unit uses a pipe system for documenting staff rounds. There is a strip cell where the toilet can be seen and 2 observation cells provide full viewing to staff at the control center. There are a total of 10 cameras inside and outside the building. Up to three inmates provide custodial work and assistance with other activities.

Units 9 & 10 are barracks style living that are located in an area that can be separated from the main facility. Each unit contains two sides. There are a total of 144 beds per unit. There are general bathrooms providing 6 toilet stalls, 8 shower heads, 10 sinks and 4 urinals. The showers provide for privacy. There are 4 cameras and 4 storage rooms in the building.

SUMMARY OF AUDIT FINDINGS

A review of the documents, interviews and on-site audit information, Fox Lake Correctional Institution (CI) is found to have met thirty-two of the standards, and did not meet eight 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 January 27, 2017.

During the Corrective Action Period, the facility addressed standards 115.13, 115.15, 115.41, 115.42, 115.53, 115.67, 115.73 and 115.86. The facility provided to the auditor photographs, memo's, completed agency forms, training documentation and training material to show their compliance with PREA standards, and their commitment to following all the requirements of the PREA standards.

Number of standards exceeded: 0

Number of standards met: 40

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 Mark Schomisch is the designated facility PREA Compliance Manager. He reports that approximately 10% of his time is devoted to PREA related activities. Coordination of the facility’s efforts towards compliance is completed through communication, information sharing, meetings, training, postings, announcements, delegation, updates and checkups of systems. His methods PREA compliance after the identification of issues is devoted to inspecting, identification, notification, and follow-up. He is supervised by the Deputy Warden.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

Standard 115.13 Supervision and monitoring

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

- Does Not Meet Standard (requires corrective action)

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires all facilities shall have a staffing plan that takes into consideration all 11 requirements of the PREA standard; requires documentation and justification of deviations of the plan; and requires an annual review of the existing staffing plan and all post audits. While the allocation of staff is based on the Wisconsin biennial budget process, the facility administrators have the ability to schedule staff to ensure adequate levels of staffing to protect inmates against sexual abuse. The facility is not under any judicial, federal, internal, or external findings of inadequacy.

The staffing plan was last reviewed on April 18, 2016. There are no deviations from the staffing plan; however if this occurred it would be documented in the Supervising Officer Shift Report. 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 forced hold-over system. Changes to personnel are documented on the Supervising Officer Shift Report.

The facility staffing plan identifies assigned posts and emergency/relief posts. Fox Lake CI has Waupun CI has 347 staff, including 264 uniformed correctional officers. There are 14 Supervising Officers – 8 Captains and 6 Lieutenants. Deviations are noted on the Supervising Officer Shift Report.

Unannounced rounds are conducted as per Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” and Facility Procedure 900.412.01 “Logbooks”. Security Supervisors are required to conducted unannounced rounds daily, and on every shift, and documented the same in the housing unit logbook. Staff are not allowed to notify other staff of the rounds. Regular rounds are conducted hourly by uniformed correctional staff, however random interviews indicated that these are more frequent than policy requires. Mobile vehicles with security staff conduct rounds of the facility grounds when inmates are out of the housing units.

There were some blind areas identified in the facility; however the administration has done an excellent job of installing mirrors and redirecting their exiting cameras. There are 147 cameras in the facility. These can be viewed by the Warden, Deputy Warden and at other selected locations where only identified same gender staff can access. There are still some blind areas and these include property room, education office area, stairways, kitchen, laundry, welding, BSI, auto mechanics, auto body, and the basements of Units 1-6.

During the corrective action period, the facility addressed all areas that presented with supervision issues noted in the report. The majority of the areas had supervision addressed through physical feature changes and the facility provided photographs of the area for determination of compliance. The facility addressed the remaining areas through inclusion in the unannounced rounds plan, and submitted a memo to all managers and security supervisors that clearly states that these areas will be included in the unannounced rounds moving forward.

Standard 115.14 Youthful inmates

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

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

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

Standard 115.15 Limits to cross-gender viewing and searches

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

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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.

The majority of the areas where inmates shower, dress and toilet are offer privacy. There are some issues with the Restricted Housing Unit strip cell and 2 observation cells when can be observed by any staff in the area. There is no procedure regarding steps to take if only female staff in the unit. The staffing plan addresses the use of same gender staff to observe camera monitors except in exigent circumstances.

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. Currently, interviews confirmed that some notification is made as female staff enter the facility. The facility is installing a dedicated tone to signify the presence of females in the buildings, as well as a sign placed for any inmate entering the unit. Interviews with inmates confirmed their acknowledgement on the tone’s purpose.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” and Division of Adult Inmates Policy 306.17.02 “Searches of Inmates” addresses the prohibition of searching transgender or intersex inmates to determine an inmate’s genital status. Interviews with staff found that they are aware of the policy and of how to search a transgender or intersex inmate.

During the corrective action plan, the facility installed privacy film on the windows in the strip cell and in the 2 observation cells in the Restricted Housing Unit. The facility provided photos to the auditor for confirmation of the steps they took towards compliance with PREA standards.

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. Fox Lake CI 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 is one ADA Coordinator at the facility. 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 Fox Lake Correctional Institution.

There were no instances where inmate interpreters, readers or other types of inmate assistants were used for the purposes of reporting sexual abuse or sexual harassment.

Standard 115.17 Hiring and promotion decisions

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

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

Executive Directive 42 “Arrest and Conviction Policy for Applicants and Current Employees” requires that all staff, contractors, interns, and job shadowing persons must have a completed background check prior to hire. Background checks are conducted through state and federal criminal history, fingerprinting, civil records, sex offender registries, and driving history. Additionally, all Wisconsin Department of Corrections employees are subject to periodic background checks, including fingerprinting to comply with federal requirements. Periodic background checks are clearly identified as occurring once every five years for those who have contact with inmates, juveniles or offenders. Backgrounds are conducted by the Bureau of Personnel and Human Resources within the Division of Management Services. It was noted during the on-site that the agency fingerprinted all staff in 2012 and 2013. They are systematically running a new background on all employees in order to create a system that is easy to maintain every five years. Interviews confirmed that all employees have provided fingerprints to the Bureau. A review of staff files indicated that all 13 files reviewed had received a background in the last 5 years. The Volunteer Coordinator reported that all volunteers are required to be background screened prior to working with inmates.

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 PREA Audit Report

receiving a request from an institutional employer for who such employee has applied to work, as well as are in receipt of a release from the former staff. This was confirmed through interviews.

Standard 115.18 Upgrades to facilities and technologies

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

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The facility reported no new facilities or significant expansions or modifications. The facility reported they have moved around many of the cameras to cover staff identified blind areas that were of great concern. The Warden reported that they are currently in the process of identifying further camera needs.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses administrative and criminal investigations. All allegations are reported to the Office of Special Operations who determines if an incident is PREA related and if facility investigators will conduct the administrative investigation. They will also provide guidance in notification to the Dodge County Sheriff’s Office. Fox Lake CI conducts administrative investigations only, in conjunction with the Dodge County Sheriff’s Office if criminal activity is identified. There is a detective from the Dodge County Sheriff’s Office that works with the facility.

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses the requirements for the provision of victim support services. Fox Lake CI has a trained Victim Support Person who would be immediately notified when an allegation occurs. Victim Support Persons have received agency training titled “Advocacy in Confinement”. The Victim Support Person will meet with the victim and offer services, as well as engage the services of other outside advocacy services, such as the PAVE (People Against a Violent Environment). PAVE is responsive to the needs of the facility.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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. This was confirmed in an interview with an investigator.

While not in policy, both the Office of Special Operations and the PREA Director’s office would be notified. There were nineteen allegations of sexual abuse or sexual harassment in the past twelve months. All received administrative investigations. Of these, eight 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 Pre-Audit Questionnaire shows that 363 staff were trained or retrained on the PREA course. A random review of training records indicated that all files reviewed contained proof of PREA education. All random staff interviews confirmed that they have completed PREA training.

Standard 115.32 Volunteer and contractor training

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

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

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

The facility reports two hundred and fifty-nine volunteers. During the audit, a volunteer was not present at the facility. However, an interview with the Chaplain, who serves as the Volunteer Coordinator, found that all volunteers completed a background screening, PREA education, and a 2-hour training are requirements that she ensures have been met by each volunteer. She also reported that she maintains a watch on all volunteers for inmate interaction. Information reviewed indicated that volunteers are made aware of the zero-tolerance policy and are required to report all allegations of sexual abuse and sexual harassment.

Standard 115.33 Inmate education

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all inmates will receive information on the agency’s zero-tolerance policy and how to report at intake. It also requires comprehensive education within thirty days, as well as facility specific information upon transfer.

Upon arrival, all inmates will receive PREA education – both basic and comprehensive. All inmates receive three books – Assessment and Evaluation Handbook, Relating to Discipline, Code of Inmate Offenses and Disciplinary Procedures Handbook, and the Sexual Abuse/Assault Prevention and Intervention Handbook. Each book is available in both English and Spanish and the Sexual Abuse/Assault Prevention and Intervention Handbook is also available in Braille. The Sexual Abuse/Assault Prevention and Intervention Handbook is an overview of the Prison Rape Elimination Act of 2002 requirements. This includes definitions, how to report, what to do if assaulted, and steps to protect oneself against sexual assault. Every week the facility conducts Orientation with all new inmates. This is conducted on Thursdays. Orientation includes comprehensive PREA education verbally through the agency script and through a video, “PREA: What you Need to Know”, which is available in six languages and with closed caption. Orientation typically occurs within 1-3 weeks and on Mondays.

The facility maintains information on inmate participation in PREA training. This is a new process and is currently running smoothly. This

information was reviewed and confirmed that the comprehensive education is now being provided typically within 7 days at the latest based on the Thursday classes. A review of standing inmate education shows that the facility conducted facility wide training in April 2016.

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

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 a case for administrative action or prosecution referral.

The agency has provided specialized investigative training to one hundred and seventy-six staff who conduct administrative investigations. 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). Fox Lake CI has 6 trained investigators who conduct only administrative investigations. An interview with an investigator found that he has completed both the staff PREA training and a specialized investigations training. He reported that information is provided for interviewing victims.

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, as well as the standard PREA training for all staff. Training was completed. 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.

Interviews found that the screening tool is completed upon the inmate’s arrival and prior to any housing decisions. The inmate meets with a social worker where screening questions are asked and then the form is scored. Inmates are asked the first 9 questions on the form, specifically addressing age, build, LGBTI, victimization (community & institutional), and institutional sexual aggressive behavior. The form is then completed utilizing the inmate’s record, sexual offenses, any disabilities, prior criminal offenses, history of sexual abuse, and history of physical assault. The form is then filed. The interviewed staff did not know if the or when the risk level is reassessed due to new information. A review of the risk assessments for those inmates interviewed found that of the 30, four had arrived since the form was put into place and were completed within 24 hours. The remaining twenty-six were inmates who had arrived prior to the implementation of the screening and had not yet been screened. There is a concern as some inmates are in double occupancy housing or barracks style housing.

During the corrective action period, the facility provided samples of the PREA Screening Tool: Transfer and Reassessment. This is the tool used when there is new information obtained or reported. All staff who have a responsibility to ensure the safe housing of inmates were provided training on this document. The results of all PREA Screening Tools is now added to a database which identifies the inmate, the inmate’s room, and the results of the screening in order to ensure the safety of all inmates. This database is checked when inmates are assigned for housing.

Standard 115.42 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that information from the screening tool and subsequent information be used to make determinations for housing, programming, work and education assignments. These determinations are made individually. While the interviews confirmed that the initial housing and bed assignments are made with the risk screening results, there is no system to keep the risk scoring available for future housing or programming needs. While the interviewee indicated that they now put this information on the spreadsheet, a review of the spreadsheet against completed risk assessments found that this practice is not always completed as required.

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, they have not yet implemented this system. This was confirmed through interviews. A transgender or intersex inmates own views regarding safety would be given serious consideration. There were no identified transgender or intersex inmates at the facility at the time of the audit, nor has there been an intersex or transgender inmate housed here to date, as per interview with the social worker. There are no special housing units for any inmate reporting transgender or intersex.

During the corrective action period, the facility created a database with information related to victimization or sexually aggressive inmates, as per the results of the PREA Screening Tool. This database is checked prior to the placing of an inmate within the facility to ensure their safety.

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.

An interview with the Warden found that there is no system to automatically place an alleged victim into protective custody unless a housing assessment found that there is no other alternative. The Warden reported that they have never placed an alleged victim in RHU. Typically, a housing unit change would provide necessary protections. During the tour, an interview was held with RHU staff who indicated that they could not remember when an alleged victim had been held in this unit.

Standard 115.51 Inmate reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires multiple methods of reporting sexual abuse or sexual harassment, including an external method. Inmates are educated on how to report abuse that includes telling a staff member, writing a letter to staff, calling “777” (Office of Special Operations – internal), calling “888” (Capital Police Department – external), and contacting local law enforcement. The Executive Directive also requires that staff will accept reports made verbally, in writing, anonymously, and from third parties. As inmates are not detained solely for civil immigration purposes by the Wisconsin Department of Corrections, there is no policy addressing this portion of the standard.

Methods of reporting sexual abuse or sexual harassment is provided to the inmates at intake and poster on how to report were observed throughout the housing units and other key areas. No pin code is needed to make calls, confirming anonymity. Phones are located in each housing area and there is a metal placard above each phone that indicates reports of sexual abuse may be made by calling “777” or “888”.

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

Phones and phone numbers were observed in each housing area. During the inmate interviews, inmates reiterated the various methods of reporting abuse, including submitting a kite, calling “777” or “888”, telling staff and telling family. They also reported knowing that they could report anonymously. The majority of inmates reported that while they knew how to report that this would not pertain to themselves.

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; however, none knew of services that this agency could provide. There was no information within the facility that provided further identification of services. A discussion with the PREA Director indicated that the agency would provide posters for the facility.

During the corrective action period, the facility installed posters regarding the outside services of PAVE in areas where inmates and visitors have viewing (housing and visitation). Photographs of these posters were provided to the auditor.

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. Inmate interviews confirmed that they were aware of third party reporting.

Standard 115.61 Staff and agency reporting duties

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

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

Executive Directive 72 “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.

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

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

Standard 115.62 Agency protection duties

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires immediate staff action when there is information that an inmates is subject to a substantial risk of imminent sexual abuse.

Staff report that they are required to separate the inmate from other offenders and notify their immediate supervisor. This information is provided through the staff PREA education. There has been 1 instance where the facility has determined that an inmate was subject to substantial risk of imminent sexual abuse. The procedures were following within 30 minutes of the report. The inmate was not able to be interviewed due to his having been relocated to another facility.

Standard 115.63 Reporting to other confinement facilities

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that any allegation received that indicate an inmate was abused at another facility must be immediately reported to the head of the facility where the alleged abuse occurred. This notification must be made within seventy-two hours and must be documented.

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

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

This was confirmed through interviews with key administration staff. While there were no reports of having received information that alleged an inmate was sexually abused at another facility, this facility did receive 2 allegations that were reported at other facilities. These were documented and investigated.

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. Of the reported sexual abuse reports at this facility, one was received where the first responder separated the victim from the alleged perpetrator, preserved and protected the crime scene, and requested the alleged victim not take any steps to destroy 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. There were no instances where a non-secure staff were made aware of an abuse allegation. Staff interviews confirmed their knowledge of the steps to take.

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 reviewed in January, 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 Victim Services Coordinator is 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. An interview with the Victim Services Coordinator found that she is not always notified when an allegation is brought forth and therefore the retaliation monitoring is not begun. Additionally, she reported she has received no training on how to monitor, but reports that she would check to ensure the level of comfort of the victim and are not further victimized in their units by staff or other inmates. She also reported that she is not aware of persons other than the victim to monitor 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 documented retaliation checks and have documented these on the appropriate agency form (DOC-2767). Seven samples provided for auditor review including monitoring every 30 days, as well as notations that a victim advocate was offered and/or accepted by the inmate.

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).

While the facility has the ability to provide protective custody, interviews confirmed that it has not been used recently. Any inmate placed here would be limited to 24 hours for the purposes of assessment for appropriate housing. Restriction of programming and services would be limited and would be documented for RHU staff.

Standard 115.71 Criminal and administrative agency investigations

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires the administrative investigations to be completed by the facility, and criminal investigations to be referred to local law enforcement (Dodge County Sheriff’s Office), and describes the investigation process.

Administrative investigations begin immediately upon notification. All allegations of sexual abuse are reported to the Office of Special Operations who determines if an incident is PREA related and if facility investigators will conduct the administrative investigation, or in the case of staff being the alleged abuser the Office of Special Operations will conduct the investigation. Only specially trained investigators will handle sexual abuse investigations. The Office of Special Operations will also provide guidance in the notification to the Dodge County Sheriff’s Office. The Fox Lake CI conducts administrative investigations, in conjunction with Dodge County Sheriff’s Office if criminal activity is identified.

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

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. The initial activities of investigation would include interviewing the victim, video review, witness statements, and cell searches, if applicable.

Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. There were 3 investigations that were referred for criminal prosecution. Currently there are 2 cases pending 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. In one two cases, the perpetrator has resigned and the case is pending prosecution.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that no standard higher than a preponderance of the evidence is used in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed through interviews with the facility investigator.

Standard 115.73 Reporting to inmates

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that the victim be notified when the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If a staff member was the subject of the investigation, the victim shall be notified of their departure from the inmates unit, departure from the agency, and indicted or convicted on a charge related to sexual abuse within the facility. If an inmate was the subject of the investigation, the victim shall be notified if they are indicted or convicted on a charge related to sexual abuse within the facility.

There is a standard form that is used to notify victims of the outcome and the status of the alleged abuser. An interview with the PREA Coordinator found that the system to notify inmates is not in place.

During the corrective action period, the facility conducted eight victim notifications and provided copies of these to the auditor for review. Each clearly documents the date of the incident and the outcome, and allows for the inmate to contact the Victim Services Coordinator for further information. This form will be used moving forward for all inmate notifications of an investigation being completed.

Standard 115.76 Disciplinary sanctions for staff

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses disciplinary sanctions for staff. Disciplinary action, up to and including termination, may be implemented for a violation of the sexual abuse or sexual harassment policies, with termination being the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All disciplinary action for violations of the agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, prior disciplinary history, and sanctions imposed for similar offenses by other staff with similar histories. Termination and resignations (who would have been terminated) are reported to law enforcement and relevant licensing bodies.

This process was confirmed with the administrative staff. There were no instances where disciplinary action was taken upon a staff. It is noted that there currently is an open investigation that involves staff misconduct and this staff has resigned. Law enforcement was notified, and conducted an investigation in conjunction with the Office of Special Operations. This staff is pending criminal prosecution.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that a contractor or volunteer who violates the sexual abuse or sexual harassment policy be prohibited from further contact with inmates, and reported to law enforcement (if the act was criminal) and relevant licensing bodies.

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

Standard 115.78 Disciplinary sanctions for inmates

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” details the disciplinary sanctions for inmates who have engaged in inmate-on-inmate sexual abuse or following a criminal findings of guilt for inmate-on-inmate sexual abuse. Sanctions shall be commensurate with the nature and circumstances of abuse the abuse committed, disciplinary history, and the sanctions imposed in similar offenses with similar histories. The process shall also consider whether any mental disabilities or mental illnesses in the determination of the type of sanction that should be imposed. The facility shall consider shall consider participation in any interventions, such as therapy of counseling, to address and correct underlying reasons or motivations for the abuse. In regards to staff-on-inmate abuse, an inmate may not be disciplined upon a finding that the staff member did consent to the contact. All reports of sexual abuse made in good faith shall not constitute falsely reporting an incident or lying. While consensual sexual activity between offenders is prohibited by Wisconsin Department of Correction, the facility may not deem consensual activities as sexual abuse if it is determined that the activity is not coerced.

Youthful inmates are not held at this facility.

While there have been four allegations of inmate-on-inmate sexual abuse, there have been no criminal findings of guilt at this facility. This information was confirmed through a file review and interview with the investigator.

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.

Interview with screening staff found that all inmates are offered a follow-up meeting with medical and/or mental health staff if they reported a prior victimization or had previously perpetrated a sexual abuse. If this is reported within the time frame to obtain a forensic examination, they medical and mental health staff would meet with the victim upon their return to the facility. These meetings are offered the same day as reported. Interviews with medical and mental health staff confirm referral within fourteen days and informed consent. All information is protected from staff who do not have a need to know.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses timely and unimpeded access to emergency medical treatment and crisis intervention services. Immediate medical services includes, if applicable, information and access to sexually transmitted infections prophylaxis. Interviews with medical and mental health staff confirm that immediate access to emergency medical treatment is provided, and that sexually transmitted infections prophylaxis is offered based on a physician’s order. Interviews with security staff confirm that all staff are aware of the requirement to immediately protect victims. The Coordinated Response Plan ensures that medical and mental health staff are immediately made aware of any sexual abuse allegations.

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

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

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

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses on-going medical and mental health evaluation and treatment to victims of sexual abuse. Mental health services would include an assessment, treatment plans, treatment options, therapy, debriefing, validation of feelings, normalcy, and the invitation of family members to participate. Medical services would include an assessment, appropriate testing, risk assessment, continuing of current treatment services, documenting injuries, and followup of prior medical examination as per physician order. Both medical and mental health staff interviewed confirmed that services are offered at no cost to the victim. Both believe that services are consistent with the community level of care.

Standard 115.86 Sexual abuse incident reviews

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that a Sexual Abuse Incident Review be conducted within thirty days of the close of an investigation that is substantiated or unsubstantiated. While the agency has a standard form for documenting the Incident Review, an interview with the PREA Compliance Manager found that this has not yet been implemented at the facility. However, an interview with the Deputy Warden found that this has been in place for approximately 6 months.

During the corrective action period, the facility completed a Sexual Abuse Incident Review for any investigation closed within the past 6 months and during the corrective action period. There was one (1) submitted to the auditor for review. The review documents all required components of the PREA standard.

Standard 115.87 Data collection

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

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

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

Standard 115.88 Data review for corrective action

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that data collected is utilized for improving the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. This includes identifying problem areas, taking corrective action, and preparing an annual report.

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

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

Standard 115.89 Data storage, publication, and destruction

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that data collected is utilized for improving the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. This includes identifying problem areas, taking corrective action, and preparing an annual report. The Executive Directive also requires the maintenance and storage of data collected for ten years after the date of the initial collection.

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

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Bobbi Pohlman-Rodgers

February 8, 2017

Auditor Signature

Date