

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: January 20, 2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: June 21-22, 2016			
Facility Information			
Facility name: Stanley Correctional Institution			
Facility physical address: 100 Corrections Drive, Stanley, WI 54768			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 715-644-2960			
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 Reed Richardson			
Number of staff assigned to the facility in the last 12 months: 347			
Designed facility capacity: 1500			
Current population of facility: 1566			
Facility security levels/inmate custody levels: Medium, Minimum			
Age range of the population: Youthful inmates and Adults 18-78			
Name of PREA Compliance Manager: Kyle Eslinger		Title: Supervising Officer II	
Email address: kyle.eslinger@wisconsin.gov		Telephone number: 715-644-2960	
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: 715-644-2960	

AUDIT FINDINGS

NARRATIVE

Stanley Correctional Institution received an on-site PREA audit on June 21 - 22, 2016 by DOJ Certified Auditor Bobbi Pohlman-Rodgers. Prior to the on-site audit, the facility provided to the auditor a flash drive with a completed PREA Pre-Audit Questionnaire, agency policies, facility procedures, and sample documents/forms. These were reviewed by the auditor prior to the on-site audit. Additionally, the auditor communicated with the PREA Coordinator, who informed the facility of additional items that would be needed on the first day of the audit that included inmate roster's by housing unit and by classification and staffing rosters for the three day audit to allow for selection of random interviews.

On the first day of the audit, the auditor met with Warden Reed, Deputy Warden Duval, Deputy Warden Canziani, Security Director Achterberg, Nursing Supervisor Barker, Administrative Captain Lundmark, Program Director Webster, Unit Supervisor Reimer, Unit Manager/PREA Compliance Manager Backup Stoudt, PREA Director Preston, and PREA Program and Policy Analyst Weber. A brief introduction and review of the on-site auditing process was discussed, along with information regarding interim reports, corrective action plans, and final report were covered.

A selection of specialized staff, random staff and random inmates followed the entrance. Random staff selection included ten staff, with at least one person from each shift. Specialized staff interviews totaled thirteen. Seventeen inmates were interviewed; one inmate from every housing building, one who reported a disability, one identified as limited English proficient, two who reported prior victimization outside of the prison system, and two who acknowledged being gay or bisexual. No inmates were identified as transgender or intersex. The auditor did receive five letters; of these, four inmates were interviewed.

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

In 2015 there were eighteen allegations of sexual abuse or sexual harassment that received an administrative investigation. Included in this number was one allegations received from another facility. Of these eighteen, five were allegations of sexual abuse. Investigation outcomes determine 1 was substantiated (Harassment), 6 were unsubstantiated, 2 were unfounded, 5 were identified as not meeting the definition of sexual abuse or sexual harassment, and 4 are still under investigation. There was one allegations received from another facility that was immediately investigated. All allegations of sexual abuse or sexual harassment are investigated, either by trained staff, Office of Specialized Operations staff, or local law enforcement, if criminal in nature. Additionally, local law enforcement is notified of all sexual allegations. The agency PREA Coordinator and the facility PREA Compliance Manager are made aware of any allegations of sexual misconduct.

DESCRIPTION OF FACILITY CHARACTERISTICS

Stanley Correctional Institution, located in Stanley, Wisconsin, provides housing for 1,500 adult male inmates. Constructed in 1998, it was a joint venture of the Dominion Company and the City of Stanley. In 2001, the State of Wisconsin purchased the prison from the Dominion Company. While the facility has a medium security designation, it also houses minimum inmates.

Based on the diverse and unique population at Stanley CI, care is taken to identify inmates with unique needs, or those who may be vulnerable to abuse. Inmates identified as potential vulnerable to abuse, both physical and/or sexual, or inmates with unique needs, are flagged for additional follow-up to determine if special housing considerations are warranted. This is completed on a multidisciplinary level and determinations are made on a case-by-case basis for these identified inmates.

There are eighteen buildings on the Stanley CI property. These eighteen buildings provide space for housing, property, intake, medical, mental health, food service, laundry, chapel, records, canteen, education, library, control center, visitation, two gymnasiums, maintenance, administration, warehouse, and training. Badger State Industries is also located on the property. All areas are equipped with video monitoring and convex mirrors to assist in supervision. With budget constrictions, the facility has purchase standalone camera equipment in blind areas in Receiving and Orientation and within the visitation area. Facility and structural changes have assisted with efforts to decrease the number of blind areas.

Stanley CI is staffed with 347 employees, including 190 correctional officers, 49 sergeants, 6 Lieutenants and eight Captains. There are also 5 Corrections Unit Supervisor who oversee security and non-security staff in each of the main housing units. Housing units 1-5 have four security staff each shift. Receiving and Orientation (R&O) and Restricted Housing Unit (RHU) each have three security staff during the waking hours and two security staff during the sleep hours. There are two social workers assigned to each housing unit. Every hour the security staff in each housing unit conduct rounds. Unannounced rounds are conducted once per shift by the security supervisors and are documented in the housing unit's logbook.

Stanley CI provides a multitude of programming: Anger Management Group Intervention, Cognitive Group Intervention, Domestic Violence, Earned Release, Sex Offender Treatment, Chronic Pain Group, Cage Your Rage, Coping Skills Group Depression and Anxiety Group, ADHD Group, Path to Freedom and Behavioral Health Programs, EMDR Therapy, and Thinking for a Change. All programming is offered within the housing units and education rooms. Inmate education programs include Adult Basic Education (ABE), Correspondence courses, Personal Enrichment, Fathers Sharing Books, and the Inmate Tutor Program. Vocational programming for inmates is provided through the Chippewa Valley Technical College, and includes custodial services, Microsoft Office Associate, and Computer Aided Drafting.

The gate house holds visitor check in, Warden's office, HR offices and a conference room. Inmates do not enter this section of the facility.

The main building houses master control, security suite, and visitation. The master control staff have the ability to review all cameras live. There are 71 cameras, with additional cameras having been purchased and are awaiting installation. Currently, no housing unit has cameras in place and this was addressed in the agency mock audit. Installation should begin in the next few weeks. The security suite houses the Assistant Warden, Security Director, shift supervisors, and other staff offices. The visitation area is a large open room that provides ease in supervision. There is an inmate search area with two inmate bays that allow for strip searches, along with walls that provide privacy from the camera in the room.

There are two indoor gymnasiums that contain music rooms and a weight area. The Medical Housing Unit (MHU) contains medical offices, pharmacy, and dentist offices. All areas for assessing inmates have a window in the door in order to observe occupants. There are two rooms set aside for inmates that allow for observation of any illnesses. One is currently in use and the other is currently used for storage.

Opposite gender announcements are currently made throughout a housing building by a specific tone. Inmates are informed at intake that the tone is used to signify a female entering into the building. However, the tone is not used as each opposite gender staff enters the individual wing. This was discussed with the Agency PREA Coordinator and the backup PREA Compliance Manager.

Education and Psychological Services Unit (PSU) are in one building. All classrooms contain a window in the door, as well as a PREA Audit Report

large window in the wall that allow for supervision of the classroom from the hallway. PSU contains a group room and a smaller single room for interviews that allow for supervision through a door window and larger window in the wall that can observe the group room from the hallway. The offices all contain windows in the doors to allow for supervision. One office is a longer office and the whole area cannot be seen from the doorway. This was discussed with the Agency PREA Coordinator and the backup PREA Compliance Manager.

Badger State Industries (BSI) is a DOC Industry that creates signage for use throughout Wisconsin using inmate labor. There are two security staff positioned within the building, as well as other BSI staff. One staff is positioned at a desk that allows for 360° supervision of the building and the other staff controls the entrance/exit door and performs searches of inmates.

The kitchen is a large area with some cameras. Many of the areas have had the doors removed to allow for supervision of the area. There are security staff present, as well as kitchen staff. Meals are prepared and moved to the units for serving.

There are five housing buildings that contain three wings each, for a total of 15 housing units. Each wing is independent of the other. There is a larger area above the vestibule, known as the “bubble”, which can be used to observe all three units and is currently not in use. Access to this area is only through the control center. There is a small kitchen area in each building that allows for meals to be brought into the unit from the kitchen. These meals are served on the unit by inmate workers. There is also one area within the “B” wing that allows for a variety of activities to be performed, based on the needs of the individual building. These include either bio-feedback areas or clerical areas. Each wing has a staff desk that allows for direct supervision of inmates by staff. There are 48 regular wet cells and two ADA wet cells in each housing wing. Each can house two inmates. There are nine showers on the upper tier and five showers on the lower tier, including one ADA shower. The showers each have a shower curtain that is opaque on the top and bottom, with a solid center to allow for inmate privacy. The staff view from both the floor and the upper bubble were checked to ensure inmate privacy. There are also four phones in each wing along with a grievance box.

One building contains two housing units; the Restricted Housing Unit (RHU) and the Receiving and Orientation Unit (R&O). RHU are single person wet cells. There are showers in the back of the unit. A solid door with a thin vertical window and an open slot to allow handcuffs to be removed. However, the open slot is large enough to allow sight of the inmate’s private areas. This was discussed with the unit Captain, Agency PREA Coordinator and the backup PREA Compliance Manager. R&O Unit houses both new inmate population as well as contains some disciplinary cells. There are some showers similar to RHU showers and will need addressing for privacy issues. The remaining showers are similar to other others in that an opaque shower curtain with a solid center is hung to allow for inmate privacy.

Inmates are assigned to a housing unit based on programming needs and classification. Each unit is program specific: Unit 1 – Mental Health Unit; Unit 2 – Workers Unit; Unit 3 – Programming Unit; Unit 4 – General Population Unit; and Unit 5 – Education Unit. Interestingly enough, the housing units are separated by a fence. Unit 1, Unit 2, RHU and R&O are on one side of the fence, and Unit 3, Unit 4, and Unit 5 are on the other side. Each side provides an indoor gymnasium and an outdoor recreation field. This allows for inmate separation as needed or identified, as well as the use of different buildings or wings.

Sexual abuse and sexual harassment reporting posters were noted throughout the facility. Housing and other areas of the facility had the PREA audit poster in areas where both inmates and staff are able to observe. Five letters were received by the auditor, when confirms that pre-audit notices were up in a timely manner. The inmate television provides information as well on reporting sexual abuse and sexual harassment. All inmates at intake are provided a red PREA booklet that describes the zero tolerance policy and how to report sexual abuse or sexual harassment. Additionally, an addendum to the book provides the outside rape crisis center name, services available and contact information.

On the day of intake, all inmates are screened using the agency objective screening tool that allows for the identification of inmates who may be vulnerable to victimization or who may be sexually aggressive. This information is shared with security staff who have been authorized to make housing decisions, as well as discussed in the M-Team (Multi-Disciplinary Team) meetings that are attended by unit managers, medical staff, mental health staff, and security staff. Depending on the time that new inmates are received at the facility, the comprehensive PREA information is presented either on the day of arrival or the next day. This information is provided through a written script and a PREA video.

The M-Team is also tasked with housing and programming decisions for any transgender or intersex inmates. Currently, there were no transgender or intersex inmates housed at Stanley CI, so no file review was able to be conducted.

SUMMARY OF AUDIT FINDINGS

A review of the documents, interviews and on-site audit information, Stanley Correctional Institution is found to have one exceeded standard, met thirty-four of the standards, and did not meet five 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 8, 2017.

During the corrective action period, the Stanley Correctional Institution and the Wisconsin Department of Corrections addressed the compliance issues raised in this report, specifically PREA Standards 115.15, 115.21, 115.233, 115.42, and 115.67. The facility provided training rosters, photographs, and physical documents to show compliance with PREA Standards. The corrective actions taken support their continued commitment to PREA standards. At this time, this auditor finds the facility in compliance with all applicable PREA Standards.

Number of standards exceeded: 1

Number of standards met: 39

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.

Supervising Office II Kyle Eslinger is the designated facility PREA Compliance Manager. Unit Manager Paula Stoudt is the PREA Compliance Manager back up. Ms. Stoudt was present during the audit. She reported that approximately 20% of her time is dedicated towards PREA Compliance. Staff and Inmate education, staff meetings, process plans and follow-up are key to identifying and resolving PREA related issues. She reported that the PREA Compliance Manager has the support of the Warden.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

Standard 115.13 Supervision and monitoring

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

- Does Not Meet Standard (requires corrective action)

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

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

The staffing plan was last reviewed on March 3, 2016. There are no deviations from the staffing plan. The facility identifies needs in advance and allow staff to select over-time shifts. In the case that immediate coverage is needed, the facility also utilizes a forced hold-over system. Changes to personnel are documented on the duty roster. There are 71 cameras.

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

Unannounced rounds are conducted as per Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” and Facility Procedure 900.412.01 “Logbooks”. Supervisors are required to conduct and document unannounced rounds in the Unannounced Rounds logbook. These are to be conducted one time per shift, and include addressing safety, sanitation, staff posts and inmate behavior. Rounds include housing, health services unit, towers, kitchen, gymnasiums, maintenance, education, lobby and visitation. Staff are not allowed to notify other staff of the rounds. Documentation of these rounds is found in each housing unit logbook.

Standard 115.14 Youthful inmates

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

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

This standard is N/A as the facility does not house Youthful Inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

corrective actions taken by the facility.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” prohibits cross-gender strip searches and cross-gender visual body cavity searches except when performed by medical practitioners. Division of Adult Inmates Policy 306.17.02 “Searches of Inmates” requires agency form DOC 1523 be used to document all inmates searches. There were no cross-gender searches in the past twelve months.

A tour of the housing areas found that the majority of the showers offer privacy through the use of curtains. The showers in RHU and the upper tier of R&O do not provide privacy. Toilets are within each cell.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses the announcing of cross-gender staff within the housing unit where inmates may be showering, toileting or changing clothing. The facility began using a dedicated tone to signify the presence of females in the buildings. Interviews with inmates confirmed their education on the tone that signified a female was in the building. One inmate reported that a particular staff used the tone for other purposes; but this was not confirmed with other inmate interviews. The tone is used only at the beginning of the shift and throughout the building instead of each time a female enters the wing.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” and Division of Adult Inmates Policy 306.17.02 “Searches of Inmates” addresses the prohibition of searching transgender or intersex inmates to determine an inmate’s genital status. Interviews with staff found that many staff are unclear on the gender of the staff who will conducted searches on transgender or intersex inmates.

During the corrective action period, the facility addressed the showers in RHU and the upper tier of R&O, making adjustments that provide for inmate privacy. The RHU shower area has been updated with screens that are placed over the gap in the door to provide inmates with privacy. The upper tier or the R&O has had a vinyl insert on the railing that prevents viewing of inmates of inmates in the shower. Facility procedure 904.14.03 was updated to clearly detail the cross gender announcement process, ensuring that female staff entering the wings are announced. Staff were provided refresher training along with a copy of facility procedure 904.14.03 that addresses cross gender announcements. Staff were also provided clear directions in memo form that detail the cross gender announcement process. All staff completed a viewing of the search video, which details specific directions for transgender and intersex inmate searches.

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

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” and Division of Adult Inmates Policy 300.00.35 requires that all inmates who are disabled or limited English proficient shall have an equal opportunity to participate in or benefit from all aspects of the prevention, detection and response to allegations of sexual abuse or sexual harassment. Stanley Correctional Institution is compliant with the Americans with Disabilities Act of 1990. There are notices posted in the facility on how to access services. All services, programs and activities, when viewed in their entirety, are accessible to and usable by individuals with disabilities. There is one ADA Coordinators at Stanley Correctional Institution. Interviews with one disabled inmate indicated that he is provided assistance for educational purposes, as well as in other areas as necessary. The PREA Coordinator confirmed that material in Braille is available upon request from the PREA office. A review of the ADA Coordinators spreadsheet finds that they have provided inmates with enhancements to accommodate their disabilities. These include sign language interpreters, special alarm clocks, bed shaker, video phone and shower chairs.

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 Stanley Correctional Institution.

Standard 115.17 Hiring and promotion decisions

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

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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.

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

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

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

Standard 115.18 Upgrades to facilities and technologies

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

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As a result of the facility staff conducting a thorough walk-thru of the facility, they have made changes to certain areas to allow for sight supervision. Examples include the removal of doors in the kitchen to allow for supervision and the removal of a door in RHU which hindered sight supervision. The facility also purchased and installed a separate camera system for the visitation area to enhance supervision in this area.

As a result of the facility staff’s review of facility blind areas, the facility has purchased and installed additional cameras in the visitation area and in the Receiving and Orientation Unit.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses administrative and criminal investigations. All allegations are reported to the Office of Special Operations who determines if an incident is PREA related and if facility investigators will conduct the administrative investigation. Stanley Correctional Institution Investigators completed only administrative investigations. Allegations that are criminal in nature are referred to the Stanley Police Department. The facility has not requested of the Stanley Police Department to comply with PREA Standards.

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”. Trained facility investigators respond to the facility when there is an allegation of sexual abuse. Staff protect the area and provide supervision of inmates for the preservation of evidence until Stanley Police Department responds to the facility.

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 Sacred Heart Hospital in Eau Claire, WI.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses the requirements for the provision of victim support services. Stanley Correctional Institution has a trained Victim Support Person who is immediately notified when an allegation occurs. Victim Support Persons have received agency training titled “Advocacy in Confinement. The Victim Support Person will meet with the victim and offer services, as well as engage the services of the Family Support Center in Chippewa Falls, WI. The Family Support Center provides support during the forensic examination and during the investigative interviews, emotional support, crisis intervention services, information, and referral services. While there is currently no MOU in place, both the Family Support Center and the facility report that they are working together to provide appropriate services. Inmates are provided this information upon intake as well.

During the corrective action period, the facility reached out to the Chief of Police of the Stanley Police Department. The facility provided the requirements of PREA Standard 115.21. The Chief of Police responded to the facility by electronic mail that he acknowledged receipt of the standards and that the Stanley Police Department intends to comply with the standards as set forth.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

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

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

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

Standard 115.31 Employee training

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

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

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

The auditor completed the PREA course. The course provides information consistent with the Executive Directive and PREA Standard 115.31 (a), and includes periodic tests within the course. The facility was able to run a progress report for all staff registered for the PREA course. A review of 23 training records shows that sixteen have completed PREA training in 2015, four have already completed their 2016 PREA training, one is currently in the academy, and three have not completed PREA training in 2015.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

The facility reports one hundred and thirty-two volunteers. A volunteer was not present during the audit period. A review of the files indicated that PREA education is completed as required by policy and standard.

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. PREA education at Stanley Correctional Institute began in March 2016. Inmates who have arrived since then have received education within 5 days. This was verified through signed rosters.

The Reception and Orientation Unit is a special unit for all new intakes. While here, all inmates will receive PREA education – both basic and comprehensive. All inmates receive three books – Assessment and Evaluation Handbook, Relating to Discipline, Code of Inmate Offenses and Disciplinary Procedures Handbook, and the Sexual Abuse/Assault Prevention and Intervention Handbook. Each book is available in both English and Spanish and the Sexual Abuse/Assault Prevention and Intervention Handbook is also available in Braille. The Sexual Abuse/Assault Prevention and Intervention Handbook is an overview of the Prison Rape Elimination Act of 2002 requirements. This includes definitions, how to report, what to do if assaulted, and steps to protect oneself against sexual assault. Included with this is an addendum identifying the name and address of the Family Support Center, a local Rape Crisis Agency, in both English and Spanish. Additionally, all inmates are required to view the PREA video “PREA: What you Need to Know”, which is available in six languages and with closed caption.

A file review found that PREA education was not documented until 2016. In March of 2016, the facility conducted PREA education with all inmates. This included the dissemination of the Sexual Abuse & Sexual Harassment in Confinement Addendum that identifies the Family Support Center as the sexual assault service provider. Since March 2016, the facility provides PREA education on admission and within 5 working days. This is documented within the individual PREA Orientation form and on the Intake Orientation form. Interviews confirmed that education was received. However, there is concern that R&O staff are not ensuring that inmates are able to understand the material as presented (i.e. ability to read).

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

During the corrective action period, the PREA Compliance Manager created a lesson plan to assist the intake screener with identifying any inmates with reading disabilities through a review of prior classification information or through observing and assessing an inmate during the orientation process for any nonverbal signs of lack of understanding. The PREA Compliance Manager provided one-on-one training with the intake screener.

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. 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).

Stanley Correctional Institution has nine trained investigators and proof of their training was provided by the facility. An interview with the investigator confirmed her knowledge of the material. All allegations receive an administrative investigation, either at the facility level or through the Office of Special Operations. This is initiated at the facility and if criminal activity is discovered, it is referred to Stanley Police Department for a criminal investigation. She completed her training in January 2016. Training included all requirements of the standard.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all full and part-time medical and mental health staff complete specialized training in the detection and assessment for signs of sexual abuse and sexual harassment, preservation of physical evidence of sexual abuse, effective and professional communication with victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

No forensic examinations are conducted at the facility. Victims are transported to Sacred Heart Hospital for forensic examinations. The alternative hospital, as reported by the medical staff, is Our Lady of Victory Hospital.

Interviews with both medical and mental health staff confirmed they have received the required specialized training. File reviews confirmed both their specialized training and their PREA education.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

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

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

There are six trained staff to complete the risk assessment. Screening for risk began in May 2016. Since then, all new inmates were interviewed and the risk assessment was completed on the date of intake. The facility is currently in the process of completing risk assessments for the inmates who were present prior to May 2016. An interview with the staff who conducts the risk screening found that the tool is reviewed and/or updated within 30 days, and this is documented on the form. Inmates are not disciplined for failure to answer questions.

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. A spreadsheet is used to document the results of the risk screening and this is maintained by the security staff. Both the security staff and the Multidisciplinary Team make housing decisions based on the risk screening and other factors. It is noted that there were no transgender or intersex inmates present during the audit and that staff indicated they have not had an identified transgender or intersex inmate housed at Stanley Correctional Institution.

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, the interview found that there is no such system currently in place at Stanley Correctional Institution.

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

During the corrective action period, staff were provided refresher training along with a copy of facility procedure 904.14.03 that specifies twice yearly assessments for placement and programming.

Standard 115.43 Protective custody

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” prohibits the use of separation from the general population for inmates at high risk of sexual victimization unless an assessment of all other available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. A twenty-four hour hold may be utilized in order to complete the assessment.

There has been no use of protective custody at this facility for inmates at high risk of sexual victimization. An interview with staff who supervise restricted housing confirmed that they may hold a victim for up to 24 hours in order to determine alternative safe housing. During this time period, they provide the victim to access to programming that has been determined to ensure separation from the alleged perpetrator.

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. Inmate PIN codes are not required for 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.

Interviews with inmates found that they were all aware of the methods of reporting abuse. Many felt that they would just tell the staff on duty versus making a phone call. Interviews with staff confirmed that they can call the Office of Special Operations if they wished to report privately.

Standard 115.52 Exhaustion of administrative remedies

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System. Specifically, all complaints of sexual abuse and sexual harassment submitted through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Therefore, this standard is Not Applicable.

Standard 115.53 Inmate access to outside confidential support services

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that the facility provide inmates with access to outside victim advocates, shall enable reasonable communication between the inmates and the victim advocates, and provide notification to inmates of the extent to which such conversations will be monitored and reports of abuse will be forwarded to authorities.

The State of Wisconsin has signed an assurance to work towards compliance with the federal PREA standards, thus reallocating five percent of qualifying grant funding towards PREA compliance efforts. The Violence Against Women Act (VAWA) is one of the reallocated qualifying grants and under the grant; the Wisconsin Department of Corrections and the Wisconsin Coalition Against Sexual Assault have entered into a collaborative effort to work towards compliance with PREA standard 115.53. Part of this grant funded collaboration includes entering into or attempting to enter into a Memorandum of Understanding (MOU) between the Wisconsin Department of Corrections and local sexual assault service providers. There is a MOU that has been created and has been approved through the Office of Legal Counsel within the Wisconsin Department of Corrections and it was passed onto the Wisconsin Coalition Against Sexual Assault for further review. Under the reallocation grant, the Wisconsin Coalition Against Sexual Assault is deploying the MOU to statewide sexual assault service providers for review and feedback. Once this effort is concluded, the Department of Corrections and the Wisconsin Coalition Against Sexual Assault will seek signatures of this document.

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

Standard 115.54 Third-party reporting

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

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

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

Standard 115.61 Staff and agency reporting duties

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all staff immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff are prohibited from sharing the information to persons other than those who make treatment, investigation, and other security, and management decisions.

Staff interviews confirm that they are required to report any knowledge, suspicion, or information regarding sexual abuse, retaliation or staff

neglect or violation of responsibilities. All staff confirmed their knowledge of whom to report information. Medical and mental health practitioners also confirmed through interview that they are required to report sexual abuse and report that they inform inmates at the beginning of services of their duty to report and limits of confidentiality, and that they are mandatory reports of any abuse of youthful offenders.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that if the alleged victim is under the age of 18, the facility will notify the parent/guardian, child welfare worker (if applicable), and the attorney or legal representative, if the youth is still under the jurisdiction of the juvenile court. This is not applicable at this facility due to no youthful offenders.

Standard 115.62 Agency protection duties

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

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

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

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

Standard 115.63 Reporting to other confinement facilities

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that any allegation received that indicates 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.

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.

Interviews confirmed that all allegations of sexual abuse in another facility would be reported to the PREA Director, the Office of Special Operations and to the facility where the incident is alleged to have occurred. There were no instances of information received at this facility.

There was one report to this facility that an inmate alleged sexual misconduct. It was received and immediately 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. There were no allegations made that were reported within a time frame that would have allowed for physical evidence collection. In all five instances, staff ensured that the victim and alleged perpetrator were separated and that notification was made to the supervisor.

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

Standard 115.65 Coordinated response

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

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

The facility has a Coordinated Response Plan that was last updated in April, 2016. It is facility specific and addresses the duties of the first responder, security staff, security supervisor, PREA Compliance Manager, medical staff, mental health staff, Victim Services Coordinator, investigator, appointing authority, and Sexual Abuse Incident Review Team. Attached to the Plan is a Critical Contact list with the position, name and contact phone numbers.

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

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

- Does Not Meet Standard (requires corrective action)

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

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

Standard 115.67 Agency protection against retaliation

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires retaliation monitoring of all offenders or staff involved in the reporting or investigation of sexual abuse and/or sexual harassment.

The 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. The facility utilizes a spreadsheet to document retaliation monitoring, including all meetings with individuals. The Victim Services Coordinator confirmed that they would monitor for ninety days. However, there is little evidence that staff or other inmates who report or are involved in the investigation are monitored for retaliation.

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

During the corrective action period, Wisconsin DOC staff conducted training with the Victim Services Coordinator on the role and responsibility of the position.

Standard 115.68 Post-allegation protective custody

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” prohibits the use of separation from an alleged abuser for victims of sexual abuse unless an assessment of all other available alternatives has been made and a determination has been made that there is no alternative means of separation. A twenty-four hour hold may be utilized in order to complete the assessment for alternative means of separation or transfer (if applicable).

The facility reported one victim held for less than 24 hours for the purpose of assessing for appropriate and safe placement. The use of Temporary Lockup (TLU) is for a minimal time, inmates can self-request this status, and all information is documented. Form DOC-30 “Report of Offender in Program Segregation, Disciplinary Separation or Administrative Confinement” is used to document.

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 (Stanley Police Department), 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 Stanley Police Department. The Stanley Correctional Institution investigators conduct administrative investigations, in conjunction with Stanley Police Department if criminal activity is identified.

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

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

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

Records are required to be maintained for the ten years beyond the length of the alleged abusers incarceration or employment. The investigator confirms that records may include Incident Reports, interviews, physical evidence, phone and mail logs, kites, medical records, photos, and any correspondence with law enforcement.

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.

The investigator reports that they assist Stanley Police Department in collection of facility evidence, such as video or other written reports. Stanley Correctional Institution will request from Stanley Police Department a copy of the investigation file after the investigation has closed, as well as make periodic contact to discuss the status of the investigation.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

This was confirmed during an interview 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. Files reviewed included documentation that the victim was notified of the outcome.

Standard 115.76 Disciplinary sanctions for staff

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

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

corrective actions taken by the facility.

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

There were no staff reported to law enforcement or licensing bodies following their termination or resignation for violating sexual abuse or sexual harassment policies. Disciplinary action towards a staff member was confirmed with the Warden.

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.

There has been no allegations of inmate-on-inmate sexual abuse alleged at the facility. However, a file review was conducted on an inmate-on-inmate sexual harassment where the investigation was substantiated. The inmate was disciplined with a conduct report for disruptive conduct and lying. As the inmate, at the time of the findings, was no longer at this facility; the current facility was notified and the final disposition is unknown.

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

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” states that all inmates who disclose prior victimization during the screening process, or who have previously perpetrated sexual abuse, either in the community or in an institutional facility, are offered a follow-up meetings with a mental health professional within fourteen days of the screening. Department of Adult Inmates Policy 500.70.11 “Psychological Services Unit Records” addresses the confidentiality of these records. Department of Adult Inmates Policy 500-70-06 “Consent of Mental Health Services” and Department of Adult Inmates Policy 500.50.09 “Disclosure of Protected Health Information” address staff requirements for the protection and use of information. The DOC Form 1923 “Limits of Confidentiality of Health Information”, DOC Form 1163 “Authorization for Disclosure of Non-Health Confidential Information, and DOC Form 1163A “Authorization for the Use and Disclosure of Protected Health Information” are used to provide inmates acknowledgement and consent for the use of records for housing, work, education, and program assignments.

Interviews with both medical and mental health staff confirm referrals are made within 14 days of the intake. This information is documented. Information regarding sexual victimization and sexual abusiveness is maintain in the computer system and access is limited to medical and mental health, as well as other staff who have authority to access. Medical and mental health staff confirm that they obtain informed consent from inmates prior to disclosing prior sexual victimization that did not occur in an institutional setting.

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. Medical staff reported that they are notified

and respond. If no medical staff is not on-site, the staff contacts the Registered Nurse on call and the inmate is transported to the Emergency Room. 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.

Off-site medical services are documented on the DOC-3001 “Off-site Service Request and Report”. This form is sent out with an inmate and is returned with appropriate instructions for follow-up care. All inmates have access to sexually transmitted infections prophylaxis, either at the hospital or by request/physician order at the facility. This was confirmed with medical staff.

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

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses on-going medical and mental health evaluation and treatment to victims of sexual abuse. This includes sexually transmitted infection treatment, treatment plans, follow-up care, and referrals as per interviews with medical and mental health staff. Both medical and mental health staff confirm that the services are consistent with the community level of care and are offered at no cost to the inmate.

Standard 115.86 Sexual abuse incident reviews

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

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

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that a Sexual Abuse Incident Review be conducted within thirty days of the close of an investigation that is substantiated or unsubstantiated. The facility has a standard form that is used to document the review and includes considerations for motivation, change in policy/practice, an examination of the area, and supervision concerns (staffing and electronic monitoring). File reviews indicated that an Incident Review is completed when the investigation closes. The Incident Review Team reviews the incident and closure summary. The Incident Review report contains information regarding possible motives, staffing issues, physical barriers in the area, and a policy review. This was confirmed with a team member during an interview. The PREA Committee maintains a database for keeping corrective action.

Standard 115.87 Data collection

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

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

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

Standard 115.88 Data review for corrective action

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

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

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

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

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

Standard 115.89 Data storage, publication, and destruction

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

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

Bobbi Pohlman-Rodgers

January 20, 2017

Auditor Signature

Date