

PREA Facility Audit Report: Final

Name of Facility: Chippewa Valley Correctional Treatment Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/22/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Rose Beteck, Ph.D, LMSW	Date of Signature: 10/22/2018

AUDITOR INFORMATION	
Auditor name:	Beteck, Rose
Address:	
Email:	rnekang@yahoo.com
Telephone number:	
Start Date of On-Site Audit:	08/22/2018
End Date of On-Site Audit:	08/23/2018

FACILITY INFORMATION	
Facility name:	Chippewa Valley Correctional Treatment Facility
Facility physical address:	2909 East Park Avenue, Chippewa Falls, Wisconsin - 54729
Facility Phone	715-720-2850
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input checked="" type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
Name:	Jason Wunderlich	Title:	Captain
Email Address:	Jason.Wunderlich@wisconsin.gov	Telephone Number:	715-720-2850 x4705

Warden/Superintendent			
Name:	Jeffrey Pugh	Title:	Warden
Email Address:	Jeffrey.Pugh@wisconsin.gov	Telephone Number:	715-720-2850 x3200

Facility PREA Compliance Manager			
Name:	Jason Wunderlich	Email Address:	Jason.Wunderlich@wisconsin.gov

Facility Health Service Administrator			
Name:	Becky Gonzales	Title:	Nursing Supervisor
Email Address:	Becky.Gonzales@wisconsin.gov	Telephone Number:	715-720-2850 x3630

Facility Characteristics		
Designed facility capacity:	450	
Current population of facility:	494	
Age Range	Adults: 18 - 72	Youthful Residents: N/A
Facility security level/inmate custody levels:	Minimum	
Number of staff currently employed at the facility who may have contact with inmates:	174	

AGENCY INFORMATION	
Name of agency:	Wisconsin Department of Corrections
Governing authority or parent agency (if applicable):	State of Wisconsin
Physical Address:	3099 East Washington Avenue, Madison, Wisconsin - 53707
Mailing Address:	PO Box 7925, Madison, Wisconsin - 53707
Telephone number:	(608) 240-5000

Agency Chief Executive Officer Information:			
Name:	Cathy.Jess@wisconsin.gov	Title:	Secretary
Email Address:	Cathy.Jess@wisconsin.gov	Telephone Number:	(608) 240-5065

Agency-Wide PREA Coordinator Information			
Name:	Leigha Weber	Email Address:	Leigha.Weber@wisconsin.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Introduction

A Prison Rape Elimination Act (PREA) Audit was conducted at the Chippewa Valley Correctional Treatment Facility (CVCTF) located in Chippewa Falls in Wisconsin from August 22 to 23, 2018. This audit was conducted as part of a consortium of States where Maryland audits Wisconsin. In a consortium, States agree to work together to audit each other's correctional facilities. The States can't participate in reciprocal audit within the consortium. For example, Maryland cannot audit Wisconsin and Wisconsin audits Maryland. The audit team consists of certified Department of Justice auditors, Rose Beteck (lead auditor) and Howard Ray (auditor), Maryland. Mr Ray conducted all staff interviews while Dr. Beteck conducted all inmate interviews and the site review of the facility. Auditors did not experience any issues in completing the audit. The facility staff was cooperative in providing all requested documentation, making staff and inmates available and allowing unfettered access to all areas of the facility.

Audit Methodology

Pre-Onsite Audit Phase

Two months prior to the onsite visit, on June 11, 2018, the facility requested access to the Online Audit System (OAS). Immediately, the lead auditor gets email notification of an upcoming audit. On June 15, 2018, contact between the facility PREA Compliance Manager, auditors and PREA Director for Wisconsin Department of Corrections was initiated through exchange of emails. On the same day, the Audit Notices in Spanish and English were emailed to Ms. Weber and PREA Compliance Manager to print and post using bright colored paper and in large text. Following the exchange of emails, a conference call was set up for July 3, 2018. During the conference call, lead auditor discussed the plan of the audit. Auditors will need unimpeded access to all areas of the facility; review documents such personal files, investigation files, interview staff from all shifts, and interview inmates; In the process of reviewing the files and documentation, if an area is not compliant with the standard, auditor will initiate the process of corrective action. Facilities are allowed 6 months to improve on an area of concern and show evidence of compliance. It was emphasized that a corrective action plan is not punitive but an opportunity to enhance practice. The Pre-Audit Questionnaire (PAQ) was completed in July 2018 six weeks prior to the onsite visit. Before on-site portion of the audit, lead auditor maintained contact with the PREA Compliance Manager for clarification or additional information.

Two months prior to onsite visit, the facility was provided with PREA Notices in English and Spanish. On June 18, 2018, the facility posted the Audit Notices on yellow paper, and the lettering was in large text. The PREA Notices alert inmates of an upcoming PREA Audit in their facility. Also, the PREA Notices have auditor contact information for inmate or staff to write prior to the onsite review. The PREA Director sent the auditor an email with pictures of the areas where the notices were posted on the same date. The auditor reviewed that PAQ and followed up with PREA Director and the PREA Compliance Manager, On

August 17, 2018, an email was sent out to PREA Director regarding some documentation. There were no other issues that needed to be addressed prior to onsite visit.

According to the PAQ, forensic medical examinations are contracted through Sacred Heart Hospital in Eau Claire, Wisconsin. A local hospital that is approximate 12 miles from Chippewa Valley Correction Treatment Facility. The lead auditor contacted Sacred Heart Hospital and had a conversation with the Charge Nurse who acknowledged that they provide forensic services such as Sexual Assault Nursing Examinations (SANE) or Sexual Assault forensic Examinations (SAFE) for Chippewa Valley Correctional Treatment Center. Nursing supervisor describes the process as such: once the hospital is notified by the police that they are bringing a sexual assault victim to the ED for SANE or SAFE evaluation, the on-call SANE or SAFE nurse is contacted. The CVCTF has an assigned Victim Support Person who will contact the Family Resource Center Environment if a victim needs an outside support services, such as counseling.

Auditor did an internet research regarding the CVCTF for any pending litigation, any Department of Justice involvement, news articles or press clippings. Also, the auditor reviewed the information on the website and there was PREA related information. The information on how third party outside of the facility can report knowledge of sexual abuse or sexual harassment of inmates at the facility; PREA education, Data, audit report, incidents and resources. The Wisconsin Department of Corrections collects and aggregates incident-based sexual abuse data. There was no information that contributed towards this audit except a previous PREA Audit report that was completed from June 23 to June 24, 2016. This auditor did not receive any correspondence from any inmate or staff from Chippewa Valley Correctional.

DAY ONE ONSITE AUDIT:

On the first day of the audit, Wednesday August 22, 2018, the auditors were greeted at the entrance of the facility by the PCM, J. Wundelich and PREA Coordinator, Ms. Weber. Mr. Ray and Dr. Beteck followed the entrance procedure by signing into the visitor log book, putting all items in a bin that was passed through the x-ray machine. Auditors had to clear the metal detector and issued visitors badges before allowed in the institution. After the entrance formalities were complete, PCM walked the audit team to the warden's meeting room where the Assistant Warden Nelson and Warden Pugh were waiting. The audit team introduced themselves, the purpose, outline of the audit process and dept of the site review. Further, the lead auditor explained the audit team's expectations and requirements for a successful audit. Before the site review, PCM gave auditors an overview of the facility. The facility was an old inpatient center for individuals with disability. The Wisconsin Department of Corrections (WIDOC) acquired the current building to provide treatment programs for inmates who are nearing release. The facility has 3 floors/units with 4 inmate living quarters, dormitory style. The facility is designed for 450 beds. The first day of the audit, there were 498 inmates housed at this facility.

After the introduction meeting the site review of CVCTF began. During the site review, auditors were not able to observe an intake, or an actual screening of a new inmate, inmate education because there were no new inmates during the two days of the audit. Auditor Rose Beteck started the site review accompanied by Assistant Warden and Captain, PREA Compliance Manager. Mr. Ray conducted the staff interviews. The site review lasted approximately 3 hours. The lead auditor started the site review in the area where all the facility leadership is housed, or commonly known as administration. Other area reviewed included the gymnasium, library, property room, training room, classification area, holding cells (2), intake area, file room, cafeteria, health services area, laundry room, visit room, loading dock area, library and control center. All the areas reviewed were staffed and staff were making rounds and monitoring key areas. All doors leading to staff offices or work area were secured and off limits areas from inmates and unauthorized personnel. During the review, there were cameras and mirrors for some

blindspots and unsecured areas where inmates could have access that could present a concern. PREA information throughout the facility was clearly posted, both in English and Spanish. Posters listed steps that could be taken to report sexual abuse or sexual harassment incidents, provided contact information for the inmates to report these incidents and also cited Wisconsin Department of Corrections Zero tolerance policy for sexual abuse and sexual harassment. In the housing unit PREA hotline numbers were also posted next to the phones. The auditor dialed the PREA numbers for test purposes only to ensure they are functional. It was determined that the numbers are functional.

INTERVIEWS:

The facility was provided a list of items to have available on the first day of the audit by the PREA Coordinator and PCM. These items consisted of an inmate roster by housing unit, specific inmate classification lists, and staffing roster for all shifts for the two day audit and a list of contractors and volunteers who have contact with inmates. Also, a listing of all incidents or allegations of sexual abuse or harassment of inmates within last 12 months; In addition, a list of completed, pending and ongoing investigation. The PREA Auditor Handbook requires the auditor to interview 20 specialized staff and at least 12 random staff. In addition, the PREA Auditor handbook requires, any facility with a population size of 251-500, the auditor to interview at the minimum 26 inmates and 30 staff.

The Auditor conducted the following interviews from the targeted categories among inmates:

- 13 random inmates by selecting the 6th and 13th name of every list of each housing unit
- 1 inmate with physical disability (LEP, visually impaired, hearing impaired, or other)
- 1 inmate with a cognitive disability
- 1 inmate who identifies as LGBTI
- 3 inmates who reported sexual abuse
- 2 inmates who reported prior sexual victimization at the time of screening
- At the time of the audit there were no inmates who identified as a transgender or intersex; no inmates who reported sexual abuse in segregated housing, no inmates in segregated housing due to a risk of sexual victimization and no youthful inmates.

The auditors were each assigned an office with a telephone for inmate and staff interviews. The office space provided privacy and confidentiality for both staff and inmates. Mr. Howard Ray commenced with staff interviews. The Agency Head for the Wisconsin Department of Corrections was not able to be present in Chippewa Falls so the interview was conducted over the phone. There is a security Director for all the Wisconsin Correctional Centers who is based in Madison. The Human resource Director is based in Madison but each facility has an assigned HR head. Both the head of Human Resources, and the Security Director were unable to come from Madison for the audit. Their interviews were conducted over the phone. Warden Pugh was interviewed and he answered all the questions without hesitation. During interview, the PREA Coordinator did not report any concerns in performing her duties as the coordinator for the state. She has enough time to oversee Compliance Managers and schedule site visits. By the end of the year, she would have visited all the institutions across the State of Wisconsin.

The auditor interviewed fifteen random staff members in addition to the 21 specialized staff including correctional officers. The selection of correctional officers was based on the shifts. The auditor conducted the following interviews of categories of staff:

- 4 officers from day shifts (6am -2pm)
- 6 officers from middle shift (2pm-10pm)
- 2 from night shift (10pm-6am)
- 3 non-uniform staff was randomly selected.

All the staff was knowledgeable about PREA and knew about the agency's zero tolerance policy. All the officers who were interviewed could recite the first responder process and verbalize how to preserve evidence for criminal investigation. Also, the staff verbalize signs or symptoms of a victim and a perpetrator; characteristics of victims and perpetrator of sexual assault; and their mandatory requirement to reporting all allegations, notifications or suspicions of sexual abuse or sexual harassment. All uniform staff indicated they had been trained on PREA which included transgender pat searches. The auditor verified this information from the electronic training records. Staff cited specific steps on how to conduct pat down searches as demonstrated in the training curriculum. Also, some staff reported that they would call their supervisor for further direction after alleged victim and perpetrator are separated.

The auditor interviewed the following specialized staff:

- Agency contract Administrator: The PREA Director was interviewed to fulfill this requirement
- Intermediate or higher level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment: A housing unit "White Shirt" Captain was interviewed as a higher level facility staff responsible for conducting and documenting unannounced rounds.
- There are no youthful offenders and there is no segregation or restricted housing in this facility. The auditor did not interview specialized staff in this category.
- The intake staff and staff who perform screening for risk of victimization and abusiveness: A social worker was interviewed. She sees the inmates within 24 hours of arrival at the facility to screen for victimization or abusiveness. If she is not available, there is another social worker who does the intake and education. At the conclusion of the education session, inmates sign an electronic acknowledgment form which is documented in their electronic file. Also, inmates are offered followed up services and referred to psychological services for follow-up.
- Designated staff member charged with monitoring retaliation: The intake social worker is also the individual monitoring for retaliation. She monitors for 90 days and keeps a log of weekly and monthly contacts with the victim.
- Medical and Mental Health staff: Nursing Director indicate that medical staff would refer victims of sexual assault to the hospital (Sacred Heart Hospital, Eau Claire, WI) for SAFE or SANE examination if the assault occurred within 72 hours. She also confirmed inmates get and sign informed consents before treatment. The informed consent has some limitations of confidentiality such as report of childhood abuse, harm to self or presenting a danger to others. They do offer prophylaxis to all victims at no cost. Medical staff is mandated reporters, that is, they will make a report of sexual abuse that happened outside of the institution and it was never reported to the appropriate authorities. The psychologist was interviewed. He provided documentation that they respond to PREA referrals within 14 day. When there are allegations of sexual abuse or sexual harassment, the victim is offered mental health services. The victim will be seen within 14 days and follow up with counseling as needed. Services are offered to the perpetrator as well if they are interested within 14 days. The psychologist confirmed the inmates sign informed consents before treatment begins and on the form there are limits of confidentiality.
- Administrative (human resources) staff: During interview with the facility Human Resource supervisor, it was established that all the hiring is done at their headquarters, Madison, WI and the paperwork is sent to institutions. The HR person had a skeletal file for new employees or employees who had transferred from other facilities. Each file had PREA Questions and background check request and completed background information. New hires and existing employees' files are maintained electronically. Twenty randomly selected employee files were reviewed and each one had background information on file or scheduled to have one within the next two years.
- Non-medical staff involved in cross-gender strip or visual searches-Officers were interviewed and they all acknowledged training on how to perform cross-gender strip searches and documentation of the

process.

- Volunteer/Contractor: A chaplain was interviewed to fulfill this criteria
- Staff on the sexual abuse review team: The Security Director of all the Correctional Facilities was interviewed.
- First responders, both security and non-security staff: A correctional officer with the rank of Sergeant was interviewed and a social worker who facilitates cognitive behavioral groups was interviewed.
- Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE): Charge nurse of Sacred Heart Hospital was interviewed to fulfill this requirement.
- Investigative Staff: The facility has two training investigators. One of the investigator was interviewed

DAY TWO of ONSITE AUDIT

On August 23, 2018, the audit team of two returned to the facility and began collecting and reviewing supporting documentation for each standard. This portion of the audit was not as daunting since most of the documents were already uploaded on the PAQ. It was a matter of one of the administrators logging onto the electronic system to give auditors access. All the staff was very cooperative and helpful.

FILES REVIEWED

There were 26 new hires for CVCTF. Sixteen of the new hires were combination of in-house transfers and ten outside hires. According to the HR director, it is standard of practice for the PREA questions and released of information is done correctly. She was able to scan the documents to the facility HR supervisor who then allowed auditor to verify that criminal background checks are conducted prior to employment and the agency affirmatively asks applicants about sexual abuse and sexual harassment during their application process. The agency keeps documentation which can be verified in each employee's personnel file. Furthermore, background checks are done on existing employees every five years. Auditor reviewed a few files of CVCTF employee who recently had a criminal background check. All other files such as employee training records and inmates files are automated, so auditor was able to review them online and sample copies of orientation acknowledgment forms by inmates and list of employees who completed training and type of training completed.

Employee training files were also reviewed. During interview, employees confirmed that they have been trained. The auditors were able to verify that information through electronic files. Twenty random employee names were selected and their files were reviewed. All the files reviewed had received in class PREA training and online PREA training. In addition to the required training, other (specialized staff) employees had PREA specialized training.

According to the PAQ, there were 5 reports of sexual harassment that were investigated within the last 12 months. In reviewed the files, the cases were allegations of sexual harassment. One case involved physical altercation when an inmate was accused of being romantically involved with another. That resulted in assault. The investigation concluded as unfounded. The assailant was charged with assault. The victim was notified in writing, with a copy in the file, within 30 days of the conclusion of the investigation. The rest of the files revealed allegations of one inmate requesting to see another inmate's body part and that made them uncomfortable. According to the notes in the file, during investigation, both inmates denied that it ever happened. The cases were all concluded as unfounded. Inmates were notified in writing of the outcome of the investigation with copies placed in their files.

Finally, inmates files were reviewed. The auditors were looking for when intake was done and how soon the education was completed and the 30 day reassessment. Eighteen randomly selected files were reviewed and each had intake completed within 24 hours, education within 72 hours of arrival and reassessments completed in less than 30 days. Inmates' signed acknowledgment forms were in the file verifying that they actually were screened for victimization or abusiveness and educated facility's policy of zero tolerance for sexual abuse or sexual harassment.

EXIT INTERVIEW

By the close of business day on August 23, 2018, audit team was ready to conduct an exit interview. Present during the exit interview was Leigha Weber (PREA Coordinator) and Jason Wundelich, (PCM,) Warden Pugh and Assistant Warden Nelson. The overall audit process was explained and an overview of the auditor's findings was presented. There were no findings of non-compliance for this facility. The audit team stayed overnight to go over documentation and wrapped up on August 24, 2018 for Maryland.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Chippewa Valley Correctional Treatment Facility (CVCTF) is located in Chippewa Falls, WI. The facility used to serve as a long term care facility for individuals with disabilities. Minor changes were made to the structure to accommodate the present population. The building consist of 4 floors and a basement with a population capacity of 498 adult male inmates. The facility has 3 color coordinated levels for the general population housing units (4th floor is Purple, 3rd floor is green & 2nd floor is Yellow); The first floor is a health services unit, food services area, a multipurpose room that is also used as visiting room, a gymnasium, and an administration wing.

The inmate living area consists of 3 floors. There are four wings (dormitory style) that branch off from the control center on each floor. Each wing has a main door that opens into the hallway and the showers and toilet areas. There is a divider that covers up to the neck area for privacy while showering or using the restroom with no direct view in the shower/restroom area unless making security rounds. Privacy areas were available where inmates come first in the institution. Log books were reviewed and showed evidence of unannounced supervisory rounds on all three shifts at random times. This information was verified through the log book in the unit control center. The supervisor signs the log in a different color ink to distinct other staff signature. It was also evident through inmate and staff interviews that female staff announce their presence prior to entering the male living quarters/units. Their presence is not only announced on the housing unit public address system but noted in the log book, as well. Announcements were being made at the beginning of the shift and logged in the book and also at other times when new female staff were entering the units, and there is a blue light, serves a dual purpose; it is another form of announcing female presence for those who are hard of hearing or Deaf on the unit. While the auditor was on the wing, her presence was announced on the unit speaker. These instances were logged as well. The cameras noted during the site review were in housing dayrooms, visiting rooms, library, all the hallways and stairwells, and any areas where inmates have access except in the showers and restrooms. The camera provides excellent coverage of the entire facility. The coverage extends outside of the building as well to cover an open field. In addition, staff performs regular rounds in the inmate living quarters/room, hall ways, stairwells and perimeter. The first floor of the building consisting of the Administration area food service, gymnasium, visiting room, administration, medical, mental health services, staff offices, and the main control center . The basement/lower level consists of the property room, loading dock, no custody staff offices, control center and two units. The cameras in the hallways and all stairwells are monitored by the control centers officer with the rank of a sergeant. The medical and mental health areas are located in the same area as administration.

Each wing has 4 rooms with 5 bunks beds (10 men in a room); there are 3 double cells (2 inmates per cell) assigned for inmates who work on the wing. The cells are more like rooms because every inmate has a key to their room. CVCTF accepts only inmates who have qualified for treatment prior to release. The treatment program is authorized pursuant to 302.05 of Wisconsin State Statutes and all inmates who wish to participate must agree to participate and sign the treatment memorandum agreement. There are no razor ribbon covered fence but an outside building where all maintenance equipment are stored.

There is one way in and one way out of the facility. Staff and visitor entrance into the facility is accomplished through central control area located in the front of the building with security features including x-rays of personal property, a walk through metal detector, and followed by a pat search.

The auditors were required to present their IDs and were able to keep them on their person. Staff was found to be diligent and consistent in performing these required duties on all shifts at all times of the day. Supporting CVCTF's daily operations and emergency plans are Chippewa Falls Police Department, ambulance services and hospital is, Sacred Hospital Health Center, a short distance from the Correctional facility in Eau Claire, WI.

CVCTF has approximately 174 employees who may have contact with inmates; a minimum of 10 social workers assigned to the center to facilitate groups since it is a treatment facility; one full-time and part-time psychologists who are currently employed there; there are nurses, dental hygienists and fully functional infirmary. All these individuals have contact with inmates. The staffing levels in all areas appeared appropriate for the number of inmates, programs activities and physical layout at the facility. Staff is assigned and deployed throughout the facility which allows CVCTF to ensure that all areas are effectively monitored and the observation, safety and security of inmates is effective. All areas within inmate access are outfitted with video monitoring, locked and controlled doors, and mirrors. CVCTF incorporated 30 individual cameras throughout the facility with the exception of the inmate showers/bathroom or cells. All areas within inmate access are outfitted with video monitoring, locked and controlled doors, and mirrors. The digital video recorders record all video for a periods of 14--21 days. Cameras are located throughout the common area and monitors are located in central control which are monitored by sergeants. In addition to cameras, there are mirrors in corners of the hallways. The camera footage is monitored by male staff and it is a sergeant only post. There are female correctional officers currently working at CVCTF. Cameras were checked during the tour and no cameras were in showers, or area where inmates may be undressed and viewed by the opposite gender. The majority of the inmates at this facility participate in programs and services within the facility all day.

There is a maintenance building away from the main building but within the grounds of the facility. Only 5 inmates are allowed to be out there at a time. In the building, there is wood carving shop, grass cutting equipments and garden tools for the facility garden. Inmates are supervised by two staff of the maintenance shop. The staff are trained in PREA. There are cameras in the area of the shop which are monitored by officers in the institution. Also, supervisors make unannounced rounds in the maintenance building.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32;
115.33; 115.34;
115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115. 61; 115.62; 115. 63; 115.64;
115.65; 115.67;
115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87;
115.88; 115.89;

No Corrective Action

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 875">(a): The Pre-Audit Questionnaire indicated the agency has a policy mandating zero tolerance of all forms of sexual abuse and sexual harassment in facilities operated directly or under contract. During site review, auditor reviewed documentation which verified that the Wisconsin Department of Corrections (WIDOC) has a written policy and operating procedures in place mandating zero tolerance toward all forms of sexual abuse and sexual harassment. Wisconsin Department of Corrections (WIDOC) practices are precise in outlining the agency's approach to preventing, detecting, and responding to sexual abuse and harassment. WIDOC has implemented Executive Directive #72, effective January 8, 2016 which states "Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report -related retaliation in its facilities, including those with which it contracts for the confinement of offenders." Furthermore, the directive continues to explain the Department does not tolerate sexual misconduct by an employee, by either omission or commission, and does not consider alleged or actual consent as a defense to an allegation of sexual misconduct.</p> <p data-bbox="252 925 1485 1391">(b): Chippewa Valley Correctional Treatment Facility (CVCTF) provided WIDOC agency's organizational chart. The chart identified Leigha Weber as the PREA Coordinator/Director. According to the organizational chart, the Assistant Deputy Secretary oversees the duties of the PREA Director. During interview with Ms. Weber, PREA Director, she has reported sufficient time and authority to make changes and implement policy on the behalf of the agency in order to improve PREA efforts. Ms. Weber also stated she is actively involved in the annual staffing plan reviews for each Correctional Facility within the WIDOC. In addition to Ms. Weber's compliance duties, she is responsible for gathering aggregate data in order to assess and improve efforts towards sexual abuse and sexual harassment prevention. Ms. Weber oversees 38 PREA Compliance Managers (PCM) within WIDOC. She regularly interacts with PCMs through email and telephone calls, and during onsite visits to the facilities.</p> <p data-bbox="252 1440 1485 1731">(c): Chippewa Valley Correctional Treatment Facility has designated Administrative Captain Jason Wunderlich as the PREA Compliance Manager for the Facility. Captain Wunderlich reports to Warden, Jeffrey Pugh whose office is located at the Treatment Facility at Chippewa Falls, Wisconsin. PREA Compliance Manager is involved in and contributes to the development and implementation of the Staffing plan. He has the authority to act independently of the PREA Coordinator in matters related to PREA since he is an Administrative Captain of the facility.</p> <p data-bbox="252 1780 561 1814">Corrective Action: None</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): The Wisconsin Department of Corrections has contracted with other entities for the confinement of inmates. The Agency has contracted with eleven (11) local detentions centers/jails for the confinement of inmates. The auditor reviewed uploaded signed contracts between the WIDOC and eleven facilities. According to the contract agreements, the jail or detention centers are required to comply with all Federal, State and local laws, regulations, and ordinances applicable to its activities and obligations under this contract. Also, the jails or detention centers shall fully comply with standards set forth in the Prison Rape Elimination Act (PREA) of 2003, and with all applicable regulations issued by the United States Department of Justice. The reviewed of documentation verified compliance with this standard.</p> <p>(b): In the contract agreement, section Q-3 (Under the inspections and evaluations portion of the contract), the jails or detention centers shall permit the contract monitor (WIDOC) or authorized representatives to conduct physical inspections and evaluations of the Center at any time during the contract period. The WIDOC's contract monitor or authorized representatives may enter the jail or detention center at any time without prior notice. According to PREA Director, the jails or detention centers are in compliance with PREA standards.</p> <p>Interview with the Contract Administrator, who is also the PREA Director, revealed that each County detention Center or Jail is responsible for assigning a PREA Compliance Manager to ensure continued compliance with PREA requirements. PREA Director has intermittent conversations with the facilities PREA Compliance Managers regarding the facility's continued compliance.</p> <p>Corrective Action: None</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): WIDOC Sexual Abuse in Confinement Staffing Plan establishes a staffing plan for the facilities to comply with on a regular basis and states that all facility staffing plans are reviewed annually. Executive Directive 72, effective January 11, 2016, is a procedure manual for the WIDOC to manage security staffing and overtime at a correctional and detention facility. The Warden indicated during interview that the PREA Compliance Manager has an input in staff planning. The PCM reported during interview that he participates in CVCFT staffing plan. Chippewa Valley Correctional Treatment Facility (CVCTF) staffing plan provides for adequate levels of staffing and video monitoring to protect inmates against abuse. Chippewa Valley Correction Treatment Facility did provide their April 2017 completed facility staffing plan and annual review, which was finalized in April 2018. It incorporated all the factors from this section. Documentation was provided outlining video monitoring throughout the institution. During interview with the Warden, he stated in addition to staff making rounds, there are 30 cameras located all over the facility. During site review, the auditor noted cameras on every floor, and the use of mirrors verified the presence of cameras</p> <p>(b): During an interview with the Warden, he reported that the entire institution has approximately 85 uniform/security staff to cover all three shifts. There is no deviation from the staffing plan and when there is one, it is documented. He provided a detailed explanation from the facility staffing plan summary outlining the information that is considered and steps which are followed to ensure enough staff are assigned to cover essential areas where inmates are housed and active, ensuring the sexual safety of the inmate population. The facility accounts for sick, annual and compensation leaves by drafting employees and hiring overtime staff. This is noted in the daily staffing roster and reviewed during annual staffing planning. This facility does not collapse posts. There are adequate video monitoring cameras in the facility. This information was verified through the daily staff roster and updated staffing plan.</p> <p>(c): The agency did provide sufficient documentation to demonstrate WIDOC along with Chippewa Valley Correctional Treatment Facility do review staffing plans at least once a year. During interview with the Warden, he indicated that there is communication with the Agency PREA Director on an annual basis to determine whether any adjustments are needed to the staffing plan and any other upgrades that ensures inmate safety. As evidence to support the standards, WIDOC provided their Staffing Analysis manual which echoed the requirements set forth in the executive directive. The staffing plan approved by the deputy Secretary or management designee of WIDOC shall ensure that the staffing plan reflects the most efficient use of officers to accomplish the mission of the facility by annually performing a review of the staffing plan. The agency policy requires a review of the facility Staffing Plan with the agency PREA Coordinator which is initiated annual with all the PREA Compliance Managers (PCM). In April 2018, the PREA Director met with the PCMs to review the staffing plans of their respective facilities. A copy of the reviewed staffing plan was provided as evidence to support this provision.</p> <p>(d): During the onsite visit, log books were reviewed and clearly showed a heavy presence of</p>

multiple intermediary, commonly known as, "White Shirts" and higher level supervisory (Warden or Assistant Warden) log entries. These log entries, located in the control center of every floor, were made at different times throughout each day, showing that supervisory rounds are being done at random times. There were no negative patterns found in the supervisory log entries. Multiple supervisory signatures were present in the site log book, on all three shifts, and were signed in a different color ink which made it easy to review supervisory presence. Also during the site review, random interviews with supervisors, confirmed that unannounced rounds are being conducted and line staff were aware that they are prohibited from announcing to other staff that a supervisor is entering their area. The Executive Directive 72, section IX, continues on to state that except when necessary to prevent cross-gender viewing of an inmate or as part of a legitimate facility operation, rounds shall be unannounced in order to prohibit staff alerting other staff that the rounds are being conducted and shall be conducted at frequency established by the managing official.

Corrective Action: None

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Chippewa Valley Correctional Treatment Facility (CVCTF) does not house inmates under the age of 18. According to the facility records and documentation inmates ages range from 18-80; no youthful inmates are housed at CVCTF. As per Executive Directive 72, section XIII- youthful inmates, detainees or offenders shall be housed at juvenile institutions designated for juvenile offenders. During the site review, the Warden and PREA Compliance Manager stated that no juvenile inmates were housed at CVCTF. The auditor verified the information through general observation during the site review, inmate and staff interviews and inmates file reviews. The agency PREA Coordinator also confirmed that no juvenile inmates were housed at CVCTF. There are no youthful inmates being housed at CVCTF, nor are there housing units designated for youthful inmates at CVCTF.</p>
	Corrective Action: None

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): Chippewa Valley Correctional Treatment Facility (CVCTF) reported in the PAQ that there were no instances in the past 12 months of cross-gender searches, including strip searches, body cavity searches and pat-down searches. During staff interviews, all staff indicated that neither cross-gender strip searches nor cross-gender visual body cavity searches are conducted and these cross-gender searches would not occur unless it was an exigent circumstance. In an exigent circumstance, staff will require supervisor authorization to conduct the search. The appropriate documentation will be completed by staff and supervisor. Executive Directive 72, section X, effective January 11, 2016, states that except in exigent circumstances, facilities shall not permit cross-gender pat-down searches of female offenders. If such pat-down is conducted, it shall be documented. The training documents provided regarding strip searches states the officer conducting the search shall be the same sex as the inmate being searched. The auditor reviewed training curriculum, interviews with staff and inmates which support this provision.</p> <p>(b): This Section of this standard is not applicable as there are no female housed at CVCTF.</p> <p>(c): The facility PAQ reported zero instances of cross-gender searches occurring in the last 12 months at CVCTF. During interviews with random staff and inmates, it was evident that cross-gender strip searches and body cavity searches do not occur at CVCTF. In addition, there are no females housed at CVCTF.</p> <p>(d): During the site review, it was evident that female staff announce their presence when entering a housing unit. Upon entry of a female staff person into the housing unit, a bell rings informing inmates that a female staff is in the housing unit. Also, there is a blue light that is turned on when a female enters level 2 housing area hallway. That is the only inmate housing area that has a blue light. This is another form of announcing female presence for deaf, or hard of hearing inmates. Through interviews, testing the bell while entering the inmate living area, seeing the blue light come on, the auditor verified that the facility follows its policy of announcing female presence in the inmate living area. While conducting random and specialized interviews with staff and inmates, it was confirmed that female announcement is made with lighting of the blue light, verbal announcement and the bell ringtone. During the site review, it was evident that inmates had sufficient privacy to change clothes, perform bodily functions and shower without direct cross-gender viewing by staff. Showers are located in an area allowing privacy from staff of the opposite gender viewing inmates' breast, buttocks, or genitalia. All inmates interviewed indicated they felt they had enough privacy to change clothes, shower, and perform bodily functions without being viewed by the opposite gender. Further evidence to support this standard is Executive Directive 72, section IX, which defines cross-gender viewing, as an employee observing the breasts, buttocks, or genitalia of an inmate of the opposite sex while the inmate is showering, performing bodily functions, changing , or similar activity.</p> <p>(e): During random interviews with staff, it was clear that staff was aware of the policy not to</p>

conduct a search or examine a transgender inmate for the sole purpose of determining the inmate's genital status. Staff also indicated this was part of their annual training. During the interview with PREA Compliance Manager, it was stated that there has never been a transgender inmate housed at CVCTF, however, if they ever do intake a transgender inmate, appropriate PREA standard requirements will be followed by CVCTF staff. CVCTF shows support of this practice in Executive Directive 72, section X, which states transgender and intersex inmates will not be verified for the sole purpose of determining the offender's genital status.

(f): CVCTF Warden presented the PREA training module which is given annually to all staff as evidence that staff is trained in cross-gender. The module demonstrated that staff is trained on how to conduct cross-gender pat down searches and searches of transgender and intersex inmates professionally and respectfully. The lesson plan covers searches of inmates, including cross gender and transgender inmates. The lesson plan gives clear and detailed instruction on how to conduct these searches and includes a video on transgender searches. Training records were randomly reviewed for twenty staff. Of the staff records reviewed, each one had training covering PREA, LGBTI inmates and searches of inmates.

Corrective Action: None

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): The Wisconsin Department of Corrections has a policy regarding equal opportunity of disabled inmates to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In the PAQ, the Division of Adult Institutions (DAI) policy #300.00.65 referring to the American with Disability Act, outlined the responsibilities of all WIDOC staff in meeting the needs of inmates with disabilities. This directive states special assistance shall be provided to inmates with reading or language problems. It also requires that if the inmate declares illiteracy, the handbook will be read to the inmate, or as appropriate, other orientation tools may include the showing of videos and the completion of intake forms. During interviews with inmate with a cognitive disability, it was verified that the information presented to him at intake and during PREA education were read and explained to him to his understanding.</p> <p>(b): WIDOC Executive Directive 72 states under section XI each facilities shall ensure that newly received inmates are provided information about inmate rights, general institutional schedules procedures and institutional plans . Also, DAI policy #300.00.61 states, WIDOC shall take reasonable steps to ensure inmates who have limited English proficiency (LEP) receive meaningful access to programs and services. During site review, it was verified that orientation or education of new inmates is provided through group sessions or by giving the inmate an orientation package in their prefer language. The facility is required to provide language assistance services in accordance with applicable State and Federal law. Inmates are provided a copy of the "red" book (inmate hand book) in English and Spanish for information and orientation purposes. The handbook includes information on PREA, access to health services, the grievance system, medical co-pays, etc. During an interview with a PREA Compliance Manager, he provided auditor with PREA education pamphlets in both English and Spanish. There is an interpreting service and translation service for inmates who speak a language other than English. In addition to interpreter services, there are videos, pamphlets and postings regarding PREA readily available to inmates in both English and Spanish. A Spanish speaking inmate was interviewed and he verified that he received his PREA education in Spanish through the language line. Also, the auditor reviewed a document indicating a contract with a translation agency and interpreter services.</p> <p>(c): Chippewa Valley Correctional Treatment Facility (CVCTF) reported no instances of interpreters being utilized in the last 12 months; however, the PREA Compliance Manager provided a list of interpreter services that will be utilized in the event where an interpreter is needed. Statewide language interpretation services are available at each institution. CVCTF inmates electronic files were reviewed and there were no inmates who had utilized the services but acknowledgment forms indicated that inmates are aware of such services if they needed it. There were both English and Spanish PREA pamphlets and information readily available. Interviews with random facility staff confirmed that inmates would not be used as interpreters and that interpreter services were available. There were no hearing impaired or visually impaired currently at CVCTF; however, staff did demonstrate the appropriate tools are available for disabled inmates in order to promote effective communication. To show further support of this standard, CVCTF provided Executive Directive 72 which states, section XI,</p>

inmates readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, or the performance of first responder duties, or investigation of an inmate's allegation.

Corrective Action: None

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): The Wisconsin Department of Correction has a policy stipulating the hiring and promotional decisions of new and existing employees who have engaged in sexual abuse in confinement, convicted of engaging or attempting to engage in non- consensual sexual activities in the community or who have been civilly or administrative adjudicated to have engaged in activity described above (Executive Directive 72). During site review, the auditor verified the facility does not have a policy. All the Wisconsin Division of Adult Institution adhere to the agency Executive Directive #72. Through the review of 10 files of new employees, all the files had copies of completed background checks.</p> <p>(b): The facility (CVCFT) does not hire any employee and does not authorize background checks on new hires. All hiring is conducted through the Wisconsin Department of Corrections headquarters in Madison, WI. There are Human Resources offices at the facility. Interview with the Human Resources Director in Madison, she acknowledge the practice of having new and promotional candidates for employment at any of the Wisconsin Correctional Facilities complete and sign “Background Check Authorization.” In the employment packet, there is a form addressing sexual abuse in confinement, conviction, civilly or administrative adjudicated for sexual activity. Interview with CVCTF Human Resource personnel, there were 10 new employees hired and 16 employees transferred from within the WIDOC who have contact with inmates within the last 12 months.</p> <p>(c): The ten new employees’ files were reviewed and background check authorization forms were completed, dated and signed by both the applicant and Warden. The other sixteen existing employees’ files were reviewed for the last time they had a background check and when the next background check is scheduled. WIDOC does not perform criminal background checks on employees who are transferring from one facility to the other within the Division of Corrections. However, they’ll check for the last time the employee had a background check. The policy requires existing employees have background checks completed every 5 years. However, DOC considers any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee. Every file reviewed had the “Background Check Authorization” forms completed and a copy of the background results attached to the form. WIDOC conducts criminal background checks (Candidate Reference Check) of all employees. The agency utilizes two systems for background checks: the Portal 100 system that checks sexual offenses, criminal histories, and civil records at the State and Federal levels ; and Wisconsin Circuit Court (CCAP) checks for recent charges and convictions in the State of Wisconsin. The practice is consistent with Local, State and Federal laws in contacting all prior employers or institutions for substantiated sexual abuse cases or resignation during a pending investigation of an allegation of sexual abuse prior to employment with the agency. The auditor verified this practice through interview with the facility Human Resources personnel and review of employee files. There was documentation of completed background checks and verification of background check on employees every five years.</p> <p>(d): Agency policy requires criminal background checks are completed on all contractors who may have contact with inmates. In reviewing electronic files, CVCTF had two interns and one</p>

contractor files with completed criminal background checks.

(e), (f), (g), (h): Prior to hiring new staff members, the WIDOC shall perform a criminal background records check any employee who may have contact with inmates. During interview with HR personnel, WIDOC makes the best effort to obtain through request reference information from all prior institutional employers on any substantiated allegations of sexual abuse or harassment. The WIDOC conducts criminal background records check every five years for current employees. The files reviewed indicated the date of the last and next criminal background records check. Interview with the Human Resources Personnel confirmed that omission of such information (sexual abuse or sexual harassment) would lead to termination.

Corrective Action: None

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)-(b): The Agency Head interview was conducted with Deputy Secretary, and he indicated there have been no new facilities or substantial expansions or modifications of existing facilities. CVCTF reported there have been no substantial expansions or modifications to the building on the premises and it was apparent during the audit site review. During interview with the Warden, he indicated there are currently 12 new cameras in place at the facility to increase surveillance through the facility as a means to enhance security and sexual safety for inmates. During site review, the auditor noted cameras and mirrors in areas that could possibly be of concern.</p> <p>Corrective Action: None</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): Chippewa Valley Correctional Treatment Facility (CVCTF) is responsible for conducting administrative investigations of inmate on inmate sexual harassment and employee to inmate misconduct. WIDOC utilizes County Sheriff's department and local police departments to conduct criminal investigations. At CVCTF, Chippewa Police Falls Department conducts criminal investigations related to sexual abuse and sexual harassment. Chippewa falls Police Department does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. CVCTF has a higher level supervisors on site (2 investigation Captains) who conduct administrative investigation related to sexual abuse or sexual harassment. PREA Compliance Manager provided auditor with documentation verifying institutional investigators have completed the PREA specialized training for investigators.</p> <p>The follow directive and training modules were provided to support this standard: Division of Adult Institution (DAI) policy 306.00.14, Protection, Gathering and Preservation of Evidence, effective May 4, 2015, states the facility shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximizes evidence collection to support effective administrative dispositions, and, if appropriate, criminal prosecution of the identified perpetrator. The following information reflects the PREA sexual abuse and sexual harassment training investigators receive as part of their certification as investigators.</p> <p>TRAINING FOR INVESTIGATORS:</p> <ol style="list-style-type: none"> 1. Interview sexual abuse victims; 2. Using Miranda and Garrity warnings; 3. Sexual abuse evidence collections; and 4. Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. <p>CVCTF staff are required to take immediate action once staff has been made aware of an incident of sexual assault, abuse or misconduct to ensure physical evidence is not destroyed. Division of Adult Institutions (DAI) policy # 500.30.19 - Sexual Abuse Health Services Unit procedure in the event of sexual abuse, provides steps that shall be taken to ensure that evidence is preserved and the victim is protected. During PREA in-service training, staff is trained on their responding responsibilities, which includes protecting and preserving a crime scene until appropriate steps can be taken to collect any evidence. The auditor conducted formal and random interviews with staff, reviewed policy, and investigative training records as evidence. During interview of the investigative staff, they were aware of evidence preservation, secure the crime scene, separate the inmates, notify supervisors and refer to medical and mental health staff, referral for forensic exams by SANE/SAFE staff as necessary, and the incident referred to Chippewa Falls Police Department for investigation. Staff was also aware that Chippewa Falls Police Department is the department responsible for conducting criminal investigations related to sexual abuse and sexual harassment incidents.</p> <p>(b): WIDOC utilizes a training module titled, "Specialized Training: Investigations -PREA." The</p>

training curriculum was thoroughly reviewed, and it substantially adheres to the principles published in the most recent version of "A National Commission on Correctional Health Care Response to Sexual Abuse (2014)."

(c): CVCTF does offer all victims of sexual abuse access to forensic medical examinations off site at Sacred Heart Hospital in Eau Claire, WI at no cost to the inmate. These examinations are performed by SANE/SAFE staff. The charge nurse at Sacred Heart Hospital was contacted for an interview. She stated that all forensic exams are conducted for CVCTF at Sacred Heart Hospital. She also indicated that there is SANE/SAFE staff available during all hours. CVCTF indicated on the PAQ that there was no forensic medical examination conducted in the past 12 months by SANE/SAFE staff. As further evidence showing support of this standard, DAI #500.30.19 states when the possibility for recovery of physical evidence from a victim exists or otherwise is medically appropriate, coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by SANE/SAFE or if documented attempts to obtain the services of a SANE/SAFE are unsuccessful, a licensed healthcare professional who has been trained to perform medical forensic examinations of sexual abuse victims. Additionally, CVCTF staff provided auditor with the SANE/SAFE information at Sacred Heart and Chippewa Falls Police Department. DAI # 500.30.19 requires that forensic medical examinations will be offered to all victims of sexual abuse and that examinations are conducted by a Sexual Assault Forensics Examiner (S.A.F.E.) or a Sexual Assault Nurse Examiner (S.A.N.E.). The Directive also indicates that treatment services are provided to every victim without financial cost and regardless of whether the victim names the perpetrator or cooperates with any investigation arising out of the incident.

(d)(e): WIDOC has contracted with Family Support Services to provide advocacy services. The MOU was recently signed between CVCTF and the Family support Services. The purpose of the MOU is to met the criteria of community supportive services for victims of sexual abuse and sexual harassment. The availability of the services to victims of sexual abuse or sexual harassment, creates a trusting and safe environment for inmates. To further show support of this standard, the Directive DAI #500.30.19 requires the facility to attempt to make available to the victim a victim advocate from a rape crisis center, in person or by other means and these efforts will be documented. If a rape crisis center is unavailable, the facility will provide access to a qualified staff member who is appointed as facility victim advocate. The Directive also indicates if requested, the facility will attempt to make available to the victim a person to accompany and support the victim through the forensic medical examinations process and investigatory interviews. Phone contact was made to the sexual assault center and it was confirmed they have in fact contracted with CVCFT and they do assist in providing advocacy services for CVCTF. In addition, CVCTF provided documentation with the sexual assault center listed as a center they would contact in order to provide a victim advocate for an inmate. CVCTF has also appointed a facility social worker as a victim advocate, if necessary.

(f): CVCFT utilizes Chippewa Falls Police Department to conduct criminal investigation of sexual abuse or sexual assault. CVCTF has requested Chippewa Falls Police Department to utilize and follow the requirements of this standard. There is a trained security staff (Captain) to investigate administrative cases. The referral goes to the Warden or the Security Director who assigns the case to one of the facility PREA trained investigators.

(g): CVCFT utilizes Chippewa Falls Police Department to investigate criminal cases of sexual assault or sexual abuse and trained security staff investigate administrative sexual abuse or sexual assault cases. The PREA Compliance Manager reports no cases within the 12 months period.

(h): The facility has indicated they would utilize the services of Sacred Heart Hospital which meets the qualifications to serve in this role. The Sacred Heart Hospital Charge Nurse (SANE/SAFE) during interview indicated there is always a victim advocates available. During the interview, the Family Support Services indicated they provided victim advocate if one is requested by the facility victim's advocate on behave of the inmate and the individual responds within 45 minutes.

Corrective Action: None

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): During the past 12 months, CVCTF reported 5 allegations of sexual abuse/sexual harassment received. All the cases are documented and investigated. Also, all criminal or administrative investigations will be tracked by the Warden (based in the facility) and Security Director who is based in Madison, WI. To further show support for this standard, CVCTF provided Executive Directive 72, section XVII, requires that an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge according to Department procedures for reporting employee misconduct or inmate rule violations. The auditor reviewed closed files of investigated. All the files were sexual harassment cases between inmates. The cases were concluded as unsubstantiated. There were copies of letters sent to inmates advising them of the conclusion of the case and the findings.</p> <p>(b): WIDOC Executive Directive 72 section XVII (a) requires allegations of sexual abuse or sexual harassment to be referred immediately to the investigative unit within the facility. WIDOC website was reviewed and the policy was posted on the website. The one investigative staff at CVCTF did indicate during the interview process that all reports of sexual abuse and sexual harassment must be referred immediately to the Warden or Security Director.</p> <p>(c): All WIDOC facilities including CVCTF conduct all administrative investigations of sexual abuse and sexual harassment and Chippewa Falls Police Department investigates criminal cases. This information is posted on the Agency Website.</p> <p>(d): WIDOC Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA), effective January 11, 2016 is the policy governing the conduct of PREA investigators.</p> <p>(e): Chippewa Valley Correctional Treatment Facility is not a DOJ component. Therefore, this portion of the standard is not applicable.</p> <p>Corrective Action: None</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): WIDOC requires all employees who may have contact with inmates to have training on the Zero tolerance for sexual abuse and sexual harassment policy. It was clear during the random and formal interviews that the CVCTF staff was educated on PREA and had a good overall understanding of each of the criteria presented in this substandard. Staff knew of the Agency and Facility Zero Tolerance Policy and also were confident in being able to recite the steps they would take in the event they were directly involved in a complaint or sexual abuse or sexual harassment allegations. CVCTF provided Executive Directive 72 and training curriculum power-point slides to further support this standard. This Directive establishes procedures to ensure compliance with the established training requirements for the Department. The Directive mandates that documentation of field training is maintained in the individual employee training electronic file. The Executive Directive 72 covers the applicable definitions and elements as covered in standard 115.31 (a) 1-10. The Directive indicates that the head of the unit or a designee is responsible for the custody and security of an inmate, and shall ensure that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. The training curriculum includes the follow information:</p> <ul style="list-style-type: none"> • Zero tolerance policy for sexual abuse and sexual harassment. • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and responding policies and procedures • Inmates' rights to be free from sexual abuse and sexual harassment. • The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. • The dynamics of sexual abuse and sexual harassment in confinement. • The common reactions of sexual abuse and sexual harassment victims. • How to detect and respond to signs of threatened and actual sexual abuse. • How to avoid inappropriate relationships with inmates. • How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>(b): WIDOC has approved lesson plan tailored for staff working at any facility that houses either male or female offenders. CVCTF's training is tailored for male inmates housed at the facility. Interviews with staff and review of the online training curriculum, it was clear that CVCTF staff is receiving the training tailored towards male offenders. Staff is also given additional training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates. CVCTF staff training is scheduled annually by a supervisor to complete training. This was verified through electronic employee training files; the electronic assignment indicate when the training was assigned and when it was completed. The auditor randomly reviewed 20 training electronic files and verified staff has completed assigned training in a timely manner.</p> <p>(c): CVCTF staff received refresher PREA training in the fall of 2015 and fall of 2017.</p>

Refresher training is offered every two years. Twenty random training electronic files were reviewed. All randomly selected files had completed training in a timely manner. The agency presented Executive Directive 72, section XI -Training and Education, and requires each employee to complete training within a calendar year.

(d): WIDOC staff is required to complete 2 hours of Online Module titled "PREA" training upon hire. In addition, new correctional officers receive a 2 hour of classroom PREA instruction. All staff is required to take refresher training every two years. The most recent training module is "PREA Refresher 2017." A review of the electronic training files indicate all staff from Chippewa Valley Correctional Treatment Facility completed mandatory in-service training for PREA, as indicated by their personal electronic signatures. During the onsite review, 10% of the staff members were randomly selected and interviewed. The agency uses a computer based program to track employee training records. The program is maintained only by approved staff and was very detailed and informative.

Corrective Action: None

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): Chippewa Valley Correctional Treatment Facility provided auditors with a booklet for Volunteer and Contractor Orientation entitled PREA Information Booklet for volunteers and contractual workers. The booklet outlines the volunteer/contractors' responsibilities as they relate to PREA including how one would report such incidents. Medical staff at CVCTF are considered full or part-time contractual staff. The medical contractor provides PREA training to their staff in addition to the facility mandatory training of all staff. Three medical staff were interviewed formally and stated that they receive annual training for health care provider and required training by WIDOC related to PREA. The training record of the contractual staff was also provided. Interview with volunteer chaplain confirmed that he completed the PREA related training which left him with a clear understanding of what PREA was and his responsibilities for reporting PREA.</p> <p>(b): CVCTF indicated that they do have many volunteers/contractors (13) that are cleared to provide service inside CVCTF. The training records outline the information that volunteer or contractor would need in order to manage PREA issues as they arise.</p> <p>(c): CVCTF presented a printout with signatures of volunteers and contractors who have completed PREA training for volunteer/contractors. The signature of these individuals indicate that they have received PREA training and they understand the training they have received.</p>
	Corrective Action: None

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="248 241 523 277">Auditor Discussion</p> <p data-bbox="248 324 1485 958">(a): CVCTF reports 701 inmates who were admitted to the facility in the past 12 months received PREA information at intake, according the report on the PAQ. Inmates who were interviewed randomly and formally indicated they received information on zero tolerance policy and are also received PREA education by way of pamphlets (redbook) and PREA video. Upon reviewing the files of 18 random inmates, each file showed signed inmate documentation indicating receipt of the PREA education. During formal interviews with inmates who had arrived at the facility in the last 12 months. Each inmate indicated that he had received PREA education upon arrival at CVCTF. The PREA education included the facility's zero tolerance policy and how to report sexual abuse and sexual harassment. CVCTF provided an Inmate Orientation Handbook which explains all the aspects that constitute sexual assault or sexual harassment in confinement, and how inmates can report these incidents. The orientation may be provided through group sessions, watching videos or by giving the inmate an orientation package. It further mandates that special assistance shall be provided to inmates with language or reading problems. The orientation materials or handbooks shall also be made available to the inmates reference area of the library or a designated area.</p> <p data-bbox="248 965 1485 1384">Executive Directive 72, establishes procedures for the timely provision of information and instruction to newly admitted inmates. The directive establishes responsibility for the orientation of inmates, with reasonable accommodations for person with language, literacy or hearing limitations. This directive mandates that orientation to be completed within 72 hours of intake. Executive Directive 72 ensures the facility effectively communicates to inmates, the policy prohibiting sexual misconduct, procedures for filing a complaint, and inmate rights related to sexual misconduct, as part of inmate orientation, orientation paperwork and the facility's handbook. Also, the Directive prohibits inmate on inmate sexual conduct and assigns responsibility and procedures for reporting, responding to, investigating, processing and resolving a complaint of inmate to inmate sexual contact.</p> <p data-bbox="248 1440 1485 1859">(b): Intake staff was interviewed and reported that upon arrival at CVCTF, each inmate is provided with PREA education and shown a video before leaving the intake area. The inmate education includes PREA information, inmates' rights and process to report instances of sexual abuse or sexual harassment. Before leaving the intake area, inmates sign an electronic acknowledgement form indicating they have received information and education on PREA. To further support this standard, the facility presented CVCTF directive, which indicate at intake inmates will view the PREA video and sign the PREA Acknowledgment form, which will be placed in the inmate's electronic file. The acknowledgment form indicates that a CVCTF staff has counseled the inmate about PREA and facility zero tolerance policy regarding sexual harassment, prevention, reporting and response to sexual abuse and harassment.</p> <p data-bbox="248 1910 1453 2074">(c): Twenty-six randomly selected inmate electronic files were reviewed. All files contained PREA electronic education/training acknowledgment forms. All inmates interviewed reported they received some sort of PREA information at Dodge Correctional Facility (Central Intake facility in State of Wisconsin) and when they arrive at CVCTF.</p> <p data-bbox="248 2123 1430 2157">(d): All staff interviewed at CVCTF were aware that interpreter services were available and</p>

provided for inmates at CVCTF, if needed. Chippewa Valley Correctional Treatment Facility reported no instances where these services were utilized in the past 12 months. The Executive Directive 72 requires that if the inmate declares illiteracy, the inmate handbook will be read to the inmate, or as appropriate, other orientation tools may include showing of videos (in English or Spanish). Non-English speaking inmates will be provided with interpretive services. A signed acknowledgment form is to be obtained from the inmate and forwarded to social worker for inclusion in the base file. This auditor called the interpretation services to verify that the phone number works and talked to a person.

(e): All inmates' files reviewed while at CVCTF did contain signature page of each inmate indicating that all inmates have received PREA Education. CVCTF facility directive requires that PREA education/training acknowledgment forms are placed in the electronic files.

(f): The agency's inmate handbook provides the information as required indicating that all inmates have the right to be free from sexual abuse and harassment as well as the department's zero tolerance policy as it relates to sexual abuse and harassment. Posters and signs in both English and Spanish indicating the agency's zero tolerance policy were displayed throughout the facility, including the visitor and intake area, food service, medical and all housing units.

Corrective Action: None

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b): Upon interview of CVCTF trained investigator, it was evident that the investigator assigned to conduct sexual abuse and sexual harassment have being trained. The allegations of criminal and administrative of sexual abuse are assigned by the Warden before it is farmed out according to the nature of the investigation. The facility/Department administrative trained investigators work on administrative cases and the local police departments or sheriff departments investigate criminal cases. The agency provided the training module required of all investigators before conducting sexual abuse and sexual harassment investigations. During interview with investigator captain, he indicated that he did not only received the training as required, he also trains facility staff on how to assist with and investigations. He indicated the specialized training he received regarding investigating sexual abuse and sexual harassment was in addition to the general PREA training all staff received. Investigator was able to articulate the definition and appropriate application of Miranda and Garrity. He had a clear understanding of how preponderance of the evidence is used to determine the outcome of an investigation. The agency does not use evidentiary standard or "beyond a reasonable doubt" because they don't conduct criminal investigations. However, all investigations conducted by local law enforcement agencies utilize preponderance of the evidence to determine the outcome of their investigations and the "beyond a reasonable doubt" comes into play only if the case goes to trial. Executive Directive 72 indicates that to the extent possible, but in every case where the allegations of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in confinement setting. Also, the training would address interviewing sexual abuse victims, using Miranda and Garrity warning, sexual abuse evidence collections and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. Executive Directive 72 establishes policy and procedures for WIDOC investigators conducting an investigation of an allegation of misconduct that involves a sex related offense. This policy defines all the related PREA terms, explains the responsibility of employees who observe or have knowledge of an incident, outlines the requirements for investigating sex related offenses as well as responding to them. The training also includes treating the victim as well as the perpetrator in a professional manner. The WIDOC lesson plan titled Specialized Training Investigations for PREA indicates what training is received by the special investigators. This includes:</p> <ul style="list-style-type: none"> • purpose • history of PREA, • first responder duties, • medical examinations, • comprehensive investigations, • evidence collection, • interviewing the victim, suspect and witnesses, • Miranda rights, Garrity rights, and • handling false accusations. <p>(c): WIDOC provided certificates of completion during the site review which indicates all investigators have completed the agency's mandatory training for sexual abuse investigators.</p>

(d): WIDOC provided training plans and documentation for all related training provided to its employees. In addition to specialized training for investigators, the auditor verified that PREA investigators completed the following training:

- PREA in-service,
- Security Custody Control,
- Sexual Harassment Contractor and PREA Training,
- Communication with LGBTI.

Corrective Action: None

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(c)(d): Chippewa Valley Correctional Treatment Facility receives services from the medical contractor from another facility. There are nurses who provide medical services to inmates at CVCFT. The contract between the providers and WIDOC requires medical contractors complete PREA training prior to working with inmates. Medical and Mental Health staff at CVCTF are part-time contractual employees. CVCTF reports 100% of its Medical and Mental Health staff have received PREA training for Healthcare provider. The training documentation provided to auditor was reviewed and showed that medical and mental health staff did complete PREA training. The training curriculum consist of the following:</p> <ul style="list-style-type: none"> • how to detect and • assess signs of sexual abuse and harassment, • preserve evidence, • respond to victims • report allegations or suspected abuse and/or harassment <p>Medical and Mental Health staff interviewed all indicated they complete PREA training annually and also submit their documentation directly to their employer. To further support this standard, the Executive Directive 72 was reviewed which establishes policy for the department concerning sexual abuse and sexual harassment of an inmate. The directive requires that the department ensures compliance in areas of PREA, including Medical and Medical care as required by this standard. Under the applicable directive "Employee" is defined as an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification which includes: contractors, interns, volunteers, and employees of Wisconsin Department of Corrections. The auditor reviewed training records and the contractors (medical and mental health staff) had completed their annual training</p> <p>(b): WIDOC medical staff does not conduct forensic examinations.</p> <p>Corrective Action: None</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)-(g): The agency has a policy requiring all inmates transferring into Chippewa Valley Correctional Treatment Facility are screened immediately upon arriving at the facility, well within the 72 hours permitted in this standard. Section XII of the directive mandates that a screening instrument be utilized as part of the intake and facility transfer or at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually abusive towards other inmates. The auditor verified the policy, Executive Directive #72, prior to site review. The directive requires that the screening instrument is utilized to assess each inmate within 72 hours of arrival at a facility and again within 30 days of the inmates arrival. It also mandates that an inmate be re-assessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. The auditor interviewed random inmates to verify if screening for victimization and abusiveness within hours of their arrival at CVCTF. Inmates reassessment is done within 30 days of arrival by their assigned social worker. It is worth noting that WIDOC started reassessing consistently since 10/2017. The Auditor verified that reassessments are done within 30 days. There were 26 inmates interviewed and all were aware of PREA and indicated that they were asked questions related to sexual safety during intake and seen within 3 weeks and asked the same questions.</p> <p>Executive Directive 72 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the WIDOC. The directive also mandates that the information obtained from assessment is utilized to inform decisions concerning housing, programming, treatment, and work assignments to minimize circumstances that may contribute to incidents of victimization or abusiveness. This information and practice was verified through review of inmates electronic files and interview of inmates and intake staff.</p> <p>(h)-(i): Staff and inmate interviews support that the facility meets the requirements of this standard. There was no evidence found during the audit which would indicate that an inmate would be disciplined for refusing to answer or disclose information related to this screening. In addition, interviews with staff support that only specifically classified staff are allowed to access inmate classification files.</p> <p>Corrective Action: None</p>

115.42	Use of screening information
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1476 663">(a): The agency has a policy requiring the information gathered during screening for abusiveness or victimization is utilized to determine inmate safety, housing and program assignments for transgender and intersex in the facility. CVCTF is using identifiers such as codes to ensure an inmate who scores high for victimization is not housed with an inmate who scored high on abusiveness. During staff interviews, social worker indicated all incoming inmates are reviewed and assessed individually and the risk assessment information is being used to determine the appropriate bunk assignment. The auditor was able to verify through electronic bed assignment.</p> <p data-bbox="252 707 1476 1133">(b): Social work staff (one full time and a part-time staff person) indicated if an inmate comes with obvious signs of vulnerability, staff will ensure the inmate is housed according to the risk assessment code to ensure the inmate's safety from becoming a victim of sexual abuse. The facility is conducting individual risk assessment on all individuals housed in correctional facilities and this information is being uploaded into the electronic system which is used to determine proper bed placement of each inmate. To show further support of this standard, auditor reviewed established policy (Executive Directive 72) and assigned responsibilities for screening individuals housed in a correctional facility under the authority of the agency to assess the risk of the individual from being sexually abused or being sexually abusive towards other inmates.</p> <p data-bbox="252 1178 1476 1514">(c)(d)(e): CVCTF reported having zero transgender inmates within the last 12 months. During interviews with staff, they would consider transgender and intersex inmates bed assignment on a case by case basis. The inmate's view of health, and safety will be considered when determining placement to ensure placement does not present management or security problems. Auditor confirmed there is a process in place that would ensure proper placement and programming for transgender and intersex inmates. They are reassessed at least twice yearly if they did reside at CVCTF. Interview with staff and review of the policy confirms the process would take place.</p> <p data-bbox="252 1559 1476 1939">(f): As observed during the site review, CVCTF has a common shower area set up for multiple people to take a shower at the same time, similar to what you'll see in a locker room. Showers are walled up to shoulder length and provided the necessary privacy needed for inmates to shower, including transgender, if they resided at CVCTF. Transgender inmates are currently not housed at CVCTF. All inmates interviewed stated that the showers available provided them with privacy, as was also witnessed by the auditor. In addition, the showers protectors are placed in a way staff cannot observe the inmate showering, but can view the legs and head showers to ensure safety of all inmates.</p> <p data-bbox="252 1984 1476 2157">(g): After reviewing documentation and conducting interviews with staff and inmates, it was evident that inmates are not placed in specific facilities or units based solely on the identification of being lesbian, gay, bisexual, transgender, or intersex. Placement of inmates is based on overall needs, and safety and</p>

security of the inmate using the standardized risk assessment screening.

Corrective Action: None

115.43	Protective Custody
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 958">(a)-(d): CVCTF has reported zero instances of victims being placed in segregation for the timeframe of the audit period. CVCTF is a treatment (cognitive programming) release facility and most of the inmates are within two years of release. However, there are no segregation cells but have a holding cell that inmates are held for a few hours before transferring to another facility. During the interview with the Warden, he did state that if there is a need to separate the victim and the alleged abuser until appropriate housing is found, one of the holding cells is used. Placing an inmate in involuntary segregation would only be used as a last resort to ensure the inmate's safety. The inmate will have to be transferred to another facility for involuntary segregation. A review of housing placement, agency directives, and interviews with staff and inmates support the practice. If there should be an instance where it would be necessary to place an inmate in involuntary segregation to ensure the inmate's safety, the inmate would have access to education, some programming, and privileges; however, this would be a very rare circumstance. The placement in segregation would only continue until alternative means of placement could be arranged and those inmates would be reviewed every thirty days as required by this standard.</p> <p data-bbox="252 969 1474 1128">In further support of this standard, CVCTF presents Executive Directive 72 which indicates that Protective custody housing is appropriate only when required for the protection of inmates. Every effort is made by social worker and managing official to find suitable alternatives to protective custody housing. However,</p> <p data-bbox="252 1140 1430 1258">CVCTF does not have protective custody cells. An inmate who meets criteria for protective custody would be transferred to Stanley Correctional Institution which is a medium security facility and about 30 minutes away. Alternative may include, but are not limited to:</p> <ol data-bbox="252 1270 1254 1346" style="list-style-type: none"> <li data-bbox="252 1270 1254 1303">1. A lateral transfer of the inmate to another facility of the same security level <li data-bbox="252 1314 1198 1346">2. Transfer of inmate's documented enemy or enemies to another facility <p data-bbox="252 1402 1477 1599">During an interview with social worker, it was stated that if protective custody housing is utilized or recommended by social worker or managing team, the supporting rationale shall be documented in inmate's electronic records. CVCTF indicated that they have had zero instances of this take place in the last 12 months.</p> <p data-bbox="252 1655 1461 1814">(c)-(e): Interview with PREA Compliance Manager indicated agency and facility directives are followed when it comes to placing inmate in protective or any segregated housing. There are proper procedures in place to address placement in segregation for sexual safety; however, there have been no instances of such placement.</p> <p data-bbox="252 1870 560 1904">Corrective Action: None</p>

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): Executive Directive 72 states that a complaint may be submitted by the victim, an individual with knowledge of an incident of sexual abuse or sexual harassment, or "third party" on behalf of the victim. The complaint may be submitted in writing or verbally and may remain anonymous. An individual may file a complaint of sexual misconduct, without the regard of the chain of command with an employee; a supervisor, manager or a shift commander, the head of a unit, or the inmate grievance office. The WIDOC inmate handbook informs inmates that they should report if they become a victim of sexual abuse or sexual harassment and instructs them to tell any correctional officer, social worker, chaplain, medical staff, supervisor, or any WIDOC employee. The directive also indicate that employees can receive a report of sexual misconduct from many different sources, including outside persons or agencies and inmates shall also have access to a toll free hotline number which will refer any reports back to the institution for investigation. The auditor verified this information by reviewing the inmate handbook and interviews with staff and inmates.</p> <p>(b): WIDOC Executive Directive 72 allows for a complaint to be filed outside of the department with the office of the Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the department. There is an established PREA hotline which is used to report incidents of inmate on inmate or staff on inmate sexual misconduct and harassment, related retaliation or staff neglect. Inmates dial "777" which goes directly to WIDOC to make a complaint. They can also dial "888" which goes to an outside agency, the Wisconsin Department of Administration Capitol, who forwards the complaints to WIDOC headquarters in Madison. The hotline numbers are in inmates' handbook, and over the phones on the unit. This auditor verified the phone numbers by calling them and they are functioning. During interview with PCM, he confirmed the operation of the PREA hotline and that the information is reported back to the facility head. He also indicated that the information remains confidential and available to only the staff necessary to complete an investigation.</p> <p>(c): Executive Directive 72 requires staff to accept reports in writing, verbally, and from third parties and requires that staff shall immediately report the complaint to a supervisor, manager, shift commander or head of a unit followed by submission of the appropriate written format used to document an inmate rule violation. The directive also requires that the information concerning the complaint is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation and resolution of the alleged conduct. During interview with inmates and staff, it was confirmed that reports can be made in different ways.</p> <p>(d): WIDOC Executive Directive 72 indicate staff have an obligation to immediately report the complaint to a supervisor, manager, shift commander, or head of the facility. The same directive indicates the complaint filed is confidential and may be filed anonymously as well. During interviews with staff it was indicated that they could privately report sexual abuse or sexual harassment of an inmate by telling their supervisor, calling the PREA Hotline, or telling</p>

someone from outside the facility of what occurred. The inmates and staff who were interviewed felt they could report such issues confidentially. Staff reported that inmates could privately report sexual abuse or harassment by calling the posted PREA hotline numbers, telling staff either in writing or verbally, or tell a third party who could report it. Staff indicated that if they received a report of sexual abuse, they would immediately report to their supervisor and document it. Interviews with inmates indicate they felt safe from sexual abuse at CVCTF and knew how to report abuse or harassment if needed. Inmates indicated they could report sexual abuse by calling the PREA Hotline numbers that are posted by the telephones, they could tell a staff member or a family member, and believed they could do so verbally, or in writing. Postings were prevalent throughout the facility with reporting options as well as in the inmate handbook and intake processing paperwork. In addition to the postings, the PREA hotline numbers were posted above all the inmate phones and were in working order.

Corrective Action: None

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)-(c): The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. WIDOC Executive Directive 72, outlines the administrative complaint process as such "Inmate" Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Inmate shall be notified within 30 days of the initial complaint that an investigation into the portion of the complaint alleging sexual abuse or harassment has commenced and the Inmate Complaint Review process has concluded." In addition, the policy requires an inmate to submit a grievance regarding an allegation of sexual abuse or harassment at any time regardless of when the incident is alleged to have occurred. Also, each facility shall ensure that an offender who alleges sexual abuse or sexual harassment may submit a complaint without submitting it to an employee who is the subject of the complaint and that such a complaint is not referred to the employee who is the subject of the complaint. Interview with PCM confirmed that complaints related to sexual abuse or harassment are routed to the leadership for investigation. Also, the auditor reviewed the inmate handbook and there is relevant information on how to file a grievance.</p> <p>(b): Agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. According to Executive Directive 72, the complaint process shall not include a mandatory informal resolution requirement between the alleged victim and the alleged perpetrator. The information was verified through interview with staff and PREA Director.</p> <p>d)-(e): WIDOC has a policy requiring an inmate to be notified within 30 days of the initial complaint that an investigation into the portion of the complaint alleging sexual abuse/sexual harassment has commenced. Facility report on the PAQ zero grievances filed in the 12 months prior to the onsite visit. Executive Directive 72, requires third parties including fellow offenders, employees, attorneys, family members and outside advocates shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment. All complaints filed shall be referred for sexual abuse/sexual harassment investigation. The review of documentation during site review revealed copies of notification letters sent to an inmate after the conclusion of an investigation.</p> <p>(f): WIDOC Executive Directive 72 stipulates that if an offender alleges he or she is a subject of a substantial risk of imminent sexual abuse, the inmate may contact any employee who is not the subject of the allegation. Interview with the PCM, he confirmed that allegations shall immediately be forwarded to the facility leadership for immediate corrective action. The facility leadership shall provide an initial response within 48 hours and issues a final decision within 5 calendar days. The initial response and final facility decision whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint shall be documented. There were no cases reported in the 12 months before the site review, so there were no records for review.</p>

(g): The Executive Directive 72 states an inmate may be disciplined, if DOC demonstrates that sexual abuse/sexual harassment complaint was filed in bad faith. PCM reports their facility has not had any complaints or any complaints filed in bad faith. There were no records to review.

Corrective Action: None

115.53	Inmate access to outside confidential support services
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1469 741">(a): WIDOC Executive Directive 72 requires a qualified victim advocate services provider. The provider must meet the following criteria, a non department community based organization who is otherwise not involved in the incident, has received education and training concerning sexual assault and forensic examination issues, and appropriately screened and determined to be competent to serve in this role. The facility provided auditor with inmate handbook (redbook) and during the site review (insert of new sexual assault treatment and support services), auditor noticed contact information for outside victim advocates such as mailing address, phone numbers (toll free). PCM indicated that the facility contracts with Sexual Assault treatment and support services, a crisis agency which is a local organization in Eau Claire, Wisconsin, provides support services to inmates in the facility.</p> <p data-bbox="252 797 1458 913">(b): The facility provided auditor with documentation to indicate the level of confidentiality. There is a limit of confidentiality form signed by inmates if outside victim support services are required. The facility has zero instances where they had to use the form.</p> <p data-bbox="252 969 1445 1171">(c): The a copy of the contract is uploaded on the PAQ for auditor to review. The facility has entered a contract with sexual assault victim treatment and support program in June 2017 (family Support Services). Interviews with staff and inmates all support that the facility has provided contact information for victim's advocacy group on posters stapled on the notice boards all over the facility and in their inmate handbook.</p> <p data-bbox="252 1227 560 1261">Corrective Action: None</p>

115.54	Third-party reporting
	<p data-bbox="252 1460 896 1494">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1538 523 1572">Auditor Discussion</p> <p data-bbox="252 1617 1469 1908">a): WIDOC Executive Directive 72 state that a complaint may be submitted by a third party on behalf of the victim or other individual who has knowledge of the sexual misconduct. The agency supplied a copy of the webpage from their agency website that had all the necessary PREA information as well as the agency PREA Director contact information for reporting purposes. The auditor personally went to the department's webpage and was able to easily navigate to the necessary information on their website.</p> <p data-bbox="252 1964 560 1998">Corrective Action: None</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(c): Executive Directive 72 defines the term employee as to include paid staff, contractors, interns and volunteers. The policy states, an employee receives a complaint or otherwise has knowledge of alleged sexual abuse/sexual harassment shall immediately report the complaint to a supervisor or manager, head of the unit followed by the appropriate written format used to document misconduct. During interview with staff it was confirmed that they will follow the steps in reporting to a supervisor, and documenting the report in an appropriate format. Also, interview with medical staff revealed the victims of sexual assault receive prompt and appropriate medical intervention. The facility's policy is the same as the Agency policy regarding the detection, prevention, reduction and punishment of rape consistent with federal law; an informed consent must be obtained to report prior victimization/abuse that did not occur in an institutional setting or for an occurrence that happened under the age of 18; in the State of Wisconsin, medical personnel is considered mandatory reporter. All reports of sexual abuse/victimization occurring within the institution will be immediately reported to the CVCTF staff.</p> <p>The directive does indicate that information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individual's who have an established role in the reporting, processing, investigation, and resolution of the alleged inmate on inmate sexual conduct and immediate and continued care of the victim. Interviews with medical and mental health staff both indicated that they do in fact go over informed consent with each inmate receiving treatment medical or mental health services. They provide Inmate with an informed consent form which the inmate is required to sign after all aspects of the form have been explained. During interview with inmate and staff, they recognize they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to the facility upon learning it. The facility has not had any incidents of abuse being reported.</p> <p>(b): The directive states information concerning a complaint of alleged sexual abuse or sexual harassment is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating, and resolving the alleged sexual misconduct and immediate and continued care of the victim. Interview with staff and investigator revealed that not all staff is privy to the reports and investigations.</p> <p>(d): The directive requires staff to comply with all State laws when conducting investigations. If the alleged victim is under the age of 18 or considered a vulnerable person under the state or local vulnerable person statute, the agency will report the allegations to the designated State or local Social Services agency. CVCTF does not house inmates under the age of 18. Medical and mental health professionals are known mandatory reporters in the State of Wisconsin. During interview with the Warden, he indicated that they don't house inmates under the age of 18 and if they had to report a vulnerable person that they would report to mental health and medical for necessary treatment, as well as complete an investigation of the allegations or ensure the appropriate authorities were made aware. PREA Coordinator and PCM indicated they have never had an incident for this segment of their population.</p>

(e): Executive Directive 72, states that a complaint of alleged sexual abuse or sexual harassment received anonymously shall be accepted and processed the same as a complaint received from an identified source. The Warden indicated during his interview that all allegations of sexual abuse and sexual harassment are referred for investigation once received by the facility regardless of how they are reported.

Facility supplied supporting documents to include a Limits of Confidentiality form that each inmate signs when receiving treatment from mental health or medical health care. In the form it indicates that treatment provider must report any information that presents a threat to the inmate, others in the facility, safety of the institution, and/or public safety. All staff interviewed indicated that they were fully aware of their requirements to report all instances of sexual abuse or harassment, this includes medical and mental health staff.

Corrective Action: None

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a); Executive Directive 72 requires facilities to make sexual safety decisions after screening inmates for sexual abusiveness or victimization. The screening information should be used in determining housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive. Section XVI of the Directive, Initial response and care, states when the department or facility learns that an offender is subject to substantial risk of imminent sexual abuse, it shall take action to protect the offender. CVCTF provided PREA intake Screening instrument used upon inmate arrival to the facility, as supporting document that is used to determine if an inmate is at risk of being sexually victimized or abusive. After the screening, inmates are classified as Risk of Violence (ROV) or Risk of Abusiveness (ROA). These codes are used to make decisions related to housing, bed, work, and programming. Also, the codes are used in making individualized determinations as how to ensure the safety of each inmate; when deciding to assign a transgender or intersex inmate to a facility for male or female inmates; housing and programming assignments and on a case by case basis. In the case of CVCTF, which is a program facility for individuals who within 3 years of being released, the inmate maybe housed in one of the room that houses only two inmates at a time and it is closer to the control center. Interviews with the Warden, PCM and random staff all indicate that any time a staff member becomes aware that an inmate is at risk of imminent sexual abuse they will remove the inmate from the situation and protect them by following all the applicable procedures. CVCTF reported zero instances of situation related to this standard during the last 12 months.</p> <p>Corrective Action: None</p>

115.63	Reporting to other confinement facilities
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 786">(a): The Executive Directive, Section XIV-Employee Reporting, states, if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander or head of the unit at a facility other than the facility where the alleged sexual misconduct occurred, the facility receiving the complaint shall immediately notify the head of the facility of the complaint. If the alleged sexual abuse occurred in a WIDOC facility, or if the alleged sexual abuse occurred in a non WIDOC facility, the appropriate official shall be notified and documented. The head of the facility is responsible for reporting to the head of another facility within 72 hours of receiving the complaint. During interview with Warden and PCM, it was verified that once they receive a complaint from an inmate of sexual abuse or misconduct in another institution, the Warden would notify the head of the other facility within 72 hours.</p> <p data-bbox="252 842 1481 999">(b): The directive requires notification is made immediately upon receiving the complaint which could be sooner than 72 hours. CVCTF reported one instance being made about allegations at another facility. It was a sexual misconduct and investigation was ongoing. At the time of the audit, the case was still in court.</p> <p data-bbox="252 1055 1246 1088">(c): The facility head will make the notification and document the notification.</p> <p data-bbox="252 1144 1465 1256">(d): EXecutive Directive 72 states the appointing authority that receives such notification shall ensure that the allegation is investigated according to applicable statutory, regulatory, contract, WIDOC procedures or other reasonably accepted standards related to:</p> <ul style="list-style-type: none"> <li data-bbox="252 1267 756 1301">(1) collecting and preserving evidence, <li data-bbox="252 1312 751 1346">(2) interviewing victims and witnesses, <li data-bbox="252 1357 903 1391">(3) conducting and using polygraph examinations, <li data-bbox="252 1402 560 1435">(4) identifying suspects, <li data-bbox="252 1447 1046 1480">(5) preserving an individual's personal dignity and legal rights, <li data-bbox="252 1491 895 1525">(6) maintaining confidentiality of the investigation. <p data-bbox="252 1570 560 1603">Corrective Action: None</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): WIDOC Executive Directive 72, section XVI - Initial response and care-First Responder, states upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to, at a minimum:</p> <ol style="list-style-type: none"> (1) separate the alleged victim and the abuser (2) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. (3) If the Abuse occurred within a time period that still allows for the portection of physical evidence, including, as appropriate, bathing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, alleged victim will be asked not to bathing. brush teeth, bath, or change clothing, (4) Refer the victim for appropriate medical and mental health follow up services. <p>The agency Directive is general, as in first responder is referred to the person, custody or non-custody, first to the scene of an incident, or gets notified that something happened. All custody and non-custody staff interviewed were able to articulate their responsibilities as they relate to properly managing an incident of sexual abuse or sexual harassment as directed by the standard.</p> <p>(b): The agency directive indicates that anyone who is first notified has a responsibility to respond to the incident while help is on the way. Therefore, the directive is applicable to all WIDOC staff, custody and noncustody, mental health and medical staff, volunteers and contractors, who have contact with inmates.</p> <p>Corrective Action: None</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): The agency provided Executive Directive 72, it explains the process of processing a complaint, investigating a complaint, providing medical and mental health care as well as what the facility and agency leadership's roles are in the process. These procedures are an institution plan that supports compliance with this standard. As a supporting documentation, the facility submitted "Sexual Abuse Response Team Protocol (2015)." This protocol outlines the responsibilities of every department in the facility. During interview with Warden, he indicated that CVCTF staff are trained on how to initially respond to incidents of sexual abuse and sexual harassment and will take appropriate actions. He also indicated that all staff have PREA cards that they carry and are part of their uniform inspection. The PREA cards have a list of first responder duties as they relate to sexual abuse incidents.</p> <p>Corrective Action: None</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): The agency has not entered into or renewed any collective bargaining or other agreement since August 2012. The agency maintains the ability to protect inmates from contact with abusers. It is noteworthy that the State of Wisconsin does not have MOU with Labor Unions.</p> <p>Corrective Action: None</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): Executive Directive 72, requires the facility to designate an employee to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected. At CVCFT, Mrs. H. Ryan is designated to monitor retaliation.</p> <p>(b):The directive specifically prohibits retaliation against victims or other individuals related to an incident of sexual abuse after determining if an individual has been the target of retaliation. During interview with the person who monitors retaliation, she indicated those making allegations are separated from the alleged abuser. The facility head is charged with ensuring that retaliation does not occur. Interview with staff indicated that they are aware of this process.</p> <p>(c)(e): Executive Directive 72 indicates that an individual, staff or inmate, reporting, participating in the investigation or resolution of, or who is the victim of alleged sexual abuse or sexual harassment is monitored for 90 days against retaliation. If retaliation is detected within the 90 days, Mrs. Ryan will take action which may include, mental health services or counseling, changes to inmate housing assignments and staff work assignments, and continued monitoring as deemed appropriate. Both agency head and facility head during their respective interviews, indicated that they would reassign, transfer or move the alleged perpetrator and start an investigation.</p> <p>(d): Policy addresses continuous monitoring for 90 days or as deemed appropriate. Also, for offenders, such monitoring shall include periodic status checks and documentation of these meetings. Employees shall act promptly to remedy any such retaliation. Interview with the person who monitors retaliation indicates monitoring shall continue beyond 90 days if the initial monitoring indicate a continuing need.</p> <p>(f): CVCTF submitted a form, "Staff Retaliation Monitoring form and Victim services coordinator response checklist" as evidence that retaliation monitoring is documented. In the PAQ, the facility reported zero instances of retaliation in the past 12 months.</p> <p>Corrective Action: None</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): Executive Directive 72, section XVI, indicates that Restricted Housing Unit (RHU) is appropriate only when required for the protection of the inmate. Every effort shall be made by social work staff and the managing official to find suitable alternative to protective custody housing. Alternatives may include, but are not limited to:</p> <ul style="list-style-type: none"> - Transfer of the inmate to a different housing unit within the facility - A lateral transfer of the inmate to another facility of the same security level - Transfer of the inmate's documented enemy or enemies to another facility <p>The provision in this standard is the same as in standard 115.43, The agency's process and documentation support compliance with this standard as it did for 115.43. Interview with the Warden indicated that they would separate the victim from the perpetrator. He mentioned that Restricted Housing Unit would be a last resort inmates for inmates who are at high risk for sexual victimization, or inmates who have allegedly suffered sexual abuse. It is worth noting that CVCTF does not have Restricted Housing Unit (RHU). CVCTF reports zero instances of this within the last 12 months.</p> <p>Corrective Action: None</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): WIDOC has a policy related to investigating sexual abuse and sexual harassment in confinement. Executive Directive 72, section XVII- investigations, the directive applies to personnel assigned to conduct investigation of an allegation of misconduct that involves sex related offense. The policy requires WIDOC investigators to investigate all allegations of sexual abuse and sexual harassment in a timely manner. Interview with investigative Captain indicated once an allegation is received, it is documented and assigned a case number. Then, It is reviewed and assigned for investigation by the head of the facility.</p> <p>The Executive Directive 72 states a complaint of alleged sexual misconduct may be submitted by a third party on the behalf of the victim or other individual who has knowledge of the sexual misconduct. The facility did not have any reported cases within 12 months of site review. Auditor did not have any documentation for review.</p> <p>(b): WIDOC Executive Directive 72 states Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigation of sex related offenses in confinement. The Facility has more than one trained investigator who are also Captains. During onsite visit, investigator interviewed stated they continuously have training on PREA and responding to sexual abuse incidents. The training covers policy, compliance with the complaints, initial response, interviewing and professionally dealing with the victims, evidence collection, witness and offender interviews and referrals for prosecution. Most allegations of sexual abuse and sexual harassment, criminal investigations are conducted by the local police departments or sheriff departments. The administrative investigations are conducted by WIDOC trained investigators.</p> <p>(c): The Executive Directive 72 states investigators shall preserve and /or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. An investigator shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct according to applicable statutory regulatory case law contract department procedure, or reasonably accepted standards related to interviewing victims and witnesses. Facility staff are trained to secure the area an alleged assault occurred until the local law enforcement agency arrives on the scene. During this time, access to the scene is limited and documented who entered and why. Additionally, WIDOC policy requires alleged victims to be sent to a nearby hospital (Sacred Heart Hospital) for a forensic exam to be conducted by SANE/SAFE certified staff. Interview with Sacred heart Hospital charge nurse confirms that their facility performs SAFE and SANE for CVCTF.</p> <p>(d): The facility investigator is required to work with the local law enforcement as the case is being developed for criminal prosecution. Even though the facility does not conduct criminal investigation, investigator indicated that local law enforcement agencies rely on the skills of the facility investigators in collecting and preserving evidence to ensure the information gathered during the investigation does not jeopardize a criminal investigation.</p>

(e): Executive Directive 72 states the credibility of a victim, witness, or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. A victim may not be required to take a polygraph or other truth telling to determine to proceed with an investigation of an incident involving a sex related offense. The investigator interviewed indicate that the credibility of all involved in an investigation is based upon the facts of the investigation and not upon the status of the individual as an inmate or employee.

(f): Executive Directive 72 requires investigators to conduct post-incident actions including determining if an employee actions or lack of action contributed to the occurrence. Also, the investigator indicated that investigator shall document all aspect of the investigation in a comprehensive investigative report that thoroughly describes physical, testimonial, and documentary evidence and that explains the reasoning behind credibility assessment and includes facts and findings. There were no allegations reported in the past 12 months at CVCTF.

(g): WIDOC/CVCTF conducts administrative investigations. Therefore, the requirements outlined above in section (f) of this standard apply here as well.

(h): Executive Directive 72 states that department assigned investigator will assist a local law enforcement conducting a criminal investigation.

(i): Executive Directive 72 states the investigation is maintained according to an established retention scheduled, which requires that the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department plus five years. All investigative reports are retained electronically within the WIDOC office in Madison.

(j): According to the Executive Directive 72, an investigation under this directive may not be terminated based on victim or suspect departure from Department employment or custody. During interview with investigator, he indicated an investigation, once initiated, will be continued until completed regardless of the status of an employee or inmate within WIDOC. There were no administrative cases for review at CVCTF.

(k): The State has addressed the requirements outlined in this report.

(l): The local law enforcement agencies conduct criminal investigations on the behalf of the agency because they are sworn police officers. Executive Directive 72 states when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigation. CVCTF reported zero cases for past 12 months.

Corrective Action: None

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): WIDOC Executive Directive 72 specifically states upon concluding an investigation involving an inmate as a victim of a sex related offense, the investigator shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence. The facility did not have documentation for review of this section but policy requires investigators utilize the standard of preponderance or lower standard of proof of the evidence in making determination about investigative outcomes.</p> <p>Corrective Action: None</p>

115.73	Reporting to inmates
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 618">(a): Executive Directive 72 specifically states upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being determined to be substantiated, unsubstantiated, or unfounded. There were two investigations conducted in the past 12 months. In reviewing the investigation file, copies of the letters sent to the inmates were in the files with acknowledgement from inmates that they received notice at the conclusion of the investigation.</p> <p data-bbox="252 667 1461 869">(b): WIDOC conducts administrative investigations of sex related allegations. The Directive requires WIDOC to request the relevant information from the investigative agency in order to inform the alleged victim, if WIDOC did not conduct the investigation. The same notification process will be followed, sending inmate victim a letter notifying them of the conclusion of the investigation.</p> <p data-bbox="252 925 1453 1081">(c): This directive continues to require the investigator to ensure, if the incident involved an employee committing a sex related offense on an inmate and the incident was substantiated or unsubstantiated, arrange for the inmate to be advised of all the requirements outlined in this section of the standard.</p> <p data-bbox="252 1137 1453 1339">(d): Same directive states if the incident involved an inmate committing a sex related offense on another inmate arrange for the victim inmate to be advised of the requirement regarding the perpetrator outlined in this portion of the standard. CVCTF indicated there were no instances occurring within the last 12 months requiring such notification. Interview with staff indicates they are aware of this process.</p> <p data-bbox="252 1395 1477 1641">(e): The portion of the directive addressing subsection(e) states written confirmation is received from the managing official or a designee. The confirmation shall be maintained in the investigative file with documentation that notifications was made including the date and time of the notification, the name and signature of the inmate notified, and the name and signature of the individual making the notification. The auditor reviewed completed investigation files and completed (2) notification with inmate acknowledgement were part of the documentation.</p> <p data-bbox="252 1697 1465 1765">(f): The directive specifically states the victim reporting requirements under this directive shall terminate at the time the victim is released from WIDOC custody.</p> <p data-bbox="252 1821 561 1854">Corrective Action: None</p>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a): WIDOC Executive Directive 72 requires an employee determined to have committed sexual misconduct is in violation of DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions and including termination, criminal prosecution and if applicable, notification of a relevant licensing authority.</p> <p>(b): The same directive states termination is the presumptive sanction for a staff member who engaged in sexual abuse. The facility had no instances of termination for this reason in the last 12 months.</p> <p>(c): Executive Directive 72 outlines an employee who was determined to have committed sexual misconduct is in violation of DOC policy and is subject to a penalty up to and including termination of employment with WIDOC. The policy specifically states "sanctions shall be commensurate of the violation, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories."</p> <p>(d): The same directive outlines an employee determined to have committed sexual abuse is in violation of WIDOC policy and is subject to a penalty, up to and include termination of employment with WIDOC, criminal prosecution and if applicable, notification of a relevant licensing authority.</p> <p>Corrective Action: None</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a): Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement, state a contractor determined to engage in sexual abuse is considered to be in violation of terms or conditions of a contract or the agreement establishing the relationship between the contractor and the WIDOC, subject to sanction according to provisions of the contract or agreement, is subject to criminal prosecution, and if applicable, notification of relevant licensing authority.</p> <p>(b): The same directive stipulates that if the contractor or volunteer fails to to fulfill its obligation under this contract properly and on time, or otherwise violates any provision of the contract, WIDOC will terminate the contract by written notice to the contractor. The policy prohibits contact between contractors, volunteers and employees with inmates prior to PREA training. All volunteers and contractors sign an agreement form after PREA training acknowledging receipt of the training and what their responsibilities are for reporting suspected sexual abuse or sexual harassment. Interview with volunteer indicated that he completed all PREA training and auditor was able to verify in the automated system.</p> <p>Corrective Action: None</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): WIDOC Executive Directive 72, states that an inmate may not commit, participate in, support, or otherwise condone sexual conduct. The policy details how inmate discipline is handled, including inmate sexual abuse. CVCTF reported on the PAQ that there were no instances of administrative or criminal findings in the past 12 months of inmate on inmate sexual abuse.</p> <p>(b): The Agency Directive does state the discipline shall "be commensurate with the nature and circumstance of the violation, offender's disciplinary history and the sanctions imposed for comparable offences by other offenders with similar histories."</p> <p>(c): The Directive outlines the disciplinary process shall consider a perpetrating offender's mental disabilities or mental illness contributed to his or her behavior when determining that type of sanction, if any, should be imposed. This implies that the hearing officer may consider the inmate's competency at the time of the rule violation as a mitigating circumstances when determining the sanction.</p> <p>(d): WIDOC Directive suggests a facility to consider offering therapy or counseling to perpetrating offenders and to participate in interventions to address and correct underlying reasons or motivations for the abuse. A psychologist was interviewed and he acknowledged that policy requires staff to encourage inmates to participate in treatment.</p> <p>(e): The policy stipulates an offender may only be disciplined for sexual contact with an employee upon finding that the employee did not consent to such contact. Also, offenders-on-offenders sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. CVCTF reports no sexual abuse cases in the past 12 months.</p> <p>(f): The Executive Directive 72 states a complaint of alleged sexual abuse made in good faith based upon a reasonable belief that the alleged sexual abuse occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation.</p> <p>(g): The same directive states that an inmate may not commit, participate in, support, or otherwise condone sexual conduct. CVCTF staff indicated there were no instances of inmate on inmate consensual sexual conduct in the past 12 months. During interview, staff confirmed that they would definitely respond to all instances under PREA standards and further investigate to determine if, in fact, it was consensual or sexual abuse.</p> <p>Corrective Action: None</p>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)-(c): Upon interview with the social worker and intake officer, it was stated that during the screening process, if an inmate discloses that he experienced sexual victimization or has been the perpetrator of sexual victimization, he is immediately offered services and referred to either medical or mental health services upon disclosure. If the inmate agrees to see Medical or Mental Health then, he is seen generally within a day of the report. During the interview with intake staff, the intake Sergeant stated that intake staff screens all intake assessments and specifically look for victimization or abusiveness based on the responses on the screening instrument. The directive emphasizes that if screening indicates that an inmate has experienced prior to sexual victimization, whether it occurred in a facility or in the community, the inmate is offered follow-up with a medical or mental health practitioner within 14 days of the intake screening. During interview with psychologist, he verified that inmate is seen within 14 days and review of documentation confirmed the practice.</p> <p>(b): The policy requires all new inmates will be screened for history of sexual abuse/assault victim or perpetrator, either in the community or during incarceration, and will be referred for further evaluation with medical /mental health within 14 days. In the same policy, The perpetrator will be offered follow up with medical or mental health practitioner within 14 days of intake. Interview with psychologist confirmed that perpetrators are also seen by mental health staff.</p> <p>(d): The portion of this standard is met with agency wide as indicated by Policy. The instructions of PREA intake screening, PREA screening instrument were reviewed and indicate that the responses to the questions asked on the screening instrument are to be kept confidential and disseminate only to those individuals with a need to know. The interview with social worker confirmed that the information is provided only to individuals on the need to know basis about medical and mental health evaluation and treatment and to senior staff for security and management decisions.</p> <p>(e): The limits of confidentiality are provided by Medical and Mental Health practitioners in an effort to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Review of this form does support that inmates' informed consent is obtained by medical or mental staff. The form does support informing inmates before signing the form about the limits of confidential issues related to sexual abuse within correctional setting. The auditor was presented with blank form, " Authorization for disclose of information of no-health confidential information" as evidence. Interview with medical staff confirmed that informed consent is obtained from inmates before reporting information about prior sexual informed consent.</p> <p>Corrective Action: None</p>

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a): An interview with medical staff indicated that follow-up treatment for alleged victims and perpetrators will be administered immediately and at no cost to the inmate. Timely and unimpeded access to medical treatment will be provided as necessary, as a result of any incidents, at no cost to inmate victims of sexual assault. To further support this standard, Executive Directive 72 was reviewed and indicates that facility staff shall ensure the safety of the victim of sexual abuse, through a coordinated response to a complaint of sexual misconduct that includes immediate medical attention and continued personal protective, referral for medical and mental health care follow-up and non-medical or mental health related counseling and support services. In addition, the policy states that staff shall immediately arrange for emergency medical services.</p> <p>(b): Executive Directive 72 states that while processing a complaint of alleged sexual misconduct, supervisor, manager, shift commander or head of the unit, shall immediately protect the victim from further harm and arrange for emergency medical services; in addition, staff shall refer the victim for appropriate medical/mental health follow-up services. Interviews with staff first responders did show that CVCTF staff were well informed with what steps they are to take in the event that there are no available mental health or medical staff on duty at the time of a report of sexual abuse. Staff stated they would separate the victim and ensure that the on-call medical or mental health staff was contacted. CVCTF staff report zero instances in past 12 months.</p> <p>(c)-(d): Security staff and non-security staff interviews indicate medical and mental health services are provided to victims at no cost to the victim. The Executive Directive 72 support this standard; in addition, follow-up testing related to Sexually Transmitted Infections, HBV, Pregnancy, and RPR shall be reviewed with the inmate and any additional testing or treatment is required within 5 business days. All PREA related post assault follow-up clinical activities for medial and mental health must be completed, including testing and prophylactic treatment for STDs. The victims shall be offered medical treatment at no financial cost regardless of whether the victim names the abuser or cooperates with the investigation arising out of the incident</p> <p>Corrective Action: None</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a-g): Interviews with medical and mental health staff supported that all treatment services as required by this standard are taking place and are consistent with community level care, if not better due to the immediate availability of clinicians. Staff indicated in the event that an inmate suffered any sexual abuse, follow-up services and further treatment is available, including any tests for sexually transmitted infections. This is also supported by agency directives and the medical manual/processes are provided to inmate victims of sexual abuse without financial cost. Staff interviews indicated that inmates are immediately offered mental health services upon learning that the inmate is a known abuser and treatment is offered when deemed appropriate. CVCTF reports zero instances in the past 12 months. There were no documentation for review. All requirements of this standard have been met.</p> <p>(h): The Executive Directive 72 requires that the alleged abuser shall be offered health evaluation within 30-60 days of the alleged assault or abuse. Staff interviews with the social workers and medical charge nurse confirmed that the alleged abuser would be offered a mental health evaluation within 30-60 days of the alleged assault or abuse.</p> <p>Corrective Action: None</p>

115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a)(b)(c): Executive Directive 72 requires that a review team, consisting of upper level facility management, shall review all sex related offenses that are investigated, unless determined to be unfounded, within 30 days after the investigation is concluded. The review team shall have input from the line supervisors, investigators, medical and mental health practitioners concerning the incident. In addition, the agency's policy requires the review team to consider if the incident or allegation indicates a need for a change in policy or procedure to better prevent, detect, or respond to sexual abuse and the specific reasons by which the incident was motivated. In accordance with the agency's directive, the review team shall also examine the location of the incident to evaluate any physical plant issues and assess staffing levels and the need for monitoring technology to determine if there are other issues that may have contributed to the incident. Interview with the Security Director confirmed that the team meets once an investigation is concluded. The auditor reviewed the one case reported CVCFT within the last 12 months. All attendees sign and approved the content of the team review.</p> <p>(d): The Executive Directive 72 outlines six aspects of this standard that the review team shall consider:</p> <p>(a) Whether the allegation or investigation indicates a need to change or practice to better prevent, detect or respond to sexual abuse;</p> <p>(b) Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility;</p> <p>(c) The area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.</p> <p>(d) The adequacy of staffing levels in that area during different shifts;</p> <p>(e) Whether monitoring technology should be deployed or augmented to supplement supervision by employees.</p> <p>(f) Prepare a report of its finding, including but not necessarily limited to determinations made in the above items, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager. CVCTF reports one instance in the past 12 months. There was an Incident Review Team notes that covered all the above points. The finding of the Incident review team was increase cameras and staff rounds in the area. Furthermore, it concluded that the allegation was racially motivated. Both inmates were separated and offered follow up services.</p> <p>(e): There was one incident review conducted at CVCTF. The recommendation was to increase staff rounds and add some cameras in the area. Since the incident allegedly happened in the bathroom, and there are no cameras in the bathroom, it was difficult to verify allegations by use of cameras. Through interviews, it was determined that it was racially motivated. Inmates were separated. According to policy, facility shall implement the recommendation for improvement and shall document reasons for not doing so.</p> <p>Corrective Action: None</p>

115.87	Data collection
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1453 450">(a): Executive Directive 72, section XXI- Data Collection and Monitoring, states WIDOC shall collect and maintain data regarding PREA related criminal and administrative allegations, including facilities with which it contracts for the confinement of offenders.</p> <p data-bbox="252 495 1469 741">(b)(c)(f): The above mentioned directive states that DOC shall uniformly collect and maintain data for each reported allegation of sexual abuse at all correctional facilities under the authority of WIDOC that, at a minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice. The policy states this data shall be aggregated annually. Interview with PREA Director confirmed that the data is maintained and protected electronically.</p> <p data-bbox="252 797 1445 954">(d): The agency maintains, reviews, and collects data from all incident based document, including reports, investigative files, and sexual abuse incidents reviews, The agency PREA data analyst prepares reports and studies requests and provide each facility with technical support.</p> <p data-bbox="252 1010 1469 1133">(e): The agency's Directive states WIDOC shall uniformly collect accurate data from every allegation of sexual abuse from each correctional facility under the authority of the WIDOC to assess and improve effectiveness of sexual abuse prevention, detection and responsiveness.</p> <p data-bbox="252 1189 1461 1559">(f): Executive Directive 72 states that WIDOC shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under the authority of WIDOC. With regard to section (a) of this standard which requires that a standardized instrument must be used to collect data for every allegation of sexual abuse, the agency's policy does not assign the responsibilities to anyone or department in particular. WIDOC most recent version of Survey of Sexual Victimization (2015) was reviewed and the survey supports that the agency has collected and aggregated the data as required by this standard, and has submitted this information to the United States Department of Justice/Bureau of Justice Statistics. Annual reports for 2014, and 2015 were available and reviewed on the agency website.</p> <p data-bbox="252 1615 560 1648">Corrective Action: None</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)-(b): Executive Directive 72 states WIDOC shall, on PREA related matters, is responsible for data collection and review. The incident-based sexual abuse data collected shall be aggregated annually. Further, the report will include identification of problem areas or problems within specific correctional facilities, used to facilitate corrective action, and compare the current year's data and activities with that which is available from previous years. A review of the agency's most recent report revealed that several steps have been taken to comply with PREA in general. This includes updates to policy, establishment of facility PREA Compliance Managers at every facility and entrance into MOU for certified PREA audits.</p> <p>(c): The agency annual report is approved by the Agency Head. This was verified through an interview with the Agency Head and the Agency Head's signature on the report itself.</p> <p>(d): There is no information contained within the agency's report that would require redacting.</p> <p>Corrective Action: None</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a), (b), (c), (d): Executive Directive 72, section XXI Data Collection and Monitoring, requires WIDOC to securely retain and maintain incident-based and aggregated data ensuring only authorized personnel have access to the information. In addition, the sexual abuse data must be maintained for at least 10 years from the date received.</p> <p>Corrective Action: None</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All facilities under the jurisdiction of WIDOC, have been audited by a PREA certified Auditor at least once since 2014. WIDOC manages over 30 institutions and at a minimum 10 of the institutions have been audited since the beginning cycle of PREA audit. Auditor was given access to all areas of the institution during the site review. Also, copies of all documentations were uploaded on Pre- Audit Questionnaire. However during site review, Auditor was given copies of any extra documents when needed.</p> <p>Auditor was assigned a room with a lock to conduct private interviews with staff and inmate. There were two staff members assigned to assist auditors with all requests. Notices of the Audit were posted 6 weeks prior to onsite with auditor's address to receive inmate correspondence prior to site review. Auditor did not receive any letters prior to onsite visit.</p> <p>Corrective Action: None</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has published prior audits (2016) on their website: https://doc.wi.gov/pages/about/Doc/prisonrapeeliminationact.aspx

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)	yes

115.13 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into	yes

	consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	
	Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ?	yes

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes

115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.)	yes

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes

115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency: perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no

115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	no

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	yes

115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes

115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.33 (c)	Inmate education	
	Have all inmates received such education?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	yes

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a: Referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Request?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes

115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	yes

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	no

115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes

115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.78 (g)	Disciplinary sanctions for inmates	
	Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes

115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes

115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes