

PREA Facility Audit Report: Final

Name of Facility: Drug Abuse Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/11/2018

| 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, Lgsw | Date of Signature: 01/11/2018 |

| AUDITOR INFORMATION | |
|-------------------------------------|-------------------|
| Auditor name: | Beteck, Rose |
| Address: | |
| Email: | rnekang@yahoo.com |
| Telephone number: | |
| Start Date of On-Site Audit: | 11/15/2017 |
| End Date of On-Site Audit: | 11/16/2017 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Drug Abuse Correctional Center |
| Facility physical address: | 4280 North Sherman Road, Winnebago, Wisconsin - 54985 |
| Facility Phone | 920-236-2700 |
| 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: | Paul Lockwood | Title: | Assistant Superintendent |
| Email Address: | paul.lockwood@wisconsin.gov | Telephone Number: | 920-237-2007 |

| Warden/Superintendent | | | |
|-----------------------|-----------------------------|--------------------------|----------------|
| Name: | Robert Genske | Title: | Superintendent |
| Email Address: | robert.genske@wisconsin.gov | Telephone Number: | 920-236-2701 |

| Facility PREA Compliance Manager | | | |
|----------------------------------|---------------|-----------------------|-----------------------------|
| Name: | Paul Lockwood | Email Address: | paul.lockwood@wisconsin.gov |

| Facility Health Service Administrator | | | |
|---------------------------------------|---------------------------|--------------------------|-----------------------|
| Name: | Lon Beecher | Title: | BHS Nurse Coordinator |
| Email Address: | lon.beecher@wisconsin.gov | Telephone Number: | 608-240-5144 |

| Facility Characteristics | | | |
|--|------------------------------------|-----------------------|--|
| Designed facility capacity: | 300 | | |
| Current population of facility: | 293 | | |
| Age Range | Adults: 18-74 | Youthful Residents: 0 | |
| Facility security level/inmate custody levels: | Minimum Security/Minimum Community | | |
| Number of staff currently employed at the facility who may have contact with inmates: | 90 | | |

| 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: | Jon Litscher | Title: | Secretary |
| Email Address: | Jon.Litscher@wisconsin.gov | Telephone Number: | (608) 240-5065 |

| Agency-Wide PREA Coordinator Information | | | |
|--|-------------|-----------------------|---------------------------|
| Name: | Cheryl Frey | Email Address: | cheryl.frey@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.

A certified Audit was conducted at the Drug Abuse Correctional Center (DACC) located in Winnebago, WI. The audit team consisted of certified auditors Rose Beteck (lead auditor) and David Wolinski; all from Maryland Department of Public Safety and Correctional Services (MDPSCS). The audit began in August 2017 with introductory email exchange between WIDOC PREA Coordinator, facility PCM and lead auditor. The facility provided the Pre-Audit Questionnaire (PAQ) at the end of September with all information and documents uploaded. The institution is small, auditors did not have to divide the standards, however used the auditor tool and handbook as our guide.

Six weeks prior to onsite visit, the facility was provided with contact information to post throughout the facility for inmates to write the audit team. Lead auditor emphasized eye catching colors such as bright colors for quick and easy visibility by inmates. No letters were received prior to the visit.

DAY ONE ONSITE AUDIT:

The onsite facility audit and tour began on Wednesday November 15, 2017 with all two auditors at DACC. There was a facility greeting from the PREA Compliance Manager, Paul Lockwood. Once we entered the facility, we completed an entrance introduction with Captain, S. Taphorn, Corrections Program Supervisor, Anna Kedzierski and PCM, acting assistant superintendent, Paul Lockwood. The audit team introduced themselves, explained the purpose and outline of the audit process and the facility tour was then explained along with the audit team's expectations and requirements for a successful audit.

After the introduction meeting the tour of DACC began. Auditor Rose Beteck, completed the facility tour while David Wolinski completed staff interviews. Beteck was escorted by Captain Paul Lockwood, Assistant Superintendent, PREA Compliance Manager for the duration of the tour, about 2 hours. Beteck started the tour in the administration area, all there wings/inmates living quarters, area, gymnasium, classrooms, property room, staff lounge, 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 visited were staffed and staff were making rounds and monitoring key areas. Doors were locked and off limits areas were maintained. No areas observed presented any sexual safety or security concerns. 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 of related to sexual abuse and sexual harassment. In the housing unit PREA hotline numbers were also posted next to the phones. The numbers were checked from one unit and determined to be working as required.

There is a main door that opens into the showers and toilet areas. There is a frosted glass on the door allowing 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 supervisory rounds on all three shifts at random times. Staff and inmates both stated they were not made aware in advance when supervisors were making rounds. It was also evident that female staff were announcing their presence prior to entering the male living quarters/units. Their presence is not only announced on the housing unit public address system but logged in the log book as well. Announcements were being made at the beginning of the shift and it was logged in the book and also at other times when new female staff were entering the units, these instances were logged as well. The cameras noted during the tour were in housing dayrooms, visiting rooms, library, all the hallways and stairwells, classrooms and any areas where inmates have access except in the shower and restroom areas. The camera coverage provides excellent coverage of the entire facility. The coverage extends outside of the building as well to cover an open field. In addition, staff perform regular rounds in the living quarters/room, hallways, stairwells and perimeter. The first floor of the building consisting of food service, gymnasium, visiting room, administration, medical and mental health services, property room, loading dock, a laboratory that is not in use anymore, program rooms/classrooms, noncustody staff offices, control center and three units. On the second floor, there are non-custody staff offices, a gymnasium, a control center and three units that mirror the first floor units. There are cameras in the hallway, and stairwells all being monitored by both the control centers upstairs and downstairs. Beteck completed the tour and began interviewing inmates to complete the audit process.

INTERVIEWS:

Simultaneously as the facility tour was being completed, David Wolinski commenced with staff interviews. The auditors randomly selected and spoke with a combined total of 26 inmates, and 31 staff members. Both inmates and staff were asked specific PREA questions, derived from the PRC interview template for the tour, random and specialized interviews. Everyone interviewed participated willingly and appeared to have a good understanding of the PREA standards or rights provided by them. Of the 26 inmates interviewed, 13 were randomly selected and the other 13 were targeted. The breakdown is as follows: 2 youthful inmates- DACC does not house youthful inmates; random inmates substituted in the place of youthful inmates;

1 inmate with a physical disability-A gentleman who walks around with the assistance of a cane was interviewed. He acknowledged PREA orientation at DACC within 24 hours of his arrival at the institution. He received the red handbook, watched a video and a social worker talked to him and there is information all over the institution about PREA if he needed to use it. He reports feeling safe at DACC. There were no blind, hard of hearing (deaf) or Limited English Proficiency (LEP). However, the auditor tested the translation line which works and is available 24/7 for staff to utilize.

1 inmate with cognitive disability- there was no inmate identified with cognitive disability at DACC.

1 inmate identify as Lesbian, Gay or Bisexual- DACC does not have any inmates who identify as Lesbian, Gay or Bisexual.

2 inmates who identify as Transgender or Intersex- DACC does not have any inmates who identify as Transgender or Intersex.

1 Inmate in Segregation Housing for high risk of sexual victimization-DACC does not have a Restricted Housing Unit. There were no inmates housed in Segregation

3 inmates who reports sexual abuse- DACC has not had any sexual abuse or sexual harassment reports in the past 12 months. There were inmates identified

2 inmates who reported sexual victimization during risk screening- DACC was not able to identify any inmates who met this criteria,

Since the facility did not have the targeted inmates for interview, the auditor interviewed the same number of inmates as required by PRC but as random inmates. In all the inmates interviewed, all the

inmates report feeling safe in the institution and knew to report any sexual abuse or sexual harassment immediately to the sergeant or social worker, or call home and let their families call in the report. All inmates felt they had enough privacy to change and shower without being viewed by the opposite gender. They also indicated that female staff announce their presence before entering the unit.

There were 12 random staff members in addition to the 19 specialized staff were interviewed which include correctional officers. Four officers from day shifts (6am -2pm) were interviewed, 6 officers from middle shift (2pm-10pm) and 2 from night shift (10pm-6am). All the staff was knowledgeable about PREA and the agency's zero tolerance policy. They knew how to appropriately respond to a sexual assault and their mandatory requirement to report all allegations, notifications or suspicions of abuse or harassment. All staff indicated they had been trained on PREA which included gender/transgender pat searches. Staff was able to cite specific steps that needed to be taken in the event they were first responders to a sexual abuse incident. Some staff indicated that they would call their supervisor for further direction.

Some of the specialized staff were interviewed over the phone. For example, the head of HR, the Security Director were unable to come from Madison for the audit. All the questions were asked over the phone and they were able to answer all the questions pertaining to their areas of expertise.

FILES REVIEWED

There were three new hires for DACC. According to the HR director, it is standard of practice for the PREA questions and release of information is done correctly. She was able to scan the documents to PREA Analyst, who was around for technical assistant, who then allowed auditor to verify criminal background checks are being conducted prior to employing staff and the agency affirmatively asks applicants about sexual abuse and sexual harassment during their application process. The agency keeps documentation verifying this in each employee's personnel file. Furthermore, background checks are done on employees every five years. Auditor was able to review one file of a DACC employee who recently had a criminal background checked. 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.

DAY TWO of ONSITE AUDIT

On November 16, 2017, 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 on and giving us access with supervision to the documentations that we needed. All the staff was very cooperative and helpful.

EXIT INTERVIEW

By the close of business day on November 16, 2017, audit team was ready to conduct an exit interview. Present during the exit interview was Maria Silao-Johnson (Warden), Paul Lockwood, (PCM, Assistant Superintendent), Leigha Weber, (PREA Analyst), Cheryl Frey (PREA Coordinator), Anna Kedzierski (Corrections Program Supervisor) and other facility staff. 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 left the next day November 17, 2017 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 Drug Abuse Correctional Center (DACC) is located north of Oshkosh in Winnebago County. The building consist of first floor and second floor with a population capacity of 300 adult male inmates. Each floor has three general population housing units. On the first floor, there is a health services unit, food services area, a multipurpose room that is also used as visiting room, a gymnasium, and an administration wing. Each housing has about 8 six man cell/room and the small room has two people. The cells are more like rooms because every inmate has a key to their room. DACC accepts only inmates who have an Earned Release Program (ERP) need. The Earned Release 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 ERP memo agreement.

There are no razor ribbon covered fence or any other outside buildings. There is one way in and one way out. 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, followed by a pat search. The auditors were required to present their IDs and were able to keep them in our person. Staff was found to be diligent and consistent in performing these required duties on all shifts at all times of the day.

Supporting DACC's daily operations and emergency plans are Winnebago Sheriff Department, Oshkosh police Department, ambulance services and hospital is, Aurora Health Center, is a short distance form the Correctional facility.

DACC has approximately 90 employees who may have contact with inmates; twenty-four social workers assigned to the center; one psychologist; two program supervisors and two captains. All these individuals have contact with inmates. The staffing levels in all areas appeared appropriate for the amount of inmates, programs activities and physical layout at the facility. Staff is assigned and deployed throughout the facility which allows DACC 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. DACC incorporated 47 individual cameras throughout the facility with the exception of the inmate restroom/showers, central elevator and individual staff work areas. Three digital video recorders record all video for a periods of 30-60 days. Cameras are located throughout the common area and monitors are located in central control and both sergeants stations. The camera footage is monitored by both female and male staff. Cameras were checked during the tour and no cameras were in showers, or area where inmates may be in a state of undress and viewed by the opposite gender.

The Earned Released Program (ERP) is authorized pursuant to 302.05 Wisconsin State Statutes. The core curriculum for ERP is generally 20 weeks in length, however, this is based on each inmates risk level and actual assessed needs. DACC is committed to evidence based practices (EBP) toward the core principles of effective intervention strategies. ERP begins immediately for inmates when they arrive at

DACC. Through the utilization of community and in-house resources, DACC offers an assortment of programs addressing issues such as self-improvement, problem solving, Thinking for a Change (T4C), Cognitive Behavioral Intervention for Substance Abuse, pre-treatment, parenting, employment, Advanced Skills Practice.

DACC is not accredited by another organization.

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.

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

Standards met:

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.

| | |
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| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a): The Pre-Audit Questionnaire and review of documentation during site visit indicate the Wisconsin Department of Corrections does have written policies and operating procedures in the place of mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The Wisconsin Department of Corrections practices are precise in outlining the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. WIDOC has implemented Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA), which states that the Department does not tolerate sexual abuse and sexual harassment of inmates. Section V of the Executive Directive requires the Department to ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual abuse and sexual harassment involving an inmate comply with applicable national standards established under the authority of PREA. Additionally, WIDOC outlines in its directive the Department does not tolerate misconduct by an employee, by their omission or commission, and does not consider alleged or actual consent as a defense to an allegation of sexual misconduct. The directive includes definitions of prohibited behavior regarding sexual abuse and sexual harassment.</p> <p>(b): WIDOC provided the agency's organizational chart identifying Cheryl Frey as Director of PREA office. Ms. Frey is the Agency's PREA Coordinator. As the Director of PREA Office, Ms. Frey is in a position to have the authority and impact necessary to carry out the duties of a PREA Coordinator as required by this standard. Upon interviewing Ms. Frey, she indicated she has sufficient time and authority to manage her PREA related responsibilities on behalf of the agency. Furthermore, Ms. Frey indicated that she has the authority to make changes and implement policy on behalf of the agency in order to improve PREA efforts. She is actively involved in the annual staffing plan reviews of each correctional facility within WIDOC. In addition to Ms. Frey's compliance duties, she is responsible for gathering aggregate data in order to assess and improve efforts toward sexual abuse and sexual harassment allegations to determine whether changes need to be made to policy or practice within a particular location or facility. Ms. Frey frequently interacts with all the PREA Compliance Managers through email, telephone calls as well as during visits to the facilities.</p> <p>The agency has policy in place supporting section (b) of this standard. Executive Directive #72 mandates that Secretary shall designate a Department PREA Coordinator and the PREA Coordinator who shall have sufficient time and appropriate authority to develop, implement, and oversee Department activities taken to comply with PREA standards in the Department correctional and detention facilities. At a minimum, the PREA Coordinator is responsible for overseeing the Department prevention, detection, and response activities designed to support the Department's zero tolerance policy for sexual abuse and sexual harassment of an inmate, ensuring the Department PREA related activities comply with federal PREA standards, authorizing procedures for the department related to prevention, detection, and response to acts of sexual abuse and sexual harassment involving an inmate, and ensuring preparation and submission of PREA related reports.</p> <p>(c): Drug Abuse Correctional Center (DACC) provided documentation indicating that Mr. Paul Lockwood, who is a Captain and Assistant Superintendent, has been designated as the PREA</p> |

Compliance Manager for DACC. This assignment is normally reserved for the Superintendent, however, the Superintendent is currently out for an extended period. During interview with Mr. Lockwood, he indicated that he has sufficient time to complete his duties as a Assistant Superintendent, along with assuring that the facility is compliant with PREA. The agency/facility offered evidence showing support of this standard, Executive Directive #72, requires the managing official for each Department detention, correctional and community confinement facility, shall identify a PREA Compliance Manager (PCM) for that facility. The PCM shall have the authority to independently act on behalf of the managing official on facility PREA compliance activities.

Corrective Action: None

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a): Wisconsin Department of Corrections contracts with ten Counties Sheriff Departments for "the purpose of temporarily housing DOC inmates" within that County. WIDOC provided all ten copies of the contracts with the local County Sheriffs as documentation of meeting this standards. The contracts under Sections VI and VII, contract Administration, section Q 1-4, requires "County Sheriff Departments" to comply with all Federal, State and Local laws, regulations, and ordinances applicable to its activities and obligations under this contract, and; shall fully comply with the standards set forth in the Prison Rape Elimination Act of 2003, and with all applicable regulations issued by the U.S. Department of Justice.</p> <p>(b): Under the inspections and evaluations portion of the contract, it was not clear how the Agency was going to monitor PREA. On July 5, 2017, Jon Litscher, Secretary, Wisconsin Department of Corrections sent a memorandum to all the contractors (County Sheriff Departments) requiring contract facilities to adopt and comply with PREA Standard 115.12 (b) expressly instructs Wisconsin DOC to monitor contracted facilities to ensure each is in compliance with the standards. Facilities were required to send in a copy of interim or final PREA audit report via email to the PREA office on or before September 1, 2017. If a facility has not undergone a PREA audit, they are required to complete a two page Compliance Summary form (covers all ten areas of PREA) and email to the PREA office. WIDOC provided this auditor with copies of the memorandum and Compliance Summary. Interview with PREA Coordinator, the contracts were not being monitored but have sent out information requiring County Sheriff Department to comply with PREA Audit standard.</p> <p>Corrective Action: None</p> |

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| 115.13 | Supervision and monitoring |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>(a): WIDOC has established a staffing plan for the facilities to comply with on a regular basis and states that all facility are reviewed annually. The facility has developed, documented continues to make its best effort to comply on a regular basis with a staffing plan that provides for adequate levels of staffing. In addition, the policies specifically addresses items 1-11 of section (a) of this standard. Drug Abuse Correctional Center provided this auditor with their July 13, 2017 facility staff plan. Drug Abuse Correctional Center, (DACC) in calculating adequate staffing levels and determining the need for video monitoring, facility shall take into consideration: (1) generally accepted detention and correctional practices; (2) any judicial findings of inadequacy; (3) any findings of inadequacy from Federal investigative agencies; (4) any findings of inadequacy from internal and external oversight bodies; (5) all components of the facility's physical plant, including blinds spots or areas where staff or inmates may be isolated; (6) the composition of the inmate population; (7) the number and placement of supervisory staff; (8) institution programs occurring on a particular shift; (9) any applicable State or Local laws, regulations, or standards; (10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; (11) any other relevant factors. DACC has cameras placed throughout the facility with the exception of inmate cells, restroom, showers, central elevators and individual staff work stations/offices. The staff plan is reviewed annually.</p> <p>(b): During an interview with Warden, Maria Silao-Johnson, she reported that there has not been any instances where they deviated from the staff plan based on the safety and security of the facility and inmates. According to documentation as well as staff and administrative interviews, there have not been deviations from staffing plan.</p> <p>(c): The agency did provide sufficient documentation (Excel Spread sheet with names of those PCMs who have reviewed the Staffing plan) show that WIDOC along with DACC does review staffing plans at least on an annual basis. During interview with Maria Silao-Johnson, Warden, she indicated that there is communication with the agency PREA Coordinator on an annual basis to determine if any adjustments are needed to the staffing plan and any other technologies that ensure DACC inmate sexual safety. As evidence, DACC provided their staffing analysis and overtime management manual which shows the requirement set forth in the Executive Directive 72. Specifically, the purposed outlined in the manual states, "each facility shall develop, document and make its best efforts to comply on a regular basis with staffing plan." The agency policy requires a review of the Facility Staffing plan be conducted with PREA coordinator. However, the facility leadership must review the staffing plan, use of monitoring technology, and/or allocation of resources needs modification.</p> <p>(d): During the audit tour, area logbooks were reviewed and clearly showed heavy presence of multiple first line, intermediate and higher level supervisor log entries. These log entries 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 book entries. Multiple supervisory signatures were present in the site log book, on all three shifts, and were signed in a different color ink (red) which made it easy to review supervisory presence. Also, during the tour, there was a heavy presence of supervisory staff in and out of the building.</p> | |

Random interviews with inmates also helped support the fact that supervisors are prevalent and available to an inmate if needed. Interviews with intermediate and higher level supervisors as well as housing unit staff, also confirmed that unannounced rounds are being conducted and line staff are aware that they are prohibited from announcing to other staff that a supervisor is entering their area.

WIDOC provided Executive Directive #72, Sexual Abuse and sexual harassment in Confinement. This directive specifically states, "Rounds are conducted no less than once per hour by security staff in each housing unit. Unannounced rounds are conducted by security supervisors regularly and documented in the Supervisors Unannounced PREA logbook."

Corrective Action: None

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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>DACC houses male inmates ranging in age range from 18 to 75; no youthful inmates are housed at DACC. Per WIDOC Department of Adult Institutions (DAI) Policy #302.00.20, Placement of Juveniles in Adult Correctional sites, emphasize all youthful offenders are housed at a juvenile institution or a housing unit designated for juvenile offenders. This was confirmed during the onsite visit by interviewing Warden, Silao-Johnson and interim Superintendent, Paul Lockwood (PCM). This is also verified through general observation during the site tour, the inmate and staff interviews and inmate file reviews. The agency PREA Coordinator, Cheryl Frey, also confirmed that no juvenile inmates were housed at DACC. There are no youthful inmates being housed at DACC, nor are the housing units designated for youthful inmates at DACC.</p> <p>Corrective Action: N/A</p> |

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a): DACC 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 emergency, and in those cases a supervisor would need to authorize and appropriately document the search.</p> <p>The facility provided the WIDOC Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement, Cross-gender Searches, which states that an inmate strip search shall be conducted by a correctional officer of the same gender as that of the inmate being searched in a location and manner that ensures maximum privacy for the inmate being searched; and in the presence of additional correctional officer. DACC provided training documentation of their staff which indicates the officer conducting the search shall be the same sex as the inmate as being searched.</p> <p>(b): This section does not applicable as there are no females housed at Drug Abuse Correctional Center.</p> <p>(c): The facility PAQ reports no (zero) instances of cross-gender searches occurring in the last 12 months at DACC. During interviews with random staff and inmates, it was evident that gross-gender strip searches and body cavity searches do not occur at DACC. Also, there are no female inmates housed at DACC.</p> <p>The Executive Directive 72 provides detailed information regarding personal searches of inmates which supports that the facility is in compliance with search requirements as mandated by this standard. The latter part of this standard is not applicable, as there are no female inmates housed at DACC.</p> <p>(d): During the tour of DACC, it was evident that the female staff announce their presence wen entering a housing unit/wing or announcement is made, upon entry of a female staff person into the housing unit, informing inmates that a female staff is in the housing unit/wing. There is a specific tone broadcast over the facility intercom system to announce the presence of cross-gender staff. While conducting random and specialized interviews with inmates and staff, the confirmed that "bell chime and announcing" is occurring on all three shifts, each time a female staff enters a housing unit. During the tour, it was obvious that inmates had sufficient privacy to change clothes, perform bodily functions and shower without direct cross-gender viewing by staff. Showers were located in an area allowing privacy from staff of the opposite gender viewing their breasts, buttocks or genitalia and 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.</p> <p>Further evidence was presented to support that this standard is being followed by WIDOC staff . WIDOC Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement defines "cross-gender viewing" as an employee observing the breasts, buttocks, or genitalia of an inmate of the opposite sex while the inmates is showering, performing bodily functions, changing clothing, or any similar activity. The directive also defines "sexual misconduct" to</p> |

include cross-gender viewing, if performed without warning by non-medical staff at times other than incidental to routine cell checks, supervisory rounds to prevent sexual abuse and harassment, exigent circumstances.

(e): During interviews of random staff, it was clear that staff knew they could not conduct a search or examine a transgender inmate for the sole purpose of determining the inmate's genital status. Staff also indicated that this was part of their annual training. During interview with the PREA Compliance Manager, it was stated that there has never been a Transgender inmate housed at DACC, however, if they ever do intake Transgender inmate, appropriate PREA standard requirements will be followed by DACC staff.

DACC does show support of this practice in Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement, which states, Transgender inmates and intersex inmates will be verified through medical department. Should it become necessary to pat search a transgender or intersex inmate, the supervisor will contact the medical for verification. Once the inmate is verified by medical as being transgender or intersex the officer will ask the inmate if he prefers to be pat searched by a male or female officer. At no time will transgender or intersex inmate be strip searched to ascertain their sexual orientation.

Also Executive Directive 72 states a strip search may not be conducted for the sole purpose of determining the inmate's genital status. Also, when circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. While there have not been any transgender inmates housed at DACC, all the staff clearly indicated that searching a transgender for the sole purpose of determining the genital status is not allowed and would not occur at DACC.

(f): Staff DACC like the rest of WIDOC staff, have annually training online. WIDOC presented PREA training module which demonstrated that it does train staff in 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. Training records were reviewed for randomly selected staff. Of those selected, all have had training covering PREA, LGBTI inmates and training covering searches of inmates, including cross-gender and transgender inmates. All staff interviewed also confirmed that they have had this training and complete it annually.

Corrective Action: NA

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a)-(b): The WIDOC does have directives in place to ensure that inmates with disabilities are treated equally, and are able to benefit from agency and facility efforts related to PREA. Executive Directive 72, states that the administrator of the facility shall ensure that newly received inmates are provided information about inmates rights, general institutional schedules, procedures and institutional plans. This orientation may be provided through group sessions or by giving the inmate an orientation package. The Directive further states special assistance shall be provided to inmates with language or reading problems. Also, Executive Directive 72, Limited English Proficiency (LEP), states that the department shall take reasonable steps to ensure LEP individuals receive meaningful access to programs and services. The department is required to provide language assistance services in accordance with applicable State and Federal law.</p> <p>DACC requires that prior to being placed in general population, each inmate is provided with an orientation to the facility. Inmates are provided a copy of the inmate handbook in English and Spanish for information and orientation purposes. The handbook include information on PREA, access to health services, and grievance system, etc. 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 (in English and Spanish as required) and the completion of intake forms. A signed acknowledgment is completed online by the inmate. During interview with orientation staff, auditors were provided with copies on completed orientation acknowledgment signature pages form online inmate file. In addition to interpreter services, there are videos, pamphlets and postings regarding PREA readily available to inmates in both English and Spanish; however, DACC does not currently house any inmates who have disabilities or language barriers requiring the need for interpretation.</p> <p>(c): DACC reported no instances of interpreters being utilized in the past 12 month. The PREA Compliance Manager provided a list of interpreter services that will be utilized in the event an interpreter is needed. Statewide language interpretation services are available through a toll free number and all staff is well aware. Postings are visible in several areas of the institution and retaliation warnings for those that need the program are a part of the posting. During the tour of the facility, both English and Spanish PREA documents were present and 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 vision impaired inmates currently housed at DACC. However, staff did show the appropriate tools are available for these types of disabled inmates in order to promote effective communication.</p> <p>Corrective Action: None</p> |

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| 115.17 | Hiring and promotion decisions |
| | <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 618">(a): Upon interview with the Human Resource Director at Madison, it was indicated every new employee, contractor or volunteer undergoes a criminal background check before being allowed access to WIDOC facilities or contact directly with inmates, Furthermore, applications for employees, contractors and volunteers ask the applicant directly whether they have been involved in the past with sexual abuse or sexual harassment. Additionally, a review of applications of newly employed staff from the past 12 months confirms the practice is implemented as indicated during the interview.</p> <p data-bbox="252 629 1469 786">WIDOC does have a Executive Directive 72 in place which show support of this standard. The directive states the Department shall investigate the background of all prospective employees, promotions and contractual services providers who have direct contact with inmates to determine suitability for hire or promotion under the standards established by PREA.</p> <p data-bbox="252 797 655 831">The Executive Directive states:</p> <p data-bbox="252 842 1453 1043">"WIDOC will not hire anyone who has engaged sexual abuse or sexual harassment in confinement; anyone who was 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; anyone who was civilly or administratively adjudicated to have engaged in the activity described in this directive."</p> <p data-bbox="252 1055 1453 1211">WIDOC Executive Directive 72 outlines in detail the processes required of the Department to conduct criminal history checks before an employee begins to perform duties and responsibilities of employment. This includes conducting criminal history records checks as mandated in this standard.</p> <p data-bbox="252 1267 1469 1559">(b): Review of employee records show the applications utilized by the WIDOC directly ask applicants whether they have been the subject of sexual harassment in the past. During interview, it was verified this information is considered when determining whether or not to hire or promote anyone who may have contact with inmates. Review of application for employment forms and interview with Human Resource Director indicate the department asks all the appropriate questions necessary to comply with this standard on the application for employment form.</p> <p data-bbox="252 1615 1469 1939">(c): During the interview it was verified that background checks are performed on every applicant before offering a position, and they do consider pertinent civil or administrative judgments when determining whether or not to hire or promote anyone who may have contact with inmates, including contractors. The Human Resources Director provided documentation of new employees and employees who are transferring from one facility to another to support this standard. The documentation included release of information to contact prior employers and conduct criminal background checks. These documents are part of the applications process both in writing or on online.</p> <p data-bbox="252 1995 1437 2152">(d): WIDOC requires that criminal background check is completed prior to enlisting the services of any contractor. This was confirmed during interview with the Human Resource Director. The Executive Directive 72 states before enlisting a contractor to perform services that involve contact with an inmate, the Human Resources Director shall conduct a criminal</p> |

background records check of the contractor's employees who may have contact with an inmate.

(e): WIDOC (facility is not involved in the hiring process at any level.) requires that background checks are conducted at least every five years for current employees and contractors. Agency demonstrated their participation in getting notification when an employee comes in contact with law Enforcement on a continuous basis. If an employee has any contact with a law enforcement agency, the contact is immediately reported to the agency.

(f): WIDOC provided the PREA guidelines for hiring, promoting and transferring employees. The guidelines require all applicants who report for an interview must read and complete the PREA Interview Questions for non-mandated positions, promotional and transfer candidates. The questionnaire affirmatively asks all the questions outlined in this standard. The applicant must provide the response in writing as well as sign and date the questionnaire. Reviews of employee records show the applicants have completed the pre-employment applications which directly asks applicants about past sexual abuse and sexual harassment and their records contain the interview questions mentioned above. It was confirmed in the interview with the Human Resources Director that the agency does require all employees and applicants to disclose verbally and /or in writing any previous or withstanding misconduct pertaining to sexual abuse or sexual harassment of any kind, that they have been convicted of, including any civil or administrative judgments. The Executive Directive 72 states DOC shall inquire of each applicant and current employees who may have contact with an inmate directly about previous misconduct described in this directive in a written application or interview for employment or promotions and an interview or written self evaluation conducted as a part of a review of a current employee.

(g): The interview with the Human Resources Director in Madison confirmed that employment would be terminated if it was ever discovered an employee falsified an application or gave false information during the application process. Executive Directive 72 in compliance with the section of this standard states, a material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment.

(h): The WIDOC did supply the auditor with documentation showing that personnel files, which includes substantiated allegations of sexual abuse or sexual harassment involving a former employee, would be made available to a requesting institution for their review prior to transferring or promoting a WIDOC employee. The HR Director indicated that if an employee applies for work at another institution, the departing facility would accommodate any requests for information related to a former employee being investigated for substantiated allegations of abuse or sexual harassment from another institution.

Corrective Action: None

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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | (a)-(b): The agency or facility indicate that there have been no substantial expansions or modifications to buildings on the premises; this was apparent during the audit tour. |

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a): WIDOC/DACC utilizes the services of the OshKosh Police Department (OPD) and Winnebago Sheriff Department to conduct criminal investigations. OPD and Winnebago Sheriff Department share jurisdiction in conducting investigations into allegations of sexual abuse and sexual harassment. WIDOC does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. DACC is responsible for administrative investigation.</p> <p>The following directive was provided to show support for this standard. The Division of Adult Institutions (DAI) Policy 306.00.14, Security, effective 2015 states the Department 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 maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.</p> <p>DACC 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. The Executive Directive 72, provides steps that shall be taken to ensure that evidence is preserved and the victim is protected. The PREA in-service training curriculum also trains staff on responding responsibilities, which includes preserving and protecting a crime scene until appropriate steps can be taken to collect any evidence. Formal and random interviews with staff indicate that they are aware of evidence preservation and all stated in some manner that the crime scene would be secured, supervisors, medical and mental health staff notified, forensic exams completed by Sexual Abuse Nurse Examiner (SANE) or Sexual Abuse forensic Examiner (SAFE) staff as necessary, and the incident referred to Oshkosh Police Department for investigation. Staff was also aware that OPD or Winnebago Sheriff Department would be the one to conduct investigations related to sexual abuse and sexual harassment.</p> <p>(b): DACC does not house youthful inmates. WIDOC training module was reviewed and substantially adheres, although developed after 2011, to the principles published in the most recent version of "National Protocol for Sexual Abuse Medical Forensic Examination, Adults/Adolescents." The PREA Coordinator confirmed that policies were compared to the National Protocol and that WIDOC is committed to consulting the Protocol when making any future changes to their evidence protocol.</p> <p>(c): WIDOC/DACC does offer all victims of sexual abuse access to forensic medical examinations off site at Aurora Medical Center at no cost to the inmate. These examinations are performed by SANE/SAFE staff. The SANE/SAFE administrator at Aurora Medical Center was contacted by phone for an interview. She stated that all forensic exams are conducted for DACC. She also indicated that there is SANE/SAFE staff available during all hours. DACC indicated on the PAQ that there was no forensic medical examination conducted in the past 12 months by a SANE/SAFE staff at no cost to the victim. Review of the investigation files and interviews supported the same. Additionally, staff interviews with PREA Compliance Manager, Health Care and Warden all confirmed that forensic medical examinations are offered to all victims when necessary at Aurora Medical Center at no cost to the victim.</p> |

Additionally, DACC staff provided auditor with the SANE/SAFE resources listings for the WIDOC and as listed, inmates at DACC would be sent to Aurora Medical Center. Executive Directive 72, 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 (SAFE) or Sexual Assault Nurse Examiner(SANE). The directive also states 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/DACC have contracted with REACH Counseling Services, also known as Sexual Assault Service Provider (SASP). The SASP is recognized state sexual assault coalition in Wisconsin. It has centers across the State of Wisconsin providing rape crisis and recovery, but it also represents the voices of many other professionals and service providers working with sexual assault survivors. Sexual Assault Service Provider provides policy advocacy, technical assistance, training, outreach and prevention.

Executive Directive 72 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 from a community-based organization. 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 examination process and investigatory interviews.

Phone contact was made with Reach Counseling Services Director who confirmed that they are in fact contracted with WIDOC/DACC to assist in providing advocacy services. In addition, DACC provided documentation both on PAQ and review of training records that Anna K. is facility appointed Victim Advocate, if necessary and she is trained. The victim advocate services are available 7 days a week and 24 hours a day.

(f) (g): Facility is responsible for conducting administrative but not criminal sexual abuse investigations (including inmate-inmate sexual abuse or staff sexual misconduct). The Oshkosh Police Department and the Winnebago Sheriff Department have shared responsibilities/jurisdiction for conducting criminal sexual abuse investigation. All the police officers who work for both departments have been trained in collective evidence and securing them for forensic investigation through their police training/academy.

(h): The facility has indicated they would utilize the services at Aurora Medical Center who meet the qualifications to serve in this role. The supervisor of the SANE/SAFE program at Aurora Medical Center indicated during the an interview that there always a victim advocate available. They provide the victim advocate if one is requested by the inmate victim.

Corrective Action: N/A

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a): During the past 12 months, DACC reported there was one allegations of sexual abuse/sexual harassment received. Interviews with PCM and Captain along side with review of records, confirmed there was one reported case at DACC. PCM, P. Lockwood, indicated that all allegations are investigated.</p> <p>To show further support for this subsection, DACC provided Executive Directive 72, 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. Further, Executive Directive states that WIDOC 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 maximized evidence collection to support effective administrative disposition and if appropriate criminal prosecution of the identified perpetrator.</p> <p>(b): An investigator, in regard to investigations of allegations of sexual abuse and sexual harassment within the WIDOC, is defined as a Department employee permanently assigned to, or assigned to assist, or work in collaboration with police departments. The Oshokosh Police Department and Winnebago Sheriff Department have sworn police officers who are authorized under Wisconsin law to conduct criminal investigations. WIDOC website was reviewed and the policy was posted on the website. It was reported that all cases are reported immediately to the Superintendent or Warden who then refers to local police or sheriff departments.</p> <p>(c): WIDOC conducts all administrative investigations of sexual abuse and sexual harassment for the agency. When the investigations rises to possible felonious behaviors, the Oshkosh Police or Winnebago Sheriff Departments will be contacted. The WIDOC investigator would be informed of the status of the investigation until the final disposition of the case.</p> <p>(d): WIDOC Executive Directive 72, section XVII, Sexual Abuse and Sexual Harassment in Confinement is the policy that governing the conduct of PREA investigators.</p> <p>(e): WIDOC is not a component of the Department of Justice (DOJ).</p> <p>Corrective Action: NA</p> |

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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a): All staff interviewed during the on-site audit at Drug Abuse Correctional Center (DACC) indicated they received annual PREA training. It was clear during random and formal interviews that the DACC staff was educated o 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 what steps they would take in the event they were directly involved in a complaint or instance involving sexual abuse or sexual harassment.</p> <p>WIDOC/DACC provided the Executive Directive 72, section XI Training and Education and training curriculum showing support for this substandard. The directive indicates it is the policy of WIDOC that facility training units shall provide documented annual refresher training. All staff training is assigned online and completed online. Once staff has completed training, and excel spread sheets report is run to verify the number of staff who have completed training for the year. The directives mandates the administrator responsible for custody and security of inmates shall ensure that among other requirements, each employee attends approved training related to preventing, detecting and responding to acts of sexual misconduct.</p> <p>WIDOC Executive Directive 72, Sexual Abuse and Sexual harassment in Confinement, prohibits inmate on inmate sexual conduct and assigns responsibility and procedures for reporting, responding to, investigating, processing and resolving a complaint of inmate on inmate sexual conduct. Directive indicates that the head of the unit is responsible for ensuring that, among other requirements, that each supervisor, manager, shift commander and contractor who have contact with an inmate under the authority of the unit head is familiar with Executive Directive 72 policy prohibiting inmate on inmate sexual conduct. Directive also requires that an employee attends approved training related to preventing, detecting, and responding to acts of inmate on inmate sexual conduct.</p> <p>Training documentation to support that the requirements of Standard 115.31 (a) 1-10 are met include:</p> <ol style="list-style-type: none"> a. Its Zero tolerance policy for sexual abuse and sexual harassment; b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; c. Inmates' rights to be free from sexual abuse and sexual harassment; d. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; e. The dynamics of sexual abuse and sexual harassment in confinement; f. The common reactions of sexual abuse and sexual harassment victims; g. How to detect and respond to signs of threatened and actual sexual abuse; h. How to avoid inappropriate relationships with inmate; i. How to communicate effectively and professionally with inmates, including lesbian gay, bisexual, transgender, intersex, or gender nonconforming inmates and; j. How to comply with relevant laws related mandatory reporting of sexual abuse to outside authorities. <p>(b): WIDOC has approved lesson plan tailored towards staff working at a facility that houses</p> |

female inmates. The Executive Directive 72, indicates that training is offered to all facility staff to include, all non-security staff and any staff having contact with inmates. WIDOC training is tailored to the gender of the inmates that are housed at the facility. Interviews with training staff, line staff and after review of facility training curriculum, it was clear that DACC staff are receiving training tailored towards male offenders. However, if a DACC staff were reassigned to other facilities housing the opposite gender, staff are also given additional training and custody staff will receive training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates. DACC houses male inmates and all DACC staff receive PREA Training on an annual basis.

(c): DACC reported that in the past 12 months 90 staff who have contact with inmates received the necessary PREA Training. The auditor was presented with training records through PAQ and onsite visit that all DACC staff were in fact PREA trained. The agency presented the following directive showing further support of the standard, Executive Directive 72 mandating each employee complete web-based training by the end of the calendar year. The agency verifies completion of training through employee electronic signature.

(d): DACC training documentation is provided to auditor showed all staff from Drug Abuse Correction Center completed the mandatory web-based training for PREA as indicated by their electronic signatures. During the onsite audit, training records were pulled up online and auditors was able to see all the staff listed training and if completed or not. Auditor was able to verify that all staff at DACC have completed all web-based training including PREA. The program is maintained only by approved staff and very very detailed and informative.

Corrective Action: None

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a): DACC provided auditor with the institution's Volunteer and Orientation Guide entitled, Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors. This a two page summarized guide that outlines the volunteer/contractors' responsibilities as they are related to PREA including how one would report such incidents. Medical Health staff at DACC are full-time contractual staff. All medical health staff that were interviewed formally and informally stated that they received annual training related to PREA. Medical staff training records were provided by Medical Health onsite Charge Nurse confirming that all medical staff have completed PREA training.</p> <p>Interview with facility volunteer was conducted and they did state that prior to being able to have contact with inmate population, they completed PREA related training with left them with a clear understanding of what PREA was and their responsibilities as they relate to PREA. WIDOC Executive Directive 72 outlines the responsibilities of everyone who who has contact with inmates as such "All staff, volunteers and contractors have a duty to PREVENT, DETECT AND RESPOND to sexual abuse and sexual harassment."</p> <p>(b): DACC indicated on PAQ that they have 227 volunteers/contractors that are cleared to provide services inside DACC. Training records for these volunteers/contractors are maintained at the facility training house and were reviewed during the audit. DACC provided a copy of the brochure titled " Sexual abuse and Sexual Harassment in Confinement: A guide for Volunteers and Contractors." This brochure is provided to all volunteers and contractors and outlines their requirements and give the necessary PREA education that each volunteer/contractor would need in order to manage PREA issues as they arise. The department also provided a copy of Division of Adult Institutions (DAI) Volunteer Pastoral, Visitor, Program guest and Intern Orientation which outlines the training required for all volunteers prior to beginning any assignment within the WIDOC.</p> <p>(c): DACC presented auditors with the signature sheets of volunteers and contractors who have been given PREA informational Booklet. The agency maintains documentation confirming that volunteers/contractors understand the training they have received, which was reviewed by auditor.</p> <p>Corrective Action: None</p> |

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| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 696">(a): DACC reported 589 inmates who were admitted to DACC in the past 12 months received PREA information upon their arrival at the facility. Inmates who were interviewed randomly and formally indicated that they are receiving information on the Zero tolerance policy and are receiving PREA education by way of pamphlets, and PREA video. Upon reviewing of 22 inmates files online, each file showed signed documentation indicating receipt of the PREA education. During formal interviews of inmates that had arrived at the facility in the last 12 months, each inmate indicated that he had received PREA education upon the day of arrival at DACC and this education included facility's Zero tolerance policy and how to report sexual abuse and sexual harassment.</p> <p data-bbox="252 712 1481 999">DACC provided the WIDOC inmate handbook which gives the definition of PREA and how inmates can report these incidents. The red booklet contains information about inmates rights, general institutional schedules, procedure and institutional plans. The orientation maybe provided through group session, 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 material or red handbooks shall also be made available to the inmates for reference in the library or designated area.</p> <p data-bbox="252 1055 1469 1514">(b): Intake staff were interviewed and reported that upon arrival at DACC, each inmate received at DACC is provided PREA Education and shown the PREA video intake area. The inmate education was reviewed and covers PREA education as indicated. The video was also reviewed and covers PREA, including inmate rights and processes to report instances of abuse very well. Before leaving the intake area, inmates sign an acknowledgment for indicating they have received information on PREA. To further support this standard, the facility presented WIDOC, EXecutive Directive 72, which indicates at intake inmates will view PREA video and sign off on the PREA Acknowledgment form, which stays in the inmate's electronic file. The acknowledgment form indicates that a DACC staff member has counseled the inmate about PREA and WIDOC's Zero tolerance policy regarding sexual harassment and explains prevention, reporting and response to sexual abuse and harassment.</p> <p data-bbox="252 1570 1417 1682">(c): Twenty two randomly selected inmates files were reviewed. All files contained PREA education/training acknowledgment forms. All inmates interviewed reported they received some sort of PREA information.</p> <p data-bbox="252 1738 1449 2029">(d): All staff interviewed at DACC were aware that interpreter services were available and provided for inmates at DACC if needed. DACC reported no instances where these services were utilized in the past 12 months. WIDOC Executive Ddirective 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 the showing of videos (both English and Spanish). Non-English speaking inmates will be provided with interpretive services, A signed acknowledgement is completed online.</p> <p data-bbox="252 2085 1410 2152">(e): All inmates electronic files at DACC did contain electronic signature pages of inmates indicating that all inmates received PREA education. WIDOC/DACC Executive Directive</p> |

requires that PREA education/training acknowledgment forms are maintained in inmates' files, in this case, electronic files.

(f): The agency inmate's handbook provides the information as required indicating that all inmates have a 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 displaced throughout the facility, including the visitor intake area, food services, medical and housing units.

Corrective Action: None

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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a)(b): The agency (WIDOC) performs its own administrative investigations. All criminal investigations are performed by local Sheriff Departments or Police Departments. Upon interviewing security staff, which included formal interviews with administrative staff, it was evident the agency investigators assigned to conduct investigations into sexual abuse and sexual harassment allegations have been thoroughly trained to do so.</p> <p>All allegations of sexual abuse or sexual harassment, criminal or administrative, are initially received by the facility assigned investigators. The investigator determines based on their training that the allegations should be investigated by local police department or administratively by the agency. The agency has 270 trained investigators.</p> <p>The agency provided a 77 page training module required of all investigators before conducting sexual abuse and sexual harassment investigations, While interview with an investigation Captain, he indicated he received specilized training as required by Executive Directive 72. He was able to articulate the definition and appropriate application of Miranda and garrity and had a clear understanding of how prepondance of the evidence is used to determine the outcome of an investigation. The Captain assured the auditor that all investigations conducted by the agency utilizes preponderance of evidence to determine the outcome of their investigations. DACC provided support for this standard, Executive Directive 72 and specialized training curriculum for investigators. The policy states, "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 a confinement setting that, at a minimum, specifically addresses 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.</p> <p>The Executive Directive 72 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, including treating the victim as well as the perpetrator.</p> <p>WIDOC lesson plan titled Specialized Training for PREA Investigator indicates that training is received by the special investigatoes. This includes the definition, purpose and history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations.</p> <p>(c): WIDOC/DACC provided documentation during the site visit that all agency investigators have completed the agency's mandatory training for sexual abuse investigators.</p> <p>(d): WIDOC provided training plans and documentation for all related training provided to its employees. Documentation for the following training has been reviewed as part of this audit (all employee training is web-based): LGBTI, PREA investigator, security custody control Sexual abuse and Sexual harassment in confinement.</p> <p>Corrective Action: None</p> |



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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a)(c)(d): WIDOC/ Drug Abuse Correctional Center (DACC) has a policy related to the training of medical and mental practitioners who work regularly in its facility and it is documented. The contract policy with BHS covers the required elements of PREA training and must be given to each employee prior to working with inmates. Medical Health at DACC are fulltime contractors but the Mental Health staff (Psychologists) are fulltime State employees. DACC reported that 100% of its medical staff have received the necessary PREA training. The training documentation provided to auditor was reviewed and showed that all medical staff did complete PREA training and the training does cover the required elements of how to detect and assess signs of sexual abuse and harassment, how to preserve evidence, how to respond to victims and how to and whom to report allegations or suspected abuse and/or harassment. Medical staff interviewed all indicated they complete PREA training annually and also submit their documentation directly to their employer, BHS.</p> <p>To further support this standard, Executive Directive 72 requires that the department ensures compliance in areas of PREA, including medical and mental health as required by this standard. Also, the directive emphasizes that each employee attends approved training related to preventing, detecting, and responding to acts of sexual abuse and sexual harassment in confinement.</p> <p>(b): WIDOC or DACC medical staff does not conduct forensic examinations.</p> <p>Corrective Action: None</p> |

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| 115.41 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a)-(g): All inmates transferring into DACC are screened immediately upon arriving at the facility, well within the 72 hours permitted in this standard.</p> <p>During the tour of the auditor was able to observe and area where incoming inmates are received. DACC is not an intake facility however, inmates are transferred to the facility for drug treatment program. Upon arrival, the facility Sergeant detailed the process that each inmate is interviewed and educated with regard to PREA. PREA education material is given to each inmate and a PREA intake screening is completed for each inmate as well. The educational pamphlet and Intake screening form was reviewed by the auditor and they include all the criteria required by this standard. The screening process is automated. Once the screening is done, the social worker reviews the form for necessary programming and placement. The auditor verified that the institution had not been doing the 30 day re-assessments. Auditor reviewed 15 files, of which none had a 30 day re-assessment completed. DACC let the auditor know that their screening system is became automated effective October 22, 2017, which is right before the audit. The new system alerts social workers when a re-assessment is nearing 30 days. It did not negate re-assessment upon receipt of new information or concern for inmate's sexual safety. At the time of the audit, re-assessments had not been completed. Since the audit, it has been more than 30 days to show supporting documentation to support compliance.</p> <p>All of the random inmates interviews also indicated that they were seen within hours of arrival at DACC and assessed by a social worker. However, there was no indication that a re-assessment was taking place within 30 days of arrival by the social workers. During the tour, inmates were randomly asked questions if they were aware of PREA and indicated that they were asked questions related to PREA during the intake.</p> <p>WIDOC Executive Directive establishes policy and assigns responsibilities for screening individuals in correctional facility under the authority of the Wisconsin Department of Corrections to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Also, 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 of being sexually abused or being sexually abusive towards other inmates. The information obtained from the assessment is applied to decisions concerning areas such as inmate housing, programming, treatment, and work assignments to minimize circumstances that contribute to incidents of victimization or abusiveness. 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 is re-assessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmates' risk of sexual victimization or potential abusiveness.</p> <p>(h)-(i): Staff and inmates 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. This was also confirmed due to the inmates files being maintained in</p> |

the social workers' offices which are in locked areas outside of the housing unit. Also, a review of their automated system supports that only staff with the correct profile allowed access to inmates automated files. Executive Directive 72 ensures that an inmate will not be disciplined for refusing to answer or not disclosing complete information in response to screening questions, as well as ensures appropriate controls are in place for managing and dissemination of information collected during the screening process. Overall, a review of the intake process, screening tools, staff interviews, agency and facility directives support all sections as required in the standard 115.41 are being met.

Corrective Action: None

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| 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 1473 618">(a): During staff interviews, the social worker indicated all incoming inmates are reviewed and assessed individually and the risk assessment is being used to determine the appropriate bunk assignments. DACC is using risk assessment information to determine proper placement for work, education and programming assignments. Inmates at this facility are mostly focused on completing the drug program which last for 6 months or more. The inmates, once in awhile, have the opportunity to do community services outside of the institution for a couple of hours or days depending on what organization needs help.</p> <p data-bbox="252 667 1481 875">(b): Social Worker indicate if an inmate comes in with obvious signs of vulnerability, staff will ensure the inmate is properly placed in order to ensure the inmate's safety and from becoming a victim of sexual abuse. The facility is conducting individual risk assessments on all inmates at the facility and this information is uploaded in the automated system, which is used to determine proper bed placement for each inmate. To show further support of this standard, I reviewed WIDOC Executive Directive 72 which establishes policy and assigns 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. The Executive Directive specifically states each of the elements of the standard, in order, correlating with sections A-G of standard 115.42.</p> <p data-bbox="252 925 1485 1133">(c), (d), (e): DACC reported having zero transgender inmates with the last 12 months. During interviews with staff, they did state they would consider where transgender and intersex inmates are assigned on a case by case basis, and they always take the inmate's health and safety into consideration when determining his placement. Provisions would be made to ensure that transgender and intersex inmates' views are taken into consideration, with the main goal of placing the inmate to ensure sexual safety, as well as to ensure placement does not present management or security problems. Auditor was able to confirm there is a process in place that would ensure proper placement and programming for transgender and intersex inmate and they are reassessed at least twice yearly if they did reside at DACC. Interviews, and review of documentation confirm the process would take place.</p> <p data-bbox="252 1182 1485 1391">(f): As observed during the tour, all showers in DACC housing units have individual shower stalls. The showers were walled up to shoulder length and provided the necessary privacy needed for inmates to shower including transgender, if they resided at DACC. All inmates interviewed stated that the showers available provided them with privacy, as was also witnessed by the auditor. Also, showers are placed in housing unit so that staff cannot observe the inmate showering, but can view the showers to ensure safety of all inmates.</p> <p data-bbox="252 1440 1473 1648">(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 assigned based on overall needs, and safety and security of the inmate using the standardized risk assessment screening.</p> |

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| | Corrective Action : None |
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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a)-(d) DACC has reported zero instances of victims being placed in segregation for the time frame of the audit period. DACC does not have a unit designated for segregation. There are two cells considered holding cells where an inmate can be held for a few hours until the inmate's determination is made about the classification. If there is 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>In support of this standard, DACC presented WIDOC Executive Directive 72 which indicates that protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by staff and the managing official to find suitable alternatives to protective custody housing. Alternative may include but not limited to:</p> <ul style="list-style-type: none"> (a) Transfer of the inmate to a different section of the building (upstairs or downstairs) within the facility (b) A lateral transfer of the inmate to another facility of the same security level (c) Transfer the inmate's documented enemy or enemies to another facility <p>(c) (e): Interviews with the Assistant Superintendent/PREA Compliance Manager, and other staff echoed agency directives and facility process when it comes to placing an 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. The Executive Directive 72 mandates that an inmate is reviewed at least thirty days once placed in segregation.</p> <p>Corrective Action: None</p> |

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a): WIDOC Executive Directive 72, state that a complaint may be submitted by the victim, an individual with knowledge of an incident or sexual misconduct, or a "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 chain of command with an employee; a supervisor manager or shift commander; the head of of a unit or the inmate grievance office. WIDOC instruct them that they can tell any correctional officer, social worker, supervisor or any WIDC employee. Executive Directive also indicates that DACC employees may receive a report of sexual misconduct from many different sources including outside persons or agencies and that inmates shall also have access to a toll free hotline number which will refer any report back to the institution for investigation.</p> <p>(b): WIDOC allows for a complaint to be filed outside of the department with the office of Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department. WIDOC has establish a 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. The hotline procedure are monitored and ensures that all PREA related calls are documented and information is forwarded to the investigation supervisors. The hotline number and information is posted in both English and Spanish. The facility has PREA Hotline 777 or 888 posted above all of the inmate phones in the facility as well. The auditor attempted to call the number from an inmate's phone and the number was functioning properly. During the interview with the facility PCM, he also confirmed the operation of the PREA Hotline and that information remains confidential to only the staff necessary to complete an investigation.</p> <p>(c): Executive Directive 72, indicate staff have an obligation to immediately report the complaint to a supervisor. shift commander, or head of facility or head of a unit followed by submission of the appropriate written format used to document in 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.</p> <p>(d): The 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 filed anonymously as well. During interviews with staff, it was indicated that they could privately report sexual abuse/harassment of an inmate by telling their supervisor, calling PREA hotline, or telling someone from outside the facility of what occurred. They all felt they could report such issues confidentially. Staff reported that inmates could privately report sexual abuse/harassment by calling the posted PREA hotline, telling any staff member either in writing or verbally or tell a third party who could then report it. Staff indicated that if they received a report of sexual abuse/harassment they would immediately report and document it.</p> <p>All inmates interviewed reported feeling safe from sexual abuse or harassment at DACC and</p> |

knew how to report abuse or harassment if needed. Inmates indicated they could report sexual abuse/harassment by calling the PREA Hotline that is posted by the telephones, they could tell a staff member, and believed that they could do so verbally or in writing. PREA information were prevalent throughout the facility with reporting options as well as in the inmate handbook (the red book).

Corrective Action: None

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| 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 occurred.</p> <p>Also, each facility shall ensure that an offender who alleges sexual abuse or sexual harassment may submit a complaint without submitting it to an employees 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/Assistant Superintendent, he confirmed that complaints related to sexual abuse or harassment are routed to the leadership for investigation.</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.</p> <p>(d)-(e): WIDOC has a policy requiring an inmate 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.</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/Assistant Superintendent, he confirmed that shall immediately forward the allegations to 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 onsite visit, so there were no records for review.</p> <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.</p> |

Corrective Action: None

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| 115.53 | <p>Inmate access to outside confidential support services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a):WIDOC Executive Directive 72, states if requested by the victim and the services are reasonably available, have one of the following, for the purpose of support, for the victim through the forensic examination and investigation interviews; a qualified victim advocate; a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role; a non-department community based organization representative who meets the criteria for a department employee.</p> <p>The facility provided auditor with inmate handbook (redbook) and during the tour, auditor also noticed contact information for outside victim advocates such as mailing address, phone numbers (toll free) and other contact information. PCM, Mr. Lockwood, indicated that the facility contracts with ASTOP a crisis agency which is a local organization in Fond du Lac. ASTOP provides support services to inmates in the facility.</p> <p>(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>(c): The facility PCM uploaded a copy of the contract on the PAQ. The facility has a contract with REACH entered in June 2016 and signed by Ms. Lyn Beyer and Ms. Cathy Jess. 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>Corrective Action: None</p> |
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| 115.54 | <p>Third-party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(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 Coordinator 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>Corrective Action: None</p> |
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| 115.61 | Staff and agency reporting duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a)(c): Executive Directive 72 defines the term employee as to include paid staff, contractors, interns and volunteers. The policy states, filing a complaint stipulates that employees receiving 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.</p> <p>Medical staff during interview confirmed that they will ensure the victims of sexual assault receive prompt and appropriate medical intervention. The facility has policies and procedures regarding the detection, prevention, reduction and punishment of rape consistent with federal law; a consent must be obtained for prior victimization/abuse not occurring in an institutional setting or for an occurrence that happened under the age of 18; all reports of sexual abuse/victimization occurring within the institution will be immediately reported to the DACC 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..</p> <p>Interviews with medical and mental health staff both indicated that they do in fact go over informed consent with each inmate receiving treatment from their medical or mental health services. They provide Inmate with an informed consent form which the inmate is required to sign. Both were aware that they are required to report any knowledge, suspicion or information regardign an incident of sexual abuse or sexual harassment to the facility upon learning it.</p> <p>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 alegend sexual misconduct and immediat and continued care of the victim.</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 poerson statute, the agency will report the allegations to the designated state or local social services agency. DACC 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, she 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.</p> <p>PREA Coordinator and PCM indicated that they have never had an incident for this segment of their population.</p> <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</p> |

received from an identified source. The Warden indicated during her 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 providers must report any information that presents a threat to the inmate, others in the facility, safety of the institution, and/or public safety. The following can not be kept confidential, as one issue is related to sexual abuse within the correctional setting. All staff interviewed through the random interview process 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

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a); Executive Directive 72 states when making decisions related to 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.</p> <p>DACC provided PREA intake Screening tool, that is used upon inmate arrival to the facility, as a 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 Abused (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 an in other housing and programming assignments and on a case by case basis.</p> <p>In the case of DACC, which is a drug treatment center, 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.</p> <p>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.</p> <p>DACC reported zero instances of situation related to this standard during the last 12 months.</p> <p>Corrective Action: None</p> |

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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(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 DOC facility, or if the alleged sexual abuse occurred in a non DOC facility, the appropriate official shall be notified and documented.</p> <p>The head of the facility is responsible to report for ensuring that a reported allegation which occurred at another facility is reported to the head of appropriate office of the agency where the alleged abuse occurred and that the notification must occur no later than 72 hours after receiving the allegation and must be documented.</p> <p>(b): The directive requires notification is made immediately upon receiving the complaint which could be sooner than 72 hours. DACG reported zero instances being made about allegations at another facility.</p> <p>(c): The facility head will make the notification and document the notification.</p> <p>(d): Executive Directive 72 states, the appointing authority that receives such notification shall ensure that the allegation is investigated according to applicable statutory, regulatory, case law, contract, DOC procedures or other reasonably accepted standards related to: (1) collecting and preserving evidence, (2) interviewing victims and witnesses, (3) conducting and using polygraph examinations, (4) identifying suspects, (5) preserving an individual's personal dignity and legal rights, (6) maintaining confidentiality of the investigation.</p> <p>Corrective Action: None</p> |

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| 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 porteciton of physical evidence, including, as appropirate, washing brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating 4. if the abuse occured within a time period that still allows for the collection of physical evidence, 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. 5. 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 an dnon-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 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 non-custody, mental health and medical, volunteers and contractors, who have contact with inmates.</p> <p>Corrective Action: None</p> |

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| 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.</p> <p>As a supporting documentation, the facility submitted "Sexual Abuse Response Team Protocol (2015)." This protocol outlines the responsibilities of every department in the facility.</p> <p>During interview with Warden, she indicated that DACC staff are trained on how to initially respond to incidents of sexual abuse and sexual harassment and will take appropriate actions. She also indicated that staff all 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> |

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| 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.</p> <p>It is noteworthy that the State of Wisconsin does not have MOU with Labor Unions.</p> <p>Corrective Action: None</p> |

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a): Executive Directive 72, indicates that the facility shall 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.</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 Anna K, Corrections Program Supervisor, retaliation monitor, 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 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 and if retaliation is detected will take action which may include, application of available medical or 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 individual 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. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicate a continuing need.</p> <p>(f): DACC submitted a form, "Staff Retaliation Monitoring form and Victim services coordinator response checklist" that Anna K. uses to document retaliation monitoring. In the PAQ, the facility reported zero instances of retaliation in the past 12 months.</p> <p>Corrective Action: None</p> |

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| 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>As with standard 115.43 where inmates who are at high risk for sexual victimization, inmates who have allegedly suffered sexual abuse fall under the same provisions as does 115.43. The agency's process and documentation support compliance with this standard as it did for 115.43.</p> <p>Interview with the Warden indicated that they would separate the victim from the perpetrator. She mentioned that Restricted Housing Unit would be a last resort.</p> <p>DACC reports zero instances of this within the last 12 months.</p> <p>Corrective Action: None</p> |

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| 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. Section XVII, investigations, specifically states this directive applies to personnel assigned to conduct investigation of an allegation of misconduct that involves sex related offense. Also, the policy states that DOC will ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. Interview with investigative Captain, he indicated once an allegation is received, it is documented and a case number is issued. It is reviewed and assigned for investigation.</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 onsite visit. 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 one trained investigator who is also a captain.</p> <p>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 DOC training 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.</p> <p>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 the hospital for a forensic exam to be conducted by SANE/SAFE certified staff.</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, Miranda and Garrity are implemented appropriately in order 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 crebibility assessment and includes facts and findings. There were no allegations reported in the past 12 months at DACC.

(g): WIDOC/DACC 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 DACC.

(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 polie 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 progrss of the investigation. DACC reported zero cases for past 12 monhts.

Corrective Action: None

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| 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 on upon a preponderance of the evidence.</p> <p>The facility did not have documentation for review of this section but policy requires investigators utilize the standard of preponderance of the evidence in making determination about investigative outcomes.</p> <p>Corrective Action: None</p> |

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| 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 1469 573">(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 no investigations conducted in the past 12 months. However, PCM presented auditor with a copy of the form letter that is sent out to victim inmate upon conclusion of a sex related investigation.</p> <p data-bbox="252 629 1469 831">(b): WIDOC conducts administrative investigations of sex related allegations. The Directive requires DOC to request the relevant information from the investigative agency in order to inform the alleged victim, if DOC 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="252 887 1453 1043">(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 all the requirements outlined in this section of the standard.</p> <p data-bbox="252 1099 1453 1301">(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. DACC 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 1357 1469 1559">(e): The portion of the directive addressing subsection(e) states written confirmation is received from the managing official or a designee, and maintained in the investigative file that documents notifications made under this section have been made and include 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.</p> <p data-bbox="252 1615 1469 1693">(f): The directive specifically states the victim reporting requirements under this directive shall terminate at the time the victim is released from DOC custody.</p> <p data-bbox="252 1749 560 1783">Corrective Action: None</p> |

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a): WIDOC Executive Directive 72 outlines 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 agency/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 DOC. 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 DOC policy and is subject to a penalty, up to and include termination of employment with DOC, criminal prosecution and if applicable, notification of a relevant licensing authority.</p> <p>Corrective Action: None</p> |

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| 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 DOC, 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 fullfil its obligation under this contract properly and on time, or otherwise violates any provisionof the contract, DOC will terminate the contract by wwritten notice to the contractor. The policy prohibits contact between contractors, volunteers and employees to have contact with inmates prior to PREA training. All volunteers and contractors sign an agreemet form after PREA training acknowledging receipt of the training and what their responsibilities are for reporting suspected sexual abuse or sexual harassment.</p> <p>Interview with volunteer indicated that she completed all PREA training and auditor was able to verify in the automated system.</p> <p>Corrective Action: None</p> |

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| 115.78 | Disciplinary sanctions for 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 1422 528">(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. DACC 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 data-bbox="252 584 1477 701">(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 offenses by other offenders with similar histories."</p> <p data-bbox="252 757 1465 958">(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 data-bbox="252 1014 1481 1171">(d): WIDOC directive suggests a facility to consider mandating therapy or counseling is offered to perpetrating offenders 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 data-bbox="252 1227 1469 1384">(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. DACC reports no sexual abuse cases in the past 12 months.</p> <p data-bbox="252 1440 1477 1597">(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 data-bbox="252 1653 1485 1854">(g): The same directive states that an inmate may not commit, participate in, support, or otherwise condone sexual conduct. DACC 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 data-bbox="252 1910 560 1944">Corrective Action: None</p> |

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| 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 has never ever experienced sexual victimization or ever been the perpetrator of sexual vicitimization, he is automatically referred to either medical or mental health immediately upon disclosure, and 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 any sexual abuse victimization or perpertrator. The directive indicates that if screening indicates that an inmate has exprienced prior to sexual victimization, whether it occurred in a facility or in the community, the inmate is offered to follow-up with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>(b): The policy requires all new inmates will be screened for history of sexual abuse assault a victim or perpetrator, either in the community or during incarceration, and will be referred for further evaluation with medical /mental health within 14 day. In the same policy, The perpetrator will be offered follow up with medical or mental health practitioner within 14 days of intake.</p> <p>(d): The portion of this standard is met with agency wide as indicated by Policy. The instructions of PREA intake screening, PREA 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. This supported the interview with social worker who stated that the information is provided only to individuals for who it is necessary for medical and mental health evaluation and treatment and those staff for whom it is necessary to make security and management decisions.</p> <p>(e): The limits of confidentiality is provided by Medical and Mental Helath practitioners in an effort to obtain informed consent from inmates before reporting information aout prior sexual victimization that did not occur in an institutional. Review of this form does support that inmates' informed consent is obtained by medical or mental staff. The form does support that they inform inmates before signing the form about some information cannot keep confidential issues related to sexual abuse within correctional setting. The auditor was presented with blank form, " Authorization for dislose of information of no-health confidential information." Interview with medical staff, they would obtain informed consent from inmates before reporting information about prior sexual informed consent.</p> <p>Corrective Action: None</p> |

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| 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 DACC 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. DACC 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 medical 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> |

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| 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. DACC reports zero instances in the past 12 months. Auditor was not able to review any documentation. 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> |

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| 115.86 | Sexual abuse incident reviews |
| | <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)(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 and medical and mental health practitioners concerning the incident. In addition, the agency's policy requires the review shall 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.</p> <p data-bbox="252 842 1481 909">(d): The Executive Directive 72 outlines six aspects of this standard that the review team shall consider:</p> <ul style="list-style-type: none"> <li data-bbox="252 925 1423 992">(a) Whether the allegation or investigation indicates a need to change or practice to better prevent, detect or respond to sexual abuse <li data-bbox="252 1010 1461 1126">(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. <li data-bbox="252 1144 1437 1211">(c) The area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse <li data-bbox="252 1229 1158 1263">(d) The adequacy of staffing levels in that areas during different shifts <li data-bbox="252 1281 1358 1348">(e) Whether monitoring technology should be deployed or augmented to supplement supervision by employees <li data-bbox="252 1366 1473 1482">(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. <p data-bbox="252 1491 1430 1559">DACC reports zero instances in the past 12 months. There were no Incident Review Team notes or minutes ro review.</p> <p data-bbox="252 1615 1362 1731">(e): No incident reviews were conducted at DACC, therefore no recommendations for improvement have been made. According to policy, facility shall implement the recommendation for improvement or shall document reasons for not doing so.</p> <p data-bbox="252 1787 560 1821">Corrective Action: None</p> |

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| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a): Executive Directive 72, section XXI- Data Collection and Monitoring, states DOC 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>(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.</p> <p>(d): The agency maintains, reviews, and collects data from all incident based document, including reports, investigative files, and sexual abuse incidents reviews, The data analyst prepares reports and studies requests and provide each facility with technical support.</p> <p>(e): The agency's Directive states DOC shall uniformly collect accurate data from every allegation of sexual abuse from each correctional facility uner the authority of the WIDOC to assess and improve effectiveness of sexual abuse prevention, detection and responsiveness.</p> <p>(f): Executive Directive 72 states that DOC 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.</p> <p>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 Departmetn of Justice/Burea of Justice Statistics.</p> <p>Annual reports for 2014, and 2015 were available and reviewed on the agency website.</p> <p>Corrective Action: None</p> |

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a)-(b): Executive Directive 72 states DOC 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> |

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| 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 that WIDOC shall 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> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>All facilities under the jurisdiction of WIDOC, has 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.</p> <p>Auditor was given access to all areas of the institution during the onsite visit. Also, copies of all documentations were uploaded on PAQ. However during onsite visit, Auditor was given copies of any extra documents when needed.</p> <p>Auditor was assigned a room with lock to conduct private interviews with staff and inmate. There were two staff members assigned to assist auditors with all requests.</p> <p>Notices of the Audit were posted 6 weeks prior to onsite with auditor's address to send a letter. Auditor did not receive any letters prior to onsite visit.</p> |

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

Appendix: Provision Findings

| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
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| | 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 | |
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| | 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 | |
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| | 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 | |
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| | 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 |

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| | 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 |

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| 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 |

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| 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 | |
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| | 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 | |
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| | 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 | |
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| | 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 | |
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| | 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.) | na |
| | 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.) | na |

| 115.15 (c) | Limits to cross-gender viewing and searches | |
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| | 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? | no |

| 115.15 (d) | Limits to cross-gender viewing and searches | |
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| | 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.) | na |

| | | |
|-------------------|---|----|
| 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.) | na |

| 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.) | na |
| | 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.) | na |

| | | |
|-------------------|---|-----|
| 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 |

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|-------------------|--|-----|
| 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 residents 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 |

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|-------------------|--|-----|
| 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 |

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|-------------------|--|-----|
| 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.) | yes |

| 115.73 (c) | Reporting to inmates | |
|------------|---|-----|
| | Following a 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 posted within the inmate's unit? | yes |
| | Following a 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 a 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 a 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 |

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|-------------------|--|-----|
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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

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| 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 | |
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| | 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 |

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|-------------------|--|-----|
| 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 |

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| 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 |

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| 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 |

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|-------------------|--|-----|
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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

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| 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 |

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

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|-------------------|---|-----|
| 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 |

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| 115.401 (a) | Frequency and scope of audits | |
| | During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.) | yes |

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|--------------------|---|-----|
| 115.401 (b) | Frequency and scope of audits | |
| | During each one-year period starting on August 20, 2013, 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? | yes |

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| 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 |

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| 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 |

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

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|--------------------|---|-----|
| 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 |

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| 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 |