

PREA Facility Audit Report: Final

Name of Facility: Fox Lake Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 01/12/2018

Date Final Report Submitted: 04/26/2018

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: David Wolinski	Date of Signature: 04/26/2018

AUDITOR INFORMATION	
Auditor name:	Wolinski, David
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Email:	dwolinski@dpscs.state.md.us
Telephone number:	
Start Date of On-Site Audit:	11/13/2017
End Date of On-Site Audit:	11/16/2017

FACILITY INFORMATION	
Facility name:	Fox Lake Correctional Institution
Facility physical address:	W10237 Lake Emily Road, Fox Lake, Wisconsin - 53933
Facility Phone	920-928-3151
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:	Mark Schomisch	Title:	Security Director/Compliance Manager
Email Address:	Mark.Schomish@wisconsin.gov	Telephone Number:	920-928-6913

Warden/Superintendent			
Name:	Randall Hepp	Title:	Warden
Email Address:	Randall.Hepp@wisconsin.gov	Telephone Number:	920-928-6911

Facility PREA Compliance Manager			
Name:	Mark Schomisch	Email Address:	mark.schomisch@wisconsin.gov

Facility Health Service Administrator			
Name:	Candace Whitman	Title:	HSU Supervisor
Email Address:	candace.whitman@wisconsin.gov	Telephone Number:	920-928-6960

Facility Characteristics		
Designed facility capacity:	979	
Current population of facility:	1338	
Age Range	Adults: 19-86	Youthful Residents:
Facility security level/inmate custody levels:	Medium	
Number of staff currently employed at the facility who may have contact with inmates:	393	

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:	Leigha Weber	Email Address:	Leigha.Weber@wisconsin.gov

AUDIT FINDINGS

Narrative:

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

The PREA audit of the Fox Lake Correctional Institution (FLCI) was conducted in accord with an interstate consortium agreement consisting of Maryland, Pennsylvania, Michigan, and Wisconsin. In the current audit cycle Maryland auditors are auditing the facilities under the control of the Wisconsin Department of Corrections. The Maryland audit team assigned to visit FLCI consists of David Wolinski and Rose Beteck, certified PREA Auditors.

The agency head designee, Deputy Secretary Cathy Jess, was interviewed in Madison, the state capital on Friday, May 19th, during an audit conducted earlier in the year. The audit team confirmed that Deputy Secretary Jess was still the designee and that the previous audit interview remained relevant.

The PREA notices for posting at the FLCI were forwarded to the FLCI PREA Compliance Manager on September 26, 2017, approximately seven weeks before the onsite visit was scheduled to begin. The auditing team received acknowledgement of the receipt and posting of the notices. On September 27, 2017 the audit team received return notice from the PREA Compliance Manager's office that the notices had been posted throughout the facility. A complete list of all the locations with supporting photographs was provided. By mutual agreement the Wisconsin Division of Correction and the audit team elected to use the Online Audit System (OAS) to facilitate the audit. During the weeks prior to the onsite audit, the FLCI loaded documentation into the OAS.

The audit team arrived at FLCI at 0800 hours on November 13, 2017. After a brief introductory meeting that included Cheryl Frey, the PREA Coordinator, Mark Schomisch, the PREA Compliance Manager, and other key personnel, the audit team began the facility site review and interviews. The lead auditor, David Wolinski, accompanied the PREA Compliance Manager on a site review of the facility. A full description of the facility is included in the Description of Facility Characteristics that follows. Ms. Beteck, the second auditor, proceeded with the interview process. During the site review, conducted by Director Schomisch, the lead auditor was escorted throughout the facility. The auditor team was not denied access to any area. The site review included, but was not limited to, housing units, visiting areas, kitchen facilities, program building, the Health Services Unit, various offices, and recreation areas.

During the site review the auditor spoke to both staff members and inmates about the conditions in the facility. Inmates confirmed that staffing levels were normal and that they felt safe in the facility. Staff members were questioned mainly about operational procedures. The site review concluded in the early afternoon with both auditors continuing interviews into the early evening. Inmate interviews were conducted individually, in a private conference room near the PREA Compliance Manager's Office. A second small, vacant office was also provided to the auditors. Interviews were documented on an interview sheet designed for the purpose. An inmate roster was provided to the audit team and inmates were selected randomly from throughout the facility. Most inmates were cooperative and willing to talk to the auditors. The audit team conducted twenty random interviews. Directed inmate interviews included

inmates with disabilities, inmates that identified as gay or bisexual, and inmates who reported sexual abuse. The facility does not house youthful inmates nor could it identify any inmates that identified as transgender or intersex. As required by PREA standard 115.41 the FLCI does inquire of all inmates entering the facility if they identify as lesbian, gay, bisexual, transgender or intersex. Staff interviews were conducted in private offices or conference rooms. The audit team was able to interview random staff members from all three shifts along with directed interviews of specialized staff. The auditors were provided staffing rosters to aid in the selection of staff. The first day's activities ended at approximately 1700 hours.

On the second day, November 14th, the auditors returned to FLCI at 0800 to continue interviews and review files. Specialized interviews included the warden, the FLCI PREA compliance manager, two high level managers, a human resources representative, intake staff, members of the incident review team, a volunteer, medical staff member, mental health staff member, a retaliation monitor, investigators, first responders, and individuals responsible for screening. Since there are no juveniles or youthful inmates housed at FLCI no related interviews were conducted. The auditors reviewed the numerous files and selected documents from those files. The audit team reviewed personnel files for evidence of background checks. Investigative reports were reviewed for evidence of thoroughness, objectivity, and proper notifications. The auditors examined screening forms used to evaluate risk. The audit team also examined and obtained training records. The audit team took possession of numerous sample copies of training certificates, brochures, shift reports, a staffing plan, letters, procedures, blank forms, logs, handbooks and rosters. Activities on the second day ended at approximately 1700 hours.

The auditors returned to the facility on November 15th at 0800 to complete the interview process, review documentation with staff members, and resolve any remaining questions or issues. The audit team concluded its work at FLCI at midday and left traveling to Oshkosh, Wisconsin. The final interview of the audit was conducted on November 16th, when the audit team met with the agency's PREA Coordinator, Cheryl Frey.

The audit team attempted to select all individuals for interview at random. The facility provided complete rosters for both staff and inmate populations. Additionally, the facility identified as many individuals as possible that would satisfy the various targeted interview requirements. In very few instances were the number of possible selections limited. As previously mentioned, the facility was unable to identify any transgender or intersex inmates.

During the site review the auditor was permitted to visit any building or open space on the entire compound. The auditor visited every housing unit and every building where inmates were permitted. The auditor engaged inmates and staff members in brief conversations regarding the operation of the facility and PREA related issues. Closets and storage areas were checked to make sure that they were secured. Of particular interest were any possible locations that inmates could gather, unsupervised. No locations of concern were noted.

The lead auditor was able to contact PAVE, Inc., the designated sexual assault crisis center for Dodge County, Wisconsin. Upon speaking to a high level official at the facility it was learned that PAVE, Inc. works with several correctional facilities located in Dodge County. Meetings are held with those facilities on a regular basis and a FLCI representative attends those meetings. The representative advised that PAVE staff members have had contact with inmates by telephone and in person. The representative did not feel that the amount of contact with the facility was out of the ordinary when compared to other facilities in the area.

Examination of documentation, files, and records was directed and specific. When possible, the audit team requested to see specific documents related to an individual or event. Whenever possible, documents were examined at random chosen in relation to individuals selected from the inmate or staff rosters. In some cases the Agency supplied electronic documentation that covered large groups of individuals that could be sorted and searched in a spreadsheet. Regarding the investigations at FLCI the audit team was given a summary of the twenty-six investigations initiated between October 4, 2016 and October 2, 2017. These cases included six inmate-on-inmate sexual abuse cases; none of which required a forensic examination. There were twelve inmate-on-inmate harassment/misconduct cases and eight staff on inmate harassment/misconduct case. As of the end of the onsite portion of the audit one case had been substantiated, ten cases were unsubstantiated, nine cases were unfounded and six cases were ongoing.

With few exceptions, the audit team found the staff and the inmate population cooperative and responsive throughout the process. The reader should note that examination of each standard has been documented in a repeating format. Each standard appears by its number and letter indicator, followed by a policy review. Next is a synopsis of the relevant observations, document reviews, and interviews. Finally, there is an indication of the finding for the entire numerical standard with a summary of the reasons for the determination.

The auditor team conducted the following number of staff interviews during the onsite phase of the audit:

Random Staff (Total) = 10
Specialized Staff & Management Staff = 21
Total Staff Interviewed = 31

The breakdown of the 31 specialized staff and management staff who were interviewed is as follows:

Agency Head Designee - 1
Warden - 1
PREA Compliance Manager
PREA Coordinator - 1
Agency contract administrator - 0*
Intermediate- or higher-level facility staff - 2
Medical staff - 1
Mental health staff - 1
Non-Medical staff involved in cross-gender strip or visual searches - 0**
Administrative (human resources) staff - 1
SAFE and SANE staff - 0***
Volunteers and contractors - 1
Investigative staff – facility level - 2
Staff who perform screening for risk of victimization and abusiveness - 2
Staff who supervise inmates in segregated housing - 1
Staff on the sexual abuse incident review team - 2
Designated staff member charged with monitoring retaliation - 1
First responders, security staff - 2
First responders, non-security staff - 1
Intake staff - 2

*PREA Coordinator & Staff monitor contracted facilities for PREA compliance

**Facility does not allow cross-gender strip searches

***All forensic exams are conducted at a qualified medical facility

The Auditor conducted the following number of inmate interviews during the onsite phase of the audit:

Random Inmates (Total): 22

Targeted Inmates (Total): 20

Total Inmates Interviewed: 42

Targeted Inmates Breakdown:

Youthful Inmates - 0*

Inmates with a Physical Disability - 1

Inmates who are Blind, Deaf, or Hard of Hearing - 2

Inmates who are LEP - 2

Inmates with a Cognitive Disability - 2

Inmates who Identify as Lesbian, Gay, or Bisexual - 3

Inmates who Identify as Transgender or Intersex - 0**

Inmates in Segregated Housing for High Risk of Sexual Victimization - 0***

Inmates Who Reported Sexual Abuse - 4

Inmates Who Reported Sexual Victimization During Risk Screening - 3

*No youthful inmates are housed at this facility

**No transgender or intersex inmates could be identified

***FLCI does not segregate inmates for this reason

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 Fox Lake Correctional Institution (FLCI) is a medium security facility for men operated by the Wisconsin Department of Corrections. It is located in a rural area of Dodge County, Wisconsin. The institution is located about nine miles west of the city of Waupun. The facility was constructed in the early 1960s and opened in 1962. FLCI was the first medium-security institution in the United States opened under a responsible living, no pass system concept. FLCI is situated on 85 acres, surrounded by approximately 1200 acres owned by the State of Wisconsin. The main structures consist of an entrance facility/armory, administration building, chapel, food service, laundry, and health services building, education building, nine housing units, recreation building, garage, and an industries, maintenance, and vocational shop building. Two of the housing units are dormitory/barracks-style settings. Inmates are permitted scheduled movement within the institution and rules are intended to help individuals live together in an orderly manner. The current warden, Randall R. Hepp, has been in charge of the facility since 2014. The facility reports an operating capacity of 976. However, the inmate population was 1336 on the first day of the onsite portion of the PREA audit. The inmate population for 2016 was reported as 1344. The reported staff for 2016 was 377 (268 uniformed and 109 non-uniformed).

The facility operates eight unrestricted housing units. Six of the units are identical, configured in an "H" pattern with four wings branching off a main hallway. A station for the correctional officers is located at each of the two intersections in each housing unit. Each of the four wings has a double row of cells facing one another allowing access to a central hallway. Each cell also has an exterior window. The individual wings each have a large dayroom with telephones, televisions, and tables. The shower room and lavatory for each wing is adjacent to the dayroom. The supervising officers have a clear view of the hallway extending the length of each wing as well as the dayroom and the entrance to the shower room and lavatory. The shower rooms and lavatories can be viewed through windows on the main hallway that have been frosted to prevent casual viewing, but can be opened for security checks, if necessary. Toilets have stalls to provide privacy. Generally, inmates are double-celled with some cells nearer to the security station reserved as single cells for inmates with special needs. The facility has adopted a low-tech, but effective system to control cross-gender viewing. Upon entry of a female on the unit a tone is sounded and a red placard with the international symbol for female emblazoned upon it is placed in a clearly visible location. The placard is left in full view until the female leaves the housing wing or the female correctional officer is relieved. Each housing unit has its own dining area for its assigned inmates. The dining area is equipped with a raised officer's station for supervision and a serving kitchen. The dining area and the serving kitchen are both monitored by cameras. Food is prepared in a large central kitchen in a separate building and then delivered to the individual housing units.

The FLCI also operates two dormitory style housing units primarily used for new inmates entering the facility. Generally, inmates spend several weeks in the dormitory units before transfer to the regular housing units. These two dorm units are similar to one another in layout. Each of these units is divided into two sides with an area for supervisory staff in the middle. Inmates sleep on bunk beds and are provided privacy by block walls constructed throughout the bunk area. The security staff has free

passage into the bunk areas. Each of the dorms has a common area for dining that also serves as the dayroom. There is a shower room and lavatory for each dorm. The entry into these shower and lavatory areas is in direct view of the security officer's station with easy access for rounds as necessary. Logbooks were maintained in each housing unit and could be used to verify unannounced rounds.

There are two restricted housing units at FLCI. The facility maintains a restricted housing unit reserved mainly for discipline cases and a transition unit for those inmates leaving restricted housing preparing to re-enter the general population. Most of the cells in the restricted housing unit are high security cells and used for inmates with behavioral issues. Staff reported that they do not use restricted for protective custody. Interviews with inmates in the housing unit confirmed this assertion. Restricted inmates are provided telephone calls through a portable telephone brought to their cells. There were two high visibility areas in the unit, one for strip searches and another for observation. To reduce unnecessary cross-gender observation the facility has applied frosting to portions of the windows. The audit team evaluated as adequate the facility's efforts to balance the inmate's privacy needs with a need to provide a safe environment for both the inmate and staff members when dealing with violent or suicidal inmates. The transition unit operated much the same as other housing units.

The facility has a large recreation hall that is staffed by recreation and security officers while in use. The recreation hall provides inmates with a number of physical activities. It is free of blind spots and can be easily supervised. There is a multi-purpose building used for small group programs and is only open to inmates when the staff group leader is present for the scheduled activity. The audit team also toured the commissary that is operated by a team of staff and inmates. Inmates working in this area are always supervised and are searched upon exiting the building. Cameras monitor this area. The audit team visited the chapel, a separate building on the compound, and found no negative issues relating to inmate safety.

The FLCI provides standard educational opportunities to inmates. There is a school building with classrooms and a library. The library is staffed by a librarian when inmates are present. Bookshelves have been designed with limited height to improve visibility throughout the large room. Classroom activities are always supervised by an instructor. Bathrooms are locked while class is in session. Inmates are also provided a number of vocational opportunities including welding, auto repair, small engine repair, carpentry and a number of other trades. Instructors reported that inmates are always supervised while engaged in vocational training. Each of the various training areas was visited by the audit team and found to be adequately supervised. The instructors in the various vocational training areas reported that the normal number of inmates in a classroom is approximately ten.

Located on the facility property is Badger State Industries. The BSI manufactures furniture for state use, providing meaningful employment for the inmate population. Staff members are present at all times for supervision. Cameras and mirrors supplement the staff supervision efforts.

The Health Services Unit provided a wide range of services to the inmates to include dental care, vision care, and dialysis. The unit does not provide around the clock care. Inmates requiring this level of medical attention are sent out of the facility. The medical records were found to be adequately secure. Medical and security staff members were found to be sufficient to provide a safe environment. The FLCI has a large kitchen facility where inmates, supervised by staff, prepare food for distribution to the various housing units. The kitchen was monitored with cameras located strategically throughout the facility. Storage areas that were not being accessed for immediate use were found to be secured.

The inmate reception area of the facility was unremarkable. Since all inmates passed through the the nearby Dodge Correctional Institution, the primary purpose of of which is to serve as the central reception center for all adult male inmates sentenced to prison, The FCLI intake staff do not strip search inmates, screen inmates, or provide PREA training.

The audit team also visited the control room located near the entrance to the facility. The control room monitored the cameras that were strategically placed throughout the facility. The auditor was given a demonstration of the system capabilities at this time. The auditor learned that cameras in the facility could also be accessed on computer workstations by authorized personnel. The audit team did not notice any cameras that could observe shower rooms, lavatories or inmate cells.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Number of standards exceeded:	3
Number of standards met:	42
Number of standards not met:	0

Standards Exceeded: 3

115.14, 115.31, 15.66

Standards Met: 42

115.11, 115.12, 115.13 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 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, 15.67, 115.68, 115.71, 115.72, 115.73, 116.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.87, 115.86, 115.88, 115.89, 115.401, 115.403

Standards Not Met: 0

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.11 (a) The agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section XII, A states the following:</p> <p>The Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-related retaliation in its facilities, including those with which it contracts for the confinement of offenders. Further:</p> <p>The DOC provides a coordinated victim-centered response to reports of sexual abuse and sexual harassment. This includes providing medical and mental health services to victims of sexual abuse and sexual harassment while investigating all allegations.</p> <p>The DOC provides multiple avenues to report allegations of sexual abuse and sexual harassment and, further, recognizes the right of employees and offenders to be free from retaliation for reporting sexual abuse and sexual harassment.</p> <p>The DOC trains all staff members, contractors and volunteers to recognize, respond to and report sexual abuse and sexual harassment.</p> <p>The DOC provides offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment and report-related retaliation.</p> <p>The DOC employs a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identify core causal factors and take corrective action so as to align with a zero tolerance environment.</p> <p>The Agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The written policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The Wisconsin Department of Corrections in Executive Directive #72 clearly articulates all of the elements required in a Zero Tolerance policy. The policy covers all forms of sexual abuse and sexual harassment in facilities it operates and contracts with .The policy outlines how it implements the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy is inclusive of definitions of prohibited behaviors regarding sexual abuse and harassment. Policies include sanctions for prohibited behavior and strategies and responses to prevent and reduce sexual abuse and sexual harassment. The review of the agency manual and local procedures affirmed the zero tolerance policy is in place. Random interviews with correctional staff and the facility PREA Compliance Manager reflected a substantial understanding of the zero tolerance policy. Inmate interviews reflected that all the inmates interviewed were aware of the zero tolerance policy. Signage throughout the facility reinforces the policy.</p> <p>115.11 (b) The agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p>	

The agency has employed an agency-wide PREA Coordinator. The PREA Coordinator position is in the upper-level of the agency hierarchy, reporting to the Agency's Assistant Deputy Secretary, as indicated by the organizational chart. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator is Cheryl Frey, her position is full-time and designated to the task. She stated that she has thirty-eight facilities to oversee in her role as PREA Coordinator. There are two additional staff members assigned to the PREA Coordinator's office. Ms. Frey stated that she has sufficient time to perform her PREA duties to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. She did indicate that she was working to hire additional staff so that improvements could be made in the agency's PREA response. The PREA Coordinator's position is designated within Executive Directive #72, Section VI (C).

115.11 (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

This agency operates more than one facility, and each facility has a designated PREA compliance manager according to the Agency PREA Coordinator. This is supported by written policy located in Executive Directive #72, Section VI (D). Mr. Mark Schomisch is the PREA Compliance Manager at the Fox Lake Correctional Institution (FLCI). Mr. Schomisch is also the Security Director. He has the authority to coordinate the facilities efforts to comply with the PREA standards. He indicated that was able to perform his duties despite his many responsibilities. He advised that he makes his PREA duties a priority. He was very knowledgeable of PREA standards, understands the intent of the standards and works to improve the facilities program to develop a safe facility environment. Mr. Schomisch coordinates training, provides information to staff members and inmates, contacts the PREA Coordinator for clarification on issues and, as a high level facility manager, is able to easily coordinate with other facility leaders. During the tour of the facility the staff and some inmates were aware that Mr. Schomisch is the facility PREA Compliance Manager, though that role was overshadowed by the fact that he is also the Security Director. Mr. Schomisch has a full time assistant to help him in his dual role as Security Director and PREA Coordinator. The assistant was involved in the audit process throughout the three day visit. She proved to be an efficient and knowledgeable assistant using her familiarity with staff and inmates to support the PREA Compliance Manager's efforts.

SUMMARY 115.11

A determination of MEETS STANDARDS was assigned for the following reasons:

- > The agency has a written policy that clearly meets the standard. (Executive Directive #72)
- > The auditor has interviewed and met the PREA Coordinator and the PREA Compliance Manager. The positions are institutionalized in policy (Executive Directive #72).
- > The Coordinator and Manager both state that they have the time and authority to perform their assignments. This has been confirmed through observation of the individuals as they

interact with other staff members and is reflected in the operation of the facility. Both individuals have additional support from staff members. The audit team has met these support personnel and found them to have PREA knowledge that far exceeds what would be expected of other staff.

> An organizational chart was provided confirming the Coordinator's position in the organization.

> As further indication of the PREA Compliance Manager's time and authority, the remainder of this report will clearly demonstrate that FLCI has been thoughtfully and deliberately led in its PREA compliance efforts.

115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>*115.12 (a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. This agency is public and it contracts for the confinement of its inmates with private agencies and has included the entity's obligation to comply with the PREA standards in any new contracts or contract renewals signed on or after August 20, 2012.</p> <p>The agency has adopted policy that is compliant with the standard Executive Directive #72, Section VII. The Wisconsin Department of Corrections maintains ten facility contracts as defined by this standard. These contracts include agreements with the Sheriff's Offices of the following counties: Fond du Lac, Vilas, Juneau, Sauk, Oneida, Sheboygan, Jefferson, Ozaukee, Racine and Vernon. Section Q of these contracts does include the contractor's obligation to adopt and comply with PREA standards. A copy of the contracts for these ten locations has been provided to the auditor.</p> <p>*115.12 (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. New contracts or contract renewals signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>A review of the contracts revealed that the Wisconsin Division of Correction reserved the right in Section D of the various contracts to inspect the jails that were subject to the contract. The agency has composed a notification letter, signed by Wisconsin Department of Corrections Secretary, John Litscher, which was sent all contracted agencies providing specific detail regarding their PREA obligations under their contracts. Along with the letter the agency sent a reporting form that required each subcontracted agency to explain and document progress toward full PREA compliance. Copies of these aforementioned documents have been retained by the audit team. The Wisconsin Division of Correction has further imposed a deadline of the end of August 19, 2019 for full subcontracted agency compliance.</p> <p>The PREA Coordinator and her assistants are responsible for the PREA related provisions incorporated into the contracts with the ten aforementioned sheriff's departments. The audit team spoke at length with these individuals to gain an understanding of the agency's efforts to assure that PREA compliance extends to contracted facilities.</p> <p>SUMMARY 115.12</p> <p>A determination of MEETS STANDARD was assigned for the following reason:</p> <ul style="list-style-type: none"> >The agency has developed policy in support of the standard. >Contracts with the contracted agencies contain language that support PREA compliance.

>The contracts allow monitoring by the Wisconsin Department of Corrections and there is a written document to help demonstrate this oversight.

>Staff members responsible for the PREA provisions of the contracts confirmed their involvement in the process and were able to explain how compliance efforts are progressing.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.13 (a) The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities 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 or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-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; and (11) Any other relevant factors.</p> <p>The agency has adopted policy that is compliant with this standard. According to Agency policy (Executive Directive #72, Section IX (A), the Agency ensures 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. The policy states 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. The Agency ensures 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. The Agency ensures 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. The Agency ensures 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. The Agency ensures 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. The Agency ensures 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. The Agency ensures 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. The Agency ensures that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures 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. The Agency ensures 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. The Agency ensures that each facility’s staffing plan takes into consideration the prevalence of substantiated and</p>

unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures 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. The Wisconsin Department of Corrections has a policy and practice that ensures that all of its facilities develop and document a staffing plan that is supplemented by video monitoring to protect inmates against sexual abuse.

FLCI has developed a staffing plan and makes its best efforts to comply with the plan. The current average daily population for the facility is 1339 inmates. The review revealed no deviations from the staffing plan with security positions being covered by overtime, when necessary. During the tour the auditor observed the full complement of cameras from the control room which covered numerous locations throughout the facility. There are unannounced rounds documented in the logs and performed randomly on all shifts. There is a documented policy that prohibits staff from alerting other staff that supervisory rounds are taking place. Random interviews with staff and inmates and observation confirmed unannounced rounds were being performed. A five page staffing plan for FLCI, date August, 2017 was provided to the auditor. The staffing plan includes written commentary addressing the various elements included in this standard.

The facility warden was interviewed and answered questions regarding staffing at FLCI. He confirmed that there was a written staffing plan at the facility and that the staffing plan provided to the auditors was the correct one.

*115.13 (b) In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan.

The annual review of the staffing plan revealed no deviations with open positions being covered by overtime. The staffing plan states that overtime staff will fill vacant positions even if the extra hours are forced. This overtime policy was confirmed during interviews with high level leadership and by observation of individuals that were working overtime. If circumstances occur where the staffing plan is not complied with, the facility is required by regulation to document and justify all deviations from the plan. (Executive Directive #72, Section IX, B)

The PREA Coordinator/Security Director confirmed that no deviations from the plan occur and that overtime payment is provided to officers to assure that all required posts are filled. He also added that forced overtime is an option at the facility if there are not enough voluntary staff available to work the added hours. The audit team noted that officers were, in fact, working overtime on the days that the audit team was on site. He further advised that there is a daily staffing form that indicates how the posts are filled and that deviations to the staffing plan would be noticed by facility management. As Security Director and PREA Compliance Manager, Mr. Schomisch is in an excellent position to assure that the staffing plan is followed. The interview with Warden Hepp also confirmed that the staffing is maintained through the use of overtime as it applies to security staff that supervise inmates. He also advised that non-critical services can be closed to maintain proper security levels.

*115.13 (c) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The

staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan. In the past 12 months, the facility has, 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. In the past 12 months, the facility has, 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. In the past 12 months, the facility has, 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.

The staffing plan is reviewed annually by the facility. Agency policy (Executive Directive #72, section IX, C) requires that an annual review be completed in consultation with the PREA Coordinator. The PREA Coordinator's office maintains a log of the staffing plan reviews. The log indicated that the review for FLCI occurred on August 11, 2017 and the facility was represented by the PREA compliance manager. A copy of the log has been retained by the audit team. The PREA Coordinator advised that the review of the staffing plans coincides with the fiscal year.

*115.13 (d) Each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.

The facility/agency has implemented a policy (Executive Directive #72, Section IX, D) 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. This policy and practice has been implemented for all shifts. The facility/agency has 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.

There are unannounced rounds documented in the logs and performed randomly on shifts. The logs were examined by the auditors and found to have entries documenting unannounced rounds. A copy of a log was provided to the audit team. There is a documented policy that prohibits staff from alerting other staff that supervisory rounds are taking place. Random interviews with staff and inmates and observation confirmed unannounced rounds were being performed. Rounds were also documented on the Supervisor's Shift Report that is submitted for each day. Examples of these reports were retained by the auditor.

The audit team spoke to two captain's regarding this standard and both confirmed their unannounced rounds of the facility. These upper level supervisors reported changing their patterns (by time and location) when making rounds making it more difficult for staff to know where in the facility they would be.

SUMMARY 115.13

A determination of MEETS STANDARD provided for the following reasons:

- > The written policy supported the standard in its entirety. (Executive Directive #72, Section IX)
- > The facility provided a staffing plan for review that had been completed within the last year.
- > The agency provided a log documenting the agency review by the PREA Coordinator
- > Unannounced rounds are required by policy. (Executive directive #72, Sections IX, D)
- > Rounds by upper level supervisory staff are documented in a log and on a daily report.
- > Staff confirmed that unannounced rounds are made.
- > Upper Management staff also conducts facility wide tours that are documented.

115.14	Youthful inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>*115.14 (a) A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>FLCI does not confine youthful offenders. The Wisconsin Department of Corrections makes its best efforts for youthful inmates to not be placed in a housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through shared dayroom or other common space, shower area, or sleeping quarters. The agency also avoids placing youthful inmates in isolation to comply with PREA standard 115.14 through designating specific facilities to confine youthful offenders. The Warden of FLCI and the PREA Compliance Manager both confirmed that there were no youthful offenders in the facility. Additionally, a letter was submitted to the auditor from the Administrator of the Division of Adult Institutions stating that youthful offenders will not be housed in adult institutions. The auditing reviewed inmates records through the course of the audit and found no indication that youthful inmates were housed in this facility.</p> <p>*115.14 (b) In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.</p> <p>See 115.14 (a)</p> <p>*115.14 (c) Agencies shall make its best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.</p> <p>See 115.14 (a)</p> <p>SUMMARY 115.14</p> <p>The determination of EXCEEDS STANDARDS is provided for the following reasons:</p> <ul style="list-style-type: none"> > This facility does not house youthful offenders, as verified by memo and inmate roster, thereby making it impossible for the facility to violate the provisions of this standard. > The agency has policy which meets PREA standards. (Prison Rape Elimination Act (PREA) Procedures Manual Section 2.A.8 – Sexual Abuse/Sexual Harassment Prevention and Training)

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.15 (a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section X, A, 3, states the following:</p> <p>A. Except in exigent circumstances, adult facilities shall not permit cross-gender pat-down searches of female offenders nor shall juvenile facilities permit cross-gender pat-down searches of either gender.</p> <p>B. Facilities shall not permit cross-gender strip or body cavity searches except in exigent circumstances or when performed by medical practitioners.</p> <p>C. All cross-gender strip and body cavity searches, in addition to cross-gender pat-down searches of females, shall be documented.</p> <p>D. Facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, 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.</p> <p>The facility always refrains from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners. DAI Policy #306.17.02, thoroughly outlines the facilities search procedures for cross gender searches. Section III (A) specifically states the prohibition of cross-gender searches. The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or performed by medical staff nor does the staff search or physically examine a transgender or intersex inmate for the purpose of determining genital status. The facility has not performed cross gender strip searches or cross gender visual body cavity searches during the audit cycle. This determination was made based on interviews with correctional staff and administrators, interviews with inmates, and examination of the intake process. Since the agency has a policy against cross-gender searches, there were no staff members engaged in such activity available for interview.</p> <p>*115.15 (b) As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.</p> <p>This section does not apply to this facility. This facility does not house female inmates.</p> <p>*115.15 (c) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female</p>

inmates.

The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section X, C states, "All cross-gender strip and body cavity searches, in addition to cross-gender pat-down searches of females, shall be documented." Policy and Procedure dictate that such searches are documented. Interviews with staff and inmates indicated no evidence of such searches occurring during the audit cycle. The auditors observed that this facility has a high percentage of male correctional officers thereby reducing the likelihood that a cross-gender search would be necessary. No inmates reported being strip searched by female staff members.

*115.15 (d) The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Agency policy supports this standard as documented in Executive Directive #72, Section IX, E, which states, "In order to enable offenders to shower, perform bodily functions and change clothing without nonmedical employees of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, employees of the opposite gender shall announce their presence when entering an offender housing unit. If opposite gender status quo changes during that shift then another announcement is required. Facilities shall not restrict access to regularly available programming or other out-of-cell or housing unit opportunities in order to comply with this provision."

FLCI has two types of housing units. Most housing units consist of individual cells housing two inmates each. The cells nearest to the observation booth are generally single cells reserved for inmates with special needs. Each wing of the housing units has a large shower room and lavatory with multiple enclosed stalls. These two adjacent areas are situated to protect against casual viewing by staff or visitors of the opposite gender. The shower room and the lavatory can be observed from windows in the main hallway of the housing unit, but normal viewing has been obscured with frosted glass. The frosted panel can be moved for clear viewing, if necessary.

When female staff or visitors enter a housing area the supervising custody officer sounds a tone and places a red placard on the wall of the observation booth, a location that is clearly visible throughout the wing. If a female correctional officer is supervising the unit for an entire shift a tone is sounded at the beginning of the shift and the placard is left in place for the entire shift. During the site review the audit team did not observe any instances where the system was not used as indicated. Though a few inmates stated that they did not think they heard a tone, all were familiar with the red placard indicating that a female was on the housing unit.

When inmates arrive at FLCI they are initially housed at one of two dormitory style housing units. The housing is temporary until a more permanent location can be found, usually less than three months. While the housing units (HU8 & HU9) are dormitory style there are walls

between the bunks providing a measure of privacy. Each of these units has two separate sides with its own shower room and lavatory. These areas have been designed to minimize casual viewing, but are open to inspection by officers conducting rounds. The same system of tone and red placard is used in these units to limit cross gender viewing.

The audit team interviewed ten correctional officers representing all three shifts (documented). The interviews were conducted separately for this and all other standards. All of the officers agreed that the inmates were afforded the opportunity to dress, shower and toilet without cross gender viewing. All of the officers were quick to reference the system of notification comprised of the signal tone and red placard.

The audit team conducted random interviews with twenty-two inmates from throughout the facility. All of the inmates, except one, referenced the tone and placard system previously described to alert the inmates of a female presence on the housing unit. None of the inmates complained about instances of cross-gender viewing. Only one inmate mentioned that cross-gender viewing could occur during security rounds.

*115.15 (e) The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section X, A, 3, states, "Facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, 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."

Of the ten randomly selected officers interviewed, seven of the officers were well aware of the policy prohibiting this type of search. Two of the officers did not affirm the policy, but did add that they would not conduct a search for the reason prohibited by this standard. The Agency has an online training module used to train staff and this information has been included in that training. The audit team has observed the online training system confirming that it exists and works as indicated by staff interviews.

*115.15 (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Detailed procedures for conducting searches of all types are included in DAI Policy #: 306.17.02. A copy of this directive was given to the auditing team. Additionally, the facility provided the training lesson plan used to instruct staff to conduct searches of all inmates in a professional and respectful manner. The documentation provided by the facility included a training roster that indicated that the staff at FLCI had been trained in these procedures.

Nine of the ten randomly selected officers interviewed (documented) stated that they were

trained regarding searches of transgender and intersex inmates. Several of the officers specifically mentioned referring to both academy and/or institutional training. Only one officer felt that he had not been trained. This one officer was very resistant to the entire interview process and provided several negative or indifferent answers.

SUMMARY 115.15

The determination of MEETS STANDARDS is provided for the following reasons:

- >The agency has developed compliant policy in Executive Directive #72, Section X.
- >The facility has introduced a very specific method to alert inmates when female staff are on the housing units.
- >Cross gender searches are prohibited.
- >Multiple interviews confirmed that cross gender strip searches are not conducted.
- >The facility has made accommodations in the shower room and the lavatories to reduce the chance of casual cross-gender viewing.
- >The agency maintained specific written documentation regarding search techniques.
- >Interviews with staff indicated that training was conducted regarding proper search techniques relating to transgender and intersex inmates.
- >Inmate interviews supported that the policy relating to this standard was being followed.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16 (a) The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p> <p>The facility provided agency-wide policy which was designed to assure that inmates with disabilities were provided with services and information in a manner which accommodated their special needs. DAI Policy #: 300.00.35 provides detailed instructions for each facility to follow regarding inmates with special needs. This includes the requirement that an ADA Coordinator be established at every facility. This directive provides for the accommodation of inmates with developmental needs as well as those who are visually or hearing impaired. This policy is supported by Executive Directive #72, Section XI, B, 4, which states, “Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities.”</p> <p>The facility provided agency-wide policy which was designed to assure that inmates with disabilities were provided with services and information in a manner which accommodated their special needs. DAI Policy #: 300.00.35 provides detailed instructions for each facility to follow regarding inmates with special needs. This includes the requirement that an ADA Coordinator be established at every facility. This directive provides for the accommodation of inmates with developmental needs as well as those who are visually or hearing impaired. The facility also provided a copy of its language/interpreter service contract which was utilized during the audit by the audit team to communicate with Spanish speaking inmates.</p> <p>The audit team interviewed two inmates (interviews documented) with limited English proficiency using the facility’s interpreter service. One of the inmates confirmed that there is a Spanish handbook and that there is written information regarding PREA that he understands.</p>

The second inmate was less sure of his PREA rights. He was, however, very sure of his avenues for making a complaint. The audit team interviewed a hearing impaired inmate. (interview documented). The inmate said he was given information regarding PREA that he was able to understand. He has since received a hearing aid that has improved his communication ability. The interview with the Agency Head Designee confirmed the information that was already determined through observation and other informal conversations.

115.16 (b) The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The facility provided a copy of DAI Policy #: 300.00.61 regarding "Language Assistance for Limited English Proficiency (LEP) Inmates." This policy contained detailed procedures and guidelines for providing language assistance to the inmate population. It was designed to provide meaningful access to vital documents and verbal information to the LEP inmates. Strategies included, but were not limited to, identifying each inmate's primary language at intake, the use of translated documents and translation services, and the use of "I Speak" cards. These cards are used to help identify the language best understood by the inmate. The facility also provided information regarding the language interpreter contract. The audit team successfully accessed the language interpreter service to assist with interviews. There are also standardized posters throughout the facility that provide PREA instructions in Spanish.

115.16 (c) The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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.

The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section XVI, A, 4, states, "The facility shall not rely on offender interpreters, offender readers or other types of offender assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-responder duties or the investigation of the offender's allegations. The exigent circumstances in which offender assistants are used shall be documented.

The audit team interviewed ten officers regarding the use of inmate interpreters. One officer was unsure of the policy and a second officer said he would allow it. This was the same officer that was previously characterized as being resistant to the interview process. Spanish speaking inmates that were interviewed (through a language line) indicated that they received written materials regarding PREA. None reported that they were trained by other inmates.

SUMMARY 115.16

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency provides policy in Executive Directive #72 that is compliant with the standard.

>The agency provides resources to meet the needs of all inmates, including translated documents and videos, and a translation service.

>Each facility must employ an ADA Coordinator to assist with accommodating inmates with disabilities.

>Interviews with inmates confirmed assistance from the facility to accommodate disabilities.

>Policy and staff members agree that inmate interpreters would not be used to respond to incidents of sexual misconduct.

>No inmates reported that training was conducted by other inmates.

>Spanish language PREA signs are posted throughout the facility.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.17 (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) 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); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>The agency has adopted policy in compliance with this standard. Executive Directive #72, Section VI, A, 1, page 4 states, "The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee." The facility also provided a copy of the "Wisconsin Human Resources Handbook, Chapter 246" that provides detailed instructions regarding the process for verifying applicant information and securing applicant background checks.</p> <p>The audit team interviewed a member of the human resources staff at FLCI (interview documented) and discussed the hiring practices at the facility. The staff member confirmed the agency screens both new hires and prospective promotees for history of sexual abusiveness. The audit team received copies of two forms, the 1098D and 1098R that are used to gather information from prospective employees and promotes. These forms, the Background Check Authorization and the Candidate Reference Check, asked questions about past sexual abuse. The 1098D contains areas on the form for human resources staff to provide information regarding hiring suitability. The audit team viewed three, randomly selected, completed forms indicating that the forms are currently in use. To assist human resources staff members in their duties the Agency uses a software package called "PeopleSoft". The audit team was allowed to view the operation of the system and could see that the software assist the tracking of background checks and related issues.</p> <p>*115.17 (b) The agency shall 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.</p> <p>The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section VI, A, 1, states, "The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee."</p>

The audit team interviewed a member of the human resources staff at FLCI (interview documented) and discussed the hiring practices at the facility. The staff member confirmed the agency screens both new hires and prospective promotees for history of sexual harassment. The audit team received copies of two forms, the 1098D and 1098R that are used to gather information from prospective employees and promotees. These forms, the Background Check Authorization and the Candidate Reference Check, asked questions about past sexual harassment. The 1098D contains areas on the form for human resources staff to provide information regarding hiring suitability.

*115.17 (c) Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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.

The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section VI, A, 3, states, "Prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check." Agency policy goes on to say in Section 3a, "The DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation."

The interview with the human resources staff member confirmed that a criminal history is obtained for all new employees. The form 1098D confirms the background check process which indicates that background checks are conducted on employees, contractors and/or position classifications.

*115.17 (d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section VI, A, 3, states, "Prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check ."

The interview with the human resources staff member confirmed that a criminal history is obtained for all contractors. The form 1098D confirms the background check process which indicates that background checks are conducted on employees, contractors and/or position classifications.

*115.17 (e) The agency shall 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.

The agency has adopted policy compliant with this standard. Executive Directive #72, Section VI, A, 3 states, "The DOC shall conduct a criminal background records check every five years

for current employees." Interviews with the human resources representative and the representative from the PREA Coordinator's Office indicated that the agency uses a system called "PeopleSoft" to track the required background checks. It was further learned that an agency-wide check was done in 2012 and 2013, and newly hired individuals were checked as they came into the agency. An examination of the "PeopleSoft" system revealed that there is a module, used by the agency, which tracks background checks and indicates when the next check is due.

*115.17 (f) The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The agency uses a standardized form for hiring purposes and those forms were provided to the audit team. Form 1098D contains questions as required by this standard. In addition the agency has also adopted policy in Executive Directive #42, Section VI, A, which provides that all employees and contractors must continue to report misconduct that occurs outside of the agency. The interview with the human resources representative also confirmed the policy.

*115.17 (g) Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section VI, A, 2, states, "...Applicants who fail to disclose such information shall be ineligible for hire for the current vacancy and, if applicable, may be grounds for termination." Statements to this effect can also be found incorporated into personnel hiring forms presented to the audit team.

*115.17 (h) Unless prohibited by law, the agency shall 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.

The agency has adopted policy compliant with the standard. Executive Directive #72, Section VI, 3, A states, "The DOC shall make its best effort to obtain (and when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. The human resources staff member confirmed that such requests from outside agencies would be honored.

SUMMARY 115.17

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has developed policy found in Executive Directive #72 that is in compliance with the standard.

>The audit was able to view blank and completed personnel forms that demonstrated

compliance with the standard.

>Persons with a past history of sexual abuse are restricted from hire or promotion.

>The agency releases personnel information to other correctional facilities are required by the standard.

>Background checks are conducted as required by the standard, as verified by the agency's personnel software package.

>The agency imposes upon its staff a continuing duty to report as required by the standard.

>The Agency employs an automated system to help manage its human resources responsibilities, including issues related to PREA.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.18 (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.</p> <p>During the tour of the facility the audits did not notice any areas within the facility that had been recently renovated or expanded. Inquires to staff members during the tour to facility confirmed this observation. The warden was also asked about new construction and/or renovations and he advised that none had been made, but in the event of such changes PREA requirements would be considered. The agency head designee also confirmed this practice during the interview.</p> <p>*115.18 (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.</p> <p>The FLCI currently has cameras located throughout the facility. The facility reported that it did upgrade camera monitoring capabilities in their control center and extended the retention period of the video feed. These routine upgrades improve the overall operability of the video system improving inmate safety. Extending retention of video can have a positive impact on investigations.</p> <p>SUMMARY 115.18</p> <p>A determination of MEETS STANDARDS was assigned for the following reasons:</p> <ul style="list-style-type: none"> >There is no affirmative requirement for written policy indicated in this standard. >There were no major renovations or additions to the FLCI since the last PREA audit. >Both the warden and the agency head designee confirm that PREA requirements would be consider in the event of new construction. >Though the camera change at FLCI was not a major change, it does indicate thoughtful application of PREA requirements when making such alterations.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.21 (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>The FLCI does not investigate incidents of sexual abuse when criminal charges could be possible. The Dodge County Sheriff’s Department is responsible for these investigations. The agency has developed policy that supports this standard. Executive Directive #72, Section XVII, C states, “The DOC shall follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions.” The standard is further supported by DAI Policy #306.00.14, Subject: Protection, Gathering & Preservation of Evidence. A copy of this policy was provided to the audit team. Additionally, the agency has also developed DAI Policy #500.30.19, Subject Sexual Abuse – Health Service Unit Procedure in the Event of Sexual Abuse. A copy of this policy was provided to the audit team and it provides a detailed procedure regarding sexual assault cases. The policy has numerous references, including the Standards for Health Services in Prisons – National Commission on Correctional Health Care 2014.</p> <p>The audit team randomly interviewed ten correctional officers from FLCI. With the exception of one officer who was consistently resistant to the interview process, the officers knew that their responsibility regarding evidence was very simply to make sure that they protected the crime scene and preserve evidence. They knew evidence collection is the responsibility of investigators and outside law enforcement officials.</p> <p>*115.21 (b) The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.</p> <p>The agency has adopted policy which supports this standard. Executive Directive #72, Section XVII, C states, “...Such protocol shall be developmentally appropriate for youth, where applicable, and adapted from a comprehensive and authoritative protocol developed after 2011.” The agency has developed DAI Policy #500.30.19, Subject Sexual Abuse – Health Service Unit Procedure in the Event of Sexual Abuse. A copy of this policy was provided to the audit team and it provides a detailed procedure regarding sexual assault cases. The policy has numerous references, including the Standards for Health Services in Prisons – National Commission on Correctional Health Care 2014. It should be noted that FLCI does not house youthful or juvenile inmates.</p> <p>115.21 (c) The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where</p>

possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The agency has adopted policy which supports this standard. Executive Directive 72, Section XVI, B, 3 states, "Further, all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document efforts to provide SANEs. The standard is further supported by DAI Policy #500.30.19, Section II, F which states the following:

The medical plan of care shall include:

1. Timely and unimpeded access to emergency medical treatment without cost to the inmate patient.
2. Transfer to offsite for a SANE assessment when determined evidentiarily or medically appropriate by health care staff in consultation with the SANE.
3. Contact the PSU Supervisor/designee or on-call clinician to initiate mental health services.

Interviews with medical and custody staff at FLCI indicated that inmates would be transported to a public hospital for treatment and examination by a SANE, if such an examination was required. Any of several hospitals in the area could be used depending on the availability of staff. All such activity would be documented in the report. No inmates required transport during the past year. Forensic exams are never conducted onsite and are always conducted at a qualified medical facility.

*115.21 (d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

The agency has adopted policy which supports this standard. Executive Directive #72, Section XVI, B, 4 states, "The facility shall attempt to make available to the victim an advocate from a local assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. As requested by the victim, such a person shall provide emotional support, crisis intervention, information and referrals. If a sexual assault service provider is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this

role and has received education concerning sexual assault and forensic examination issues. Facilities shall document efforts to secure services from a local sexual assault service provider.”

The FLCI PREA Compliance Manager advised that his facility has begun a relationship PAVE, Inc. They facility has drafted an agreement With PAVE, Inc. PAVE, Inc. is the recognized sexual assault service provide in Dodge County, Wisconsin. The FLCI has not had to send any inmates to a medical facility for a forensic exam during the past year. Inmates would be unable to address this standard since no sexual abuse cases warranted a forensic exam. The four inmates interviewed regarding the reporting of abuse confirmed that their cases did not require outside services.

*115.21 (e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The agency has adopted policy which supports this standard. Executive Directive #72, Section XVI, B, 4 states, “The facility shall attempt to make available to the victim an advocate from a local assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. As requested by the victim, such a person shall provide emotional support, crisis intervention, information and referrals.”

Victim advocates would be provided by People Against a Violent Environment, Inc. (PAVE). PAVE, Inc. is the recognized sexual assault service provider for Dodge County as determined by the Department of Justice – Office of Crime Victim Services. A copy of a draft agreement has been provided to the audit team and was confirmed by the audit team to contain appropriate provisions for victim support. The website for PAVE, Inc. was also examined by the audit team and found to offer such services to the public. PAVE, Inc. also provides advocacy training. As indicated by the PREA Compliance Manager at FLCI, no inmates were sent to local facilities for a forensic exam during the past year.

*115.21 (f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

The agency has adopted policy which requires compliance to this standard. Executive Directive #72, Section XVII, C states, “When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e)...”

While the Dodge County Sheriff’s Department has responsibility for the investigation of criminal offenses occurring at FLCI, the facility medical and investigative staff take responsibility for assuring that inmates receive the required treatment and services.

115.21 (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) Any Department of Justice component that is

responsible for investigating allegations of sexual abuse in prisons or jails.

Auditor is not required to audit this provision.

115.21 (h) For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The agency has adopted policy which supports this standard. Executive Directive 72, Section XVI, B, 4 states, "...If a sexual assault service provider is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues."

The qualified community-based staff member would be provided by PAVE, Inc. PAVE Inc. is a nonprofit organization providing services for victims of sexual assault and family/partner abuse. Services include a 24-hour help line, counseling, advocacy, crisis intervention, support groups, emergency shelter and more. PAVE serves residents of Dodge County. All services are free and confidential. Speakers are available for community organizations. The mission of this organization is as follows: "PAVE works to empower those affected by violence in Dodge County, WI. We do this using a three part approach - crisis services, community collaboration, and prevention education. All of our services are free. Our crisis services are also confidential and available to both those that stay in shelter and to those that continue to live in the community. Our approach acknowledges the myriad of struggles facing those who have experienced trauma, focusing on supporting each victim/survivor's choices and educating them in options for a violence free future." PAVE is the Sexual Assault Service Provider (SASP) recognized by the Wisconsin Coalition Against Sexual Assault.

SUMMARY 115.21

A determination of MEETS STANDARDS was assigned for the following reasons:

>Though the standard contains no affirmative provision for written policy the agency has developed compliant policy in Executive Directive #72, Section XVII.

>The agency has a specific directive dedicated to the handling of evidence.

>The agency cites several authoritative protocols used to develop its evidence handling procedures.

>The agency provides care at no cost to the inmate.

>Trained forensic sexual assault examiners are made available to victims at a local hospital.

>FLCI has developed a relationship with a sexual assault service agency that provides service to the community in Dodge County.

>Criminal investigations are the responsibility of the Dodge County Sheriff's Department, a law enforcement agency serving the citizens of Dodge County.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22 (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, A states, "The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy (ies) that governs the conduct of such investigation."</p> <p>The interview with the agency head designee confirmed that this is the policy and that investigations are conducted on all allegations. FLCI provided a list of all complaints received within the past year. Investigations were available on all such complaints, except those that were indicated as still under investigation. The audit team examined thirteen of the twenty-six reports investigated during the specified audit period.</p> <p>115.22 (b) The agency shall have in place a policy 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. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, B states, "Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC's website."</p> <p>The auditors interviewed two trained investigators assigned to the FLCI and learned that criminal investigations were conducted by the Dodge County Sheriff's Department. The Dodge County Sheriff's Department is a local law enforcement agency empowered to conduct and prosecute criminal cases in the jurisdiction Dodge County) where FLCI is located.</p> <p>The audit team reviewed the Internet site for the Wisconsin DOC and found information about its investigative policies, as required by this standard. The agency's PREA webpage can be found at https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx.</p> <p>115.22 (c) If a separate entity is responsible for conducting criminal investigations, such</p>

publication shall describe the responsibilities of both the agency and the investigating entity.

The Wisconsin DOC reports the following on its website: "DOC refers all allegations that involve potentially criminal behavior to local law enforcement. DOC fully cooperates and collaborates with local law enforcement during an investigation to ensure that individuals involved are held accountable under criminal law and DOC administrative code." This language minimally meets the requirements of the standard.

115.22 (d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

Auditor is not required to audit this provision.

115.22 (e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

Auditor is not required to audit this provision.

SUMMARY 115.22

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has developed policy in Executive Directive #72, Section XVII that is compliant with the requirements of this standard.

>The facility maintains a log of its reported cases to assure that investigations are completed. The use of the log was described by facility staff.

>The facility reports investigation practices on its website as required by this standard.

>Criminal investigations are conducted by the Dodge County Sheriff's Department, a law enforcement agency serving the citizens of Dodge County.

>The agency policies and procedures were supported by an interview with the agency head designee.

>No inmates stated that their complaints went uninvestigated at the FLCI.

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>*115.31 (a) The agency shall train all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates’ rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, A specifically lists the ten items indicated in the standard. This information is used to train new agency members and for a bi-annual review for current agency staff. Training is accomplished through an online system. As mentioned earlier, the auditors have examined the operation of the online system. Staff members are required to take a test at the end of the session and must attain a passing grade. The training system logs each user’s activity and is capable of printing detailed reports. A copy of the report was provided to the auditing team. The training log was provided in the form of a spread sheet and was easily searchable as such. The audit team checked twenty names of employees identified as working at FLCI. All appeared on the log with a test date and score. In addition to the individual’s name the employee’s position also appeared on the training log. A review of the positions revealed entries for all of the various positions encountered by the audit team during the facility visit.</p> <p>The audit team interviewed ten officers (documented) from throughout the facility. Even though the officers were interviewed individually, as with all interviews, their responses were much the same. The officers all agreed that they had been recently trained and have received refresher training, most specifically mentioned was the online training program. Newer officers also received training in the academy. The elements listed in this standard were included in this curriculum. As part of the interview procedure with security staff members the audit team asked some of the interviewees to provide examples of information that was learned. The staff members quizzed for additional information provided satisfactory responses.</p> <p>*115.31 (b) Such training shall be tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa.</p> <p>As previously indicated, the agency employs an online training program to provide PREA related information to its staff members. The training is documented through training logs. An examination of the training system reveals that each time the training is presented all staff members are provided information on “Gender Considerations.” The training begins on slide</p>

#3 of the online training system and is presented to all employees regardless of the gender of the inmate population housed in the facility where the staff member is employed.

*115.31 (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, A, 1 states, "All staff members shall receive training every two years; in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policy. The PREA staff under the direction of the PREA Coordinator publishes a newsletter updating staff members on the latest PREA information. A copy of the newsletter was provided to the audit team. Examination of the training log associated with the aforementioned online training system indicates that staff members at FLCI have received their refresher training within the last twelve months. There are no employees at FLCI that have not received PREA training.

*115.31 (d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

The facility provided training logs for the employees receiving training. Training is conducted through an online system with a test. The training log contained the staff member's name, test score, and date training was completed. The audit team cross referenced the names of interviewed staff members to the training log to assure that the log was representative of the staff employed at FLCI. Successful testing helps ensure that an employee understands the content of the training. A copy of the log was provided to the audit team.

SUMMARY 115.31

A determination of EXCEEDS STANDARDS was assigned for the following reasons:

>Despite no affirmative requirement by the standard for the agency to have written policy relating to this standard, the agency has developed appropriate and applicable written policy in its Executive Directive #72, Section XI.

>The agency trains new staff regarding PREA in its academy, as indicated by several staff interviews.

>The agency employs an online training module, complete with testing and documentation with reports. Testing is not a requisite of the standard.

>An examination of training logs indicated that all staff had been trained within the last year.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.32 (a) The agency shall ensure 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, A, 2 provides guidance regarding the training of volunteers and contractors. Additional documentation provided by the agency included pages from the DAI Volunteer Orientation Manual which discuss sexual abuse in a confinement setting, a blank acknowledgement form which documents contractor and volunteer training, a brochure entitled Sexual Abuse & Harassment in Confinement - A Guide for Volunteers and Contractors, and the curriculum used to inform the volunteers and contractors.</p> <p>The audit team interviewed a volunteer regarding training and she confirmed that she had been trained regarding PREA and that the training is repeated for those volunteers that continue working in a facility.</p> <p>*115.32 (b) 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The agency provides several different training tools for the various contractors and volunteers that have contact with inmates. Brochures, handbooks and classroom training represent the various levels and types of training made available to contractors and volunteers. The DAI VOLUNTEER ORIENTATION MANUAL contains detailed information regarding the Prison Rape Elimination Act and specifically mentions the zero-tolerance policies that have been put in place. Other references provided to volunteers include a booklet entitled SEXUAL ABUSE/ASSAULT PREVENTION AND INTERVENTION and a brochure entitled PREVENTING SEXUAL MISCONDUCT AND HARASSMENT. Copies of both publications were provided to the auditor for examination and retention.</p> <p>*115.32 (c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive 72, Section XI, A, 2 states, “Each volunteer or contractor shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training received.” The agency produced a blank and a completed acknowledgement form used to document volunteer training.</p> <p>SUMMARY 115.32</p>

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has adopted policy in Executive directive #72 that appropriately addresses this standard even though there is no affirmative requirement for such policy in the standard.

>Volunteer and contractor training materials were provided to the auditing team.

>FLCI provided training documentation in the form of acknowledgement forms.

115.33	Inmate education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>*115.33 (a) During the intake process, inmates shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, B, 1 states, “At intake, offenders shall receive information detailing the DOC’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents or suspicions.” Inmates enter the Wisconsin Division of Corrections (WDOC) through the Dodge Correctional Institution. Inmates receive their initial PREA training at this location when entering this facility. From the Dodge Correctional Institution inmates are sent to one of the many other facilities under the control of WDOC. It is at these other facilities that inmates receive more intensive orientation to include PREA education. Inmates at FLCI sign a computerized statement acknowledging their orientation. Copies of signed acknowledgements were retained by the audit team.</p> <p>Interviews with two social workers (interview documented) responsible for intake of new inmates indicated that inmates are shown a video and given PREA information. The video explains the agency’s zero-tolerance policy toward sexual misconduct and explains how an inmate can report such misconduct. Inmates are also provided with written information. The video is available in English and Spanish. Samples of the written information were provided to the auditors for examination and retention. Inmate interviews confirmed that training was presented to new inmates entering FLCI.</p> <p>*115.33 (b) Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, B, 2 states, “Within 30 days of intake at adult facilities and within 10 days at juvenile facilities, the facility shall provide a comprehensive education to offenders...”</p> <p>Interviews with social workers (interview documented) responsible for training of new inmates indicated that inmates are shown a video upon entering the facility. The interviewed staff members stated that inmates can see replays of the video on the institution television channel. In addition the inmates are provided brochures and an inmate handbook that explains to the inmates their rights under the Prison Rape Elimination Act. Copies of the paperwork distributed to the inmates have been retained by the auditors. When asked when the inmates are provided the intensive PREA training, he advised that it was “right away.” Fifteen of the random inmates interviewed acknowledged that training occurred within a few weeks or sooner.</p> <p>*115.33 (c) Current inmates who have not received such education shall be educated within</p>	

one year of the effective date of the PREA standards, and shall 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.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, B, 3 states, "Upon Transfer to another facility, offenders shall receive education specific to the facility's sexual abuse, sexual harassment and report-related retaliation policies and procedures to the extent they differ from the previous facility."

The inmate population that was at FLCI at the effective date of the PREA standards had already been trained prior to a previous PREA audit conducted during 2016. To confirm that the training of the standing population was complete this audit team asked inmates who had been at FLCI prior to 2012 if they received prior training. Inmates that were at the facility at the time PREA standards went into effect confirmed that they had been trained. New inmates coming into FLCI receive initial training at the Dodge Correctional Institution, the agency's intake facility. Follow up training is conducted at FLCI.

*115.33 (d) The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills."

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, B, 4 states, "Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities."

The facility provided agency-wide policy which was designed to assure that inmates with disabilities were provided with services and information in a manner which accommodated their special needs. DAI Policy #: 300.00.35 provides detailed instructions for each facility to follow regarding inmates with special needs. This includes the requirement that an ADA Coordinator be established at every facility. This directive provides for the accommodation of inmates with developmental needs as well as those who are visually or hearing impaired. This policy is supported by Executive Directive #72, Section XI, B, 4, which states, "Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities."

The facility provided agency-wide policy which was designed to assure that inmates with disabilities were provided with services and information in a manner which accommodated their special needs. DAI Policy #: 300.00.35 provides detailed instructions for each facility to

follow regarding inmates with special needs. This includes the requirement that an ADA Coordinator be established at every facility. This directive provides for the accommodation of inmates with developmental needs as well as those who are visually or hearing impaired. Interviews with a hearing impaired inmate and two Spanish speaking inmates confirmed that the facility has made accommodations to help them understand the Prison Rape Elimination Act. The agency also provides recorded and braille information through its PREA OFFICE. The audit team was able to confirm that the agency's language assistance contract was intact and accessible.

*115.33 (e) The agency shall maintain documentation of inmate participation in these education sessions.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, B, 5 states, "Each facility shall maintain documentation of offender participation in these education sessions."

The auditors were provided a blank form used to document inmate education and the auditors were able to examine completed forms used as new inmates entered the facility. The names of inmates who had been recently accepted into the facility were on the form. The agency recently has converted its documentation to a computerized log with electronic signatures. This system is capable of printing an acknowledgement page. The audit team retained three of such pages for its records. The pages were selected randomly from the list of inmates recently admitted to the facility.

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

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, B, 6 states, "Each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, handbooks, and other written formats."

Standard posters in English and Spanish were visible throughout the facility and on each housing unit. In addition the auditors obtained numerous examples of written information that has been distributed to inmates regarding PREA. The facility also replays its PREA orientation video on the facility's internal television network. The FLCI inmate handbook contains PREA information. All inmates receive a copy of the handbook when they arrive at FLCI.

SUMMARY 115.33

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has developed policy in Executive Directive #72 that supports the requirements of this standard despite no affirmative mandate to do so.

>The facility provides comprehensive training with written materials and videos in addition to the inmate receiving previous training at a central intake facility.

>Current inmates in the facility have been trained.

>The agency provides training materials for inmates that have limited English capability.

>The agency has developed specific policy to instruct staff members how to assist individuals with disabilities.

>Each facility must assign an ADA coordinator to handle disability issues.

>Written materials were observed throughout the facility.

>Most inmates acknowledged training during their interviews, and those who did not, expressed PREA knowledge after further questioning.

>Logs were maintained indicating which inmates were trained. An electronic log was recently put into place.

115.34	Specialized training: Investigations
	<p data-bbox="252 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1468 481">*115.34 (a) In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p data-bbox="252 537 1484 828">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, A, 4 states, “Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion.”</p> <p data-bbox="252 884 1484 1176">The auditors interviewed two investigators assigned to FLCI. The investigators advised that he/she attended a training class which covered those items listed in the standard. He/she received a certificate of completion from the agency documenting the training. The auditors also received curriculum and training materials related to the specialized class. The audit team also spoke to one of the individuals from the PREA Coordinators Office that provides some of the required training. This individual confirmed the training program and explained how it was documented.</p> <p data-bbox="252 1232 1484 1388">*115.34 (b) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="252 1444 1468 1556">The interviews with the investigators confirmed that the training attended included the topics described in the standard. Furthermore, an examination of the curriculum also provided proof of the information presented during the training.</p> <p data-bbox="252 1612 1364 1691">*115.34 (c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p data-bbox="252 1747 1484 1904">The auditor was provided a training log on indicated the staff members trained to conduct sexual abuse investigations. The log indicated names of those investigators trained, facilities where the individual was assigned, and the dates of the training. There were eight investigators from the FLCI on the log including the individuals that the audit team interviewed.</p> <p data-bbox="252 1960 494 1993">SUMMARY 115.34</p> <p data-bbox="252 2049 1300 2083">A determination of MEETS STANDARDS was assigned for the following reasons:</p> <p data-bbox="252 2128 1476 2161">>The agency has developed policy in Executive Directive #72 supporting the standard despite</p>

no affirmative requirement to do so.

>The investigator interviewed at the facility had been trained and received a certificate documenting the training.

>The auditors were provided curriculum information that indicated training met the requirements of the standard.

>The auditors were provided a comprehensive training log that adequately verified training.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.35 (a) The agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, section XI, A, 5 states, “All medical and mental health care practitioners who work regularly in a DOC facility (ies) shall be trained on the subparts below. The DOC shall maintain documentation that such training has been received:</p> <ul style="list-style-type: none"> a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>The audit team interviewed one staff member assigned to the Health Services Unit and another staff member assigned to the Psychological Services Unit. The employees reported to the team that she had received training regarding sexual harassment and sexual abuse. Both staff members confirmed that they received PREA training through an online training module with a test.</p> <p>*115.35 (b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>Forensic exams are conducted at one of several local hospitals depending on trained staff availability. Interviews with medical and custody staff at FLCI indicated that inmates would be transported to the an area hospital for treatment and examination by a SANE, if such an examination was required. This was confirmed during the interview with staff in the Health Services Unit (HSU). Medical staff members employed at FLCI do not conduct forensic exams.</p> <p>*115.35 (c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, section XI, A, 5 states, “All medical and mental health care practitioners who work regularly in a DOC facility (ies) shall be trained on the subparts below. The DOC shall maintain documentation that such training has been received.”</p> <p>Training logs were provided indicating medical and mental health staff had been trained</p>

accordingly. The logs contained the names of individuals trained at FLCI and all other facilities. The names of the employees interviewed appeared on the log, as well as their test scores.

*115.35 (d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency.

Medical and mental health staff also participated in the online training taken by other staff members. Medical and mental health staff members appeared on the training log associated with the online training.

SUMMARY 115.35

A determination of MEETS STANDARDS was assigned for the following reasons:

- >The agency has developed policy in Executive Directive #72, Section XI that supports this standard.
- >Forensic exams are conducted in a local hospital. Medical staff members at FLCI do not perform such examinations.
- >The required training has been verified through training logs.
- >Interviews with medical and mental health staff confirm the training.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.41 (a) All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XII, A states, “Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, and again upon transfer to another facility, for the risk of being sexually abused by other offenders or sexually abusive toward other offenders.”</p> <p>The auditors interviewed two staff members who had responsibility for screening inmates entering FLCI. The staff members reported that the inmates are interviewed within 72 hours of arrival at the facility. The audit team learned that the Wisconsin had recently implemented a computerized system for conducting screenings. The program was capable of providing a list of inmates recently received into FLCI with their original screening date and a 30 day due date. The facility provided examples of 30 day re-screenings as indicated by the printout. Fifteen of the twenty-two inmates questioned about screening specifically recall the process and that it took place shortly after arriving at the facility. The remaining seven were at the facility before screening at intake had begun or they said that they could not remember.</p> <p>*115.41 (b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive 72, section XII, A states, “Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, for risk of being sexually abused by other offenders or sexually abusive to other offenders.”</p> <p>A review of screening forms maintained by the facility confirmed the practice of screening inmates as they enter the facility. The audit team learned that the Wisconsin had recently implemented a computerized system for conducting screenings. The program was capable of providing a list of inmates recently received into FLCI with their original screening date and a 30 day due date. The facility provided examples of 30 day re-screenings as indicated by the printout.</p> <p>*115.41 (c) Such assessments shall be conducted using an objective screening instrument.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, section XII, A states, “The objective screening instrument shall include, at a minimum, the following criteria.”</p> <p>A blank copy of the screening assessment, as well as completed copies, was provided as evidence that the screening process had been developed and was in place. The screening assessment takes into consideration those items required in 114.41 (d). The auditors also reviewed forms maintained in the PREA Compliance Manager’s office. The blank forms</p>

provided and the forms being used were identical.

*115.41 (d) The intake screening shall 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XII, A provides a list of factors which are used to assess each inmate arriving at the facility. These factors are listed as follows:

1. The presence of a mental, physical or developmental disability;
2. Level of emotional and cognitive development (juveniles facilities only)
3. Age;
4. Physical build;
5. Previous incarcerations;
6. Exclusively nonviolent criminal history;
7. Prior convictions for sex offenses against an adult or child;
8. Is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex or gender nonconforming;
9. Previously experienced sexual victimization;
10. Prior acts of sexual abuse, prior convictions for violent offenses and/or history of prior institutional violence or sexual abuse; and Offender's perception of vulnerability.

A review of a blank form used for screening and a review of forms that were completed indicated that these forms were identical. The form contained the above listed factors as criteria for evaluation of risk. The staff members interviewed regarding the screening process confirmed that the form used for screening and presented to the auditors was the same form used to conduct the screening of inmates.

*115.41 (e) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XII, A provides a list of factors which are used to assess each inmate arriving at the facility. The policy states, "Prior acts of sexual abuse, prior convictions for violent offenses and/or history of prior institutional violence or sexual abuse; and Offender's perception of vulnerability."

Copies of the screening instrument developed by the Department of Corrections clearly indicate that prior acts of sexual violence and abuse are considered during the assessment. A review of blank forms and completed forms indicates that the forms are identical and that they contain the evaluation criteria required in this provision. The staff members interviewed

regarding the screening process confirmed that the form used for screening and presented to the auditors was the same form used to conduct the screening of inmates. The audit team learned that the Wisconsin had recently implemented a computerized system for conducting screenings. The program was capable of providing a list of inmates recently received into FLCI with their original screening date and a 30 day due date. The facility provided examples of 30 day re-screenings as indicated by the printout.

*115.41 (f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

The agency has adopted policy that complies with this standard. Executive Directive 72, Section XII, D states, "In addition to the initial screening, within 30 days of arrival, the facility shall reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening." The audit team learned that the Wisconsin had recently implemented a computerized system for conducting screenings. The program was capable of providing a list of inmates recently received into FLCI with their original screening date and a 30 day due date. The facility provided examples of 30 day re-screenings as indicated by the printout.

*115.41 (g) An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XII, D states, "Thereafter, an offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness."

The PREA Compliance Manager was interviewed regarding this standard and he advised that new information would be used to update an inmate risk assessment. The PREA Compliance Manager provided an example when such new information was used to update an inmate's status.

*115.41 (h) Inmates may not be 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.

The agency has adopted policy that complies with this standard. Executive Directive 72, Section XII, A provides a list of factors which are used to assess each inmate arriving at the facility. The policy states, "Offenders may not be disciplined for refusing to answer or failing to disclose information in regards to the assessment questions."

Two social workers were interviewed regarding the screening process and he confirmed that no inmates are disciplined for refusing to answer any questions on the PREA assessment form. There were no indications that inmates had been disciplined for refusing to answer any questions related to PREA screening or any other related reasons.

*115.41 (i) The agency shall implement 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.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XII, F requires, "Appropriate controls shall be placed on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders."

The screening is done through an online system and access to the information is limited to those who have a need to know. The PREA Coordinator advised that the screening system has rules of access that control dissemination of screening information. She also advised that the system can be audited to monitor usage. The social workers responsible for collecting screening information did not agree upon who would have access to the screening information, but did confirm that they knew access was limited. Both individuals said that the Security Director/PREA Compliance Manager would know. The PCM advised that the full screening information was only available to the Psychological Services Unit.

SUMMARY 115.41

A determination of MEETS STANDARD was assigned for the following reasons:

>The agency has developed policy in Executive Directive #72 that is compliant with all components this standard.

>A screening tool has been developed and has been placed into use. The tool meets the requirements of the standard.

>Inmates entering the facility are screened upon entry into the facility.

>Staff members and inmates confirm that the screening process is currently in place.

>There is no indication that any inmates have ever been disciplined for refusing to answer questions related to screening.

>Access to the information on the screening forms is controlled by the PREA Compliance Manager.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.42 (a) The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIII, A states, “Information obtained from the initial or follow-up screening shall inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. For the purposes of education, programming, work, and recreation activities, line-of-sight monitoring by DOC staff is sufficient to maintain separation. Individualized placement determinations shall be made for each offender.”</p> <p>Interviews with the staff conducting screening and the PREA Compliance Manager at FLCI indicated that inmates are found to be in need of special handling if risk of victimization (ROV) or assaultive behavior (ROA) is determined at screening. These determinations (ROV or ROA) are entered into an agency computer system (WI DOC). The audit team received a report indicating all of the inmates in the facility requiring special handling. The report included housing assignments. The system, WI DOC, prohibits inmates with conflicting risk to be assigned to the same cell. This was also confirmed by the PREA Compliance Manager during his interview. The audit team was aware that the agency does not separate inmates with conflicting risk if properly supervised. With that in mind the audit team looked for opportunities where inmates would be allowed to engage in unsupervised activity. Upon inspecting the facility and speaking to a number of staff members it was determined that FLCI maintained a sufficient level of supervision through cameras or direct observation to deter sexual behavior during programming, recreation and work assignments.</p> <p>*115.42 (b) The agency shall make individualized determinations about how to ensure the safety of each inmate.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIII, A states, “Individualized placement determinations shall be made for each offender.”</p> <p>Each inmate entering FLCI is individually evaluated by a staff member using an objective screening tool designed to determine risk. Once that determination is made, housing assignments are established accordingly. Those inmates deemed to be at risk for sexual assault will not be housed with an inmate deemed to be at risk for sexually assaultive behavior. The screening process was determined through interview with staff members who conduct screening, an interview with the PREA Compliance Manager and the review of documentation from the automated screening process. Screening was verified during the interviews with inmates.</p>

*115.42 (c) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIII, A states, "When making facility, cell/unit housing and programmatic assignments for transgender or intersex offenders the DOC shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems, in addition to serious consideration of the offender's own views with respect to their own safety."

The FLCI currently does not house any inmates identifying as transgender. However, interviews with staff indicate an awareness of the factors that must be considered when incarcerating transgender inmates. During the tour and later through conversations with staff members the audit team learned that most of the housing units reserve cells in each housing unit for single occupancy. These cells are located in closer proximity to the correctional officer's observation booth and are routinely used to house inmates with special needs. The PREA Coordinator advised that the Agency follows the policy taken directly from the standard and trains staff members accordingly. She indicated that if such a situation was brought to her attention she would take corrective action.

*115.42 (d) Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIII, E states, "Placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to the safety experienced by the offender."

The interview with the PREA Compliance Manager (PCM) indicated that there were no known transgender or intersex inmates at the facility at this time. The PCM indicated that such a review would be conducted when an intersex or transgender inmate is identified within the facility.

*115.42 (e) A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIII, E states, "When making facility, cell/unit housing and programmatic assignments for transgender or intersex offenders the DOC shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems in addition to serious consideration of the offender's own views with respect to their own safety."

The PREA Compliance Manager confirmed that an intersex or transgender inmate's views of

their own safety would be given serious consideration. The screening staff members agreed with the PCM's assertion. There were no transgender inmates at FLCI at this time.

*115.42 (f) Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIII, E states, "Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders."

There are currently no transgender or intersex inmates at FLCI, but the PREA Compliance Manager was aware of this requirement and stated that the proper arrangements would be made.

*115.42 (g) The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIII, E states, "Lesbian, gay, bisexual, transgender or intersex offenders shall not be placed in dedicated facilities, wings or units solely on the basis of such identification or status."

Through observation of facility operations and interviews with staff members and inmates there was no indication that the facility was operating contrary to its stated policy. Interviews with one bisexual and two gay inmates indicated that there was not any single housing unit designated for individuals that are gay, bisexual, transgender or intersex.

SUMMARY 115.42

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has adopted written policy in Executive Directive #72 that complies with the standard even though the standard has no affirmative requirement to do so.

>The agency uses the information collected to assist in making housing decisions; however, the nature of the facility and the high level of internal security provides for a safe environment.

>FLCI has no dedicated housing units for LGBTI inmates.

115.43	Protective Custody
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>*115.43 (a) Inmates at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIII, B states, "Offenders at high risk for sexual victimization shall not be separated from the general population 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. If an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment."</p> <p>In discussions with the PREA Compliance Manager, staff assigned to the restrictive housing unit and the warden it was determined that FLCI avoids assigning inmates to the unit for purposes of protection from sexual abuse. The facility has single cells on every housing unit that can be used for inmates with special needs. The audit team conducted random interviews on the restrictive housing unit and all the inmates were there for disciplinary reasons.</p> <p>*115.43 (b) Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIII, E states, "Offenders separated from the general population for this purpose shall have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities the facility shall document the opportunities limited, the reason for such limitations and the duration of the limitation."</p> <p>As previously mentioned, the FLCI has been avoiding the use of its restrictive housing unit to protect inmates that are at risk for sexual abuse. The facility makes use of its single cells and well supervised environment to protect its inmates.</p> <p>*115.43 (c) The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72,</p>	

Section XIII, E states, "Involuntary separation from the general population shall only be until alternative means of separation from likely abusers can be arranged and should not ordinarily exceed 30 calendar days."

As previously mentioned, the FLCI has been avoiding the use of its restrictive housing unit to protect inmates that are at risk for sexual abuse. The facility makes use of its single cells and well supervised environment to protect its inmates.

*115.43 (d) If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged.

Restricted housing at FLCI is primarily used for behavioral issues. Interviews with staff members working the restrictive housing unit confirmed this during the interview process.

*115.43 (e) Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

The agency has adopted policy that complies with this standard. Executive Directive 72, Section XIII, E states, "Every 30 days, the facility shall review the offender's circumstances to determine whether there is a continuing need for separation from the general population and document accordingly." The agency has developed a form to be used for such review, if needed.

SUMMARY 115.43

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has adopted written policy in Executive Directive #72 that complies with the standard even though the standard has no affirmative requirement to do so.

>FLCI has not been using restricted housing as a means of protecting inmates from sexual abuse preferring to use other methods.

>If in the unlikely event an inmate were to be placed in restrictive housing for reasons of protective custody the agency has a policy and a form for monitoring such placement.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.51 (a) The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIV, A states, “The DOC shall provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents. In addition, the DOC shall provide at least one way for offenders to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC.”</p> <p>All of the ten officers interviewed as random staff (documented) regarding this standard could suggest ways that an inmate could privately report incidents of sexual misconduct. These methods included speaking to staff members, filing written complaints, and contacting the hotline. All of the inmates interviewed were familiar with the telephone reporting that was available. Most inmates confirmed during the interviews that they knew that they could make complaints in writing. Only two of the inmates selected for random interview reported that they “didn’t know” about alternative ways to make reports of sexual harassment or sexual abuse. The audit team was received information directly from inmates that the telephone system works as indicated by the signage. Additionally, the audit team noted that investigations were initiated as a result of calls to the hotline.</p> <p>During the site review of the FLCI the auditors noted that the telephone reporting lines were well promoted throughout the facility. There were postings throughout the facility providing instructions for reporting and using the telephones to report sexual misconduct issues. The signs were posted in both Spanish and English. The facility also displayed a dual language sign (Spanish and English) that encouraged visitors to report on the behalf of an inmate.</p> <p>*115.51 (b) The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIV, A states, “In addition, the DOC shall provide at least one way for offenders to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC.”</p> <p>The agency has provided two telephone numbers that can be called, toll free, from any inmate</p>

telephone. One number is number (777) is used to report issues to an agency representative. The second number (888) connects to an outside law enforcement agency. Discussions with inmates both within the formal interview process and informally during the tour revealed universal familiarity with the telephone system. Additionally, there are signs posted in English and Spanish explaining the telephone reporting alternatives. The PREA Compliance Manager explained the telephone reporting system. Inmates universally acknowledged the telephone reporting system since the visibility of the related signage could not be ignored.

*115.51 (c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIV, A states, "Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports and immediately report to supervisory staff:

- a. 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 DOC;
- b. Any incidents of retaliation against offenders or employees who reported such an incident; and/or
- c. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation."

Ten correctional officers were randomly interviewed regarding reporting responsibilities. All would document their observations in writing and would make notifications immediately or as soon as possible. There was no indication from the inmates that officers would not take reports, though the use of the telephone report was the preferred reporting method.

*115.51 (d) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIV, C states, "The DOC shall provide a method for employees to privately report sexual abuse and sexual harassment of offenders."

Ten officers represented all three shifts were interviewed regarding this standard. Six of the officer would go to their supervisor or higher in the chain of command. Two of those officers also suggested that the telephone hotline numbers would be an alternative. Two of the officers would use the hotline numbers. Two officers were unsure about private reporting, but the issue was one of lack of necessity rather than a lack of knowledge.

SUMMARY 115.51

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has adopted policy that is compliance with the standard in Executive Directive #72, Section XIV, even though the standard has no affirmative requirement to have such a written policy.

>Interviewed staff members uniformly reported that they would take all PREA complaints regardless of the source or nature of the information.

>The agency provides to inmates two different hotline numbers for inmates to report incidents, one of those numbers reports to a law enforcement agency outside of the DOC.

>Staff members reported during interviews that they could make private complaints to supervisors or management.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.52 (a) An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.</p> <p>The agency has adopted policy that removes complaints of sexual abuse from its Inmate Complaint Review System. Executive Directive #72, Section XV states, “All sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. See Investigations (Section XVII.) for guidelines. Inmates shall be notified within 30 days of the initial complaint that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced and the Inmate Complaint Review process has concluded.” Since the agency has effectively removed complaints of sexual abuse from its administrative complaint procedure the remaining sections in this standard do not apply.</p> <p>*115.52 (b) (1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency’s ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.</p> <p>N/A</p>
	<p>*115.52 (c) The agency shall ensure that— (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p>N/A</p>
	<p>*115.52 (d) (1) The agency issues 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. (2) Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) 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, the inmate may consider the absence of a response to be a denial at that level.</p> <p>N/A</p>
	<p>*115.52 (e) (1) Third parties, including fellow inmates, staff members, family members,</p>

attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) 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. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

N/A

*115.52 (f) (1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

N/A

*115.52 (g) The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

N/A

SUMMARY 115.52

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has removed sexual misconduct complaints from its administrative complaint process in favor of its policy for investigating PREA related reports.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.53 (a) The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 5 states, "Thereafter, the facility shall provide offenders with access to outside victim advocates, with whom the DOC shall maintain or attempt to enter into memoranda of understanding with, for emotional support services related to sexual abuse. Access includes giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to offenders of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."</p> <p>The FLCI refers its inmates to People Against a Violent Environment, Inc. (PAVE) which provides free, confidential support for victims of sexual assault and domestic violence. FLCI has drafted a memorandum of understanding between the FLCI and PAVE, Inc. providing an outline of responsibilities for both the FLCI and PAVE, Inc. Section C of the agreement provides guidelines for privacy, confidentiality, and exchange of information. Information regarding PAVE has been distributed to the inmates at FLCI. A copy of that notice has been retained by the audit team. Despite the fact that information regarding this standard had been distributed to inmates and posters are clearly displayed in the facility nearly two-thirds of the inmates interviewed reported being unaware of the services provided. Even though the inmate response was disappointed, the audit team felt that the facility had made a proper effort to provide the required information</p> <p>*115.53 (b) The facility shall 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 5 states, "...The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to offenders of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."</p> <p>The facility provides specific information on a poster regarding the monitoring of</p>

communications with advocacy organizations. A copy of the poster was provided to the audit team. The poster has information in Spanish and English.

*115.53 (c) The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 5 states, "Thereafter, the facility shall provide offenders with access to outside victim advocates, with whom the DOC shall maintain or attempt to enter into memoranda of understanding with, for emotional support services related to sexual abuse." FLCI and PAVE, Inc. are currently negotiating a memorandum of understanding regarding the services to be provided to inmates.

SUMMARY 115.53

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has adopted policy in support of this standard in its Executive Directive #72, Section XVI. Written policy has been provided despite no affirmative requirement to do so.

>Inmates have been provided access to a community sexual assault advocacy resource.

>A written agreement has been drafted identifying PAVE, Inc. as the local service provider.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.54 (a) The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>The agency has provided instructions to the community on its website explaining how third-party reports can be made on behalf of an inmate. The audit team has examined the website. The website URL is:</p> <p>https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</p> <p>SUMMARY 115.54</p> <p>A determination of MEETS STANDARDS was assigned for the following reasons:</p> <p>>The agency publishes information on its website regarding third-party reports.</p>

115.61	Staff and agency reporting duties
	<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 528">*115.61 (a) The agency shall 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="252 584 1409 663">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIV, C, 1 states as follows:</p> <ol data-bbox="252 712 1461 1088" style="list-style-type: none"> 1. Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports [§115.51(c), §115.351(c)]; and immediately report [§115.61(a), §115.361(a)]: <ol style="list-style-type: none"> a. 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 DOC; b. Any incidents of retaliation against offenders or employees who reported such an incident; and/or c. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p data-bbox="252 1144 1477 1346">The audit team interviewed medical and mental health staff assigned to HSU and PSU. These staff members knew that they were required to report any suspected or actual cases of sex misconduct. Furthermore, all three staff members stated that she had, in fact, made reports in the past. All ten of the random officers interviewed confirmed that the agency requires them to report all incidents and suspicions regarding sexual misconduct in their facility.</p> <p data-bbox="252 1402 1477 1559">*115.61 (b) Apart from reporting to designated supervisors or officials, staff shall not reveal 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.</p> <p data-bbox="252 1615 1430 1816">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIV, C, 5 states, “Employees shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators, and designated officials. Such information shall be limited to information necessary to make treatment, investigation, and other security and management decisions.”</p> <p data-bbox="252 1872 1457 2029">Interviews with staff members on all shifts indicate they have been trained on all reporting policies. There were no indications that confidentiality had been breached by any staff in the facility. There were no complaints from any inmates interviewed that confidentiality had been breached.</p> <p data-bbox="252 2085 1461 2152">*115.61 (c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this</p>

section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

The agency has adopted policy to support this standard. Executive Directive #72, Section XIV, C, 6 states' "Medical and mental health practitioners shall be required to report sexual abuse and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services."

The interview with the Health Services Unit staff member indicated that the inmates are informed of the health care practitioner's duty to report. The agency provided a copy of form DOC1023 – LIMITS OF CONFIDENTIALITY OF HEALTH INFORMATION. This form indicates the provider's duty to report and is signed by the inmate. The original document is maintained by the agency and a copy is given to the patient.

*115.61 (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

There are no youthful inmates in the FLCI.

*115.61 (e) The facility shall report all allegations of sexual abuse and sexual harassment; including third-party and anonymous reports, to the facility's designated investigators.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIV, C, 1 states as follows:

2. Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports [§115.51(c), §115.351(c)]; and immediately report [§115.61(a), §115.361(a)]:

d. 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 DOC;

e. Any incidents of retaliation against offenders or employees who reported such an incident; and/or

f. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

During the interview with the warden confirmed that his facility investigated all complaints regardless of the source. Third-party and anonymous reports are investigated. A review of the investigation log revealed that anonymous reports were investigated. As indicated earlier, staff also confirmed that third party and anonymous complaints were subject to reporting.

SUMMARY 115.61

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has adopted the required policy to meet this standard in Executive Directive #72, Section XIV.

>Interviewed staff members confirm knowledge of the reporting policy.

>Confidentiality is maintained.

>Designated investigators receive all complaints of sexual misconduct.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62 (a) When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI states, “When the department or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender.”</p> <p>The audit team interviewed ten officers (documented) representing all shifts regarding this standard. In every case the officer was quite sure of his responsibility to immediately take action to protect the inmate. While there was some variation in the specific response all agreed that separating the inmate from the danger was the main responsibility. Most of the officers also would document their actions and notify their supervisors. All agreed that they had the responsibility to protect the inmate.</p> <p>The warden further stated during his interview that he would have one of his investigators, trained to perform PREA issues, investigate the cause of the risk to the inmate and would move the inmate to another location within the facility. Restricted housing would be a last resort decision. The agency head designee also confirmed during the interview that protection of the inmate was the primary consideration with appropriate changes in housing and investigation initiated.</p> <p>SUMMARY 115.62</p> <p>A determination of MEETS STANDARDS was assigned for the following reasons:</p> <ul style="list-style-type: none"> >The agency has adopted supportive policy in Executive Directive #72. >Staff members that would normally become aware of dangerous or imminent situations were aware of their duty to take immediate action. >Higher level officials within the organization were supportive of such policy and supportive of the inmate’s right to protection by the agency.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63 (a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, C, 8 states, “ Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred. In the event the alleged victim is a juvenile, facility employees shall also notify the appropriate investigative agency. All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”</p> <p>115.63 (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, C, 8 states, “ Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred.”</p> <p>115.63 (c) The agency shall document that it has provided such notification.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, C, 8 states, “All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”</p> <p>115.63 (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, C, 8 states, “ Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred. In the event the alleged victim is a juvenile, facility employees shall also notify the appropriate investigative agency. All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”</p> <p>The facility indicated that one such notification had been received and the case had been investigated. The case was listed as 3951 and it appeared on the summary of investigations provided by FLCI. The incident was determined to be "unsubstantiated". The Warden stated that his facility would investigate the inmates complaint to the extent possible and notification of their findings would be sent to the facility where the incident was to have occurred.</p>

SUMMARY 115.63

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has developed policy to support the standard.

>The PREA Compliance Manager/Security Director confirmed that he makes the notification on behalf of the warden in the time span specified.

>The facility initiates an investigation to document the report and subsequent notification.

>A copy of the notification documentation was provided to the audit team.

>Documentation was provided that indicated that received notifications were investigated.

115.64	Staff first responder duties
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.64 (a) Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and 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 collection of physical evidence, 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; and (4) If the abuse occurred 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, A, 1 states as follows:</p> <p>1. 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 [§115.64(a), §115.364(a)]:</p> <ol style="list-style-type: none"> a. Separate the alleged victim and abuser; b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; c. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and d. If the abuse occurred 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. <p>The audit team interviewed ten officers representing all shifts (documented). All of the officers were quite well versed in their responsibility to protect victims from further harm, but only two mentioned protection of evidence as an important part of their response. While their answers varied, eight of the officers indicated that protecting the inmate and evidence were important considerations. Two of the eight officers stated that they would notify their supervisor.</p> <p>Two additional officers were questioned specifically about their responsibilities as first responders reacting to an assault in progress or had just occurred. When questioned in this manner the officers were more specific about their duties to protect the inmates, preserve evidence, and notify supervision. Both officers were able to articulate specific recommendations for preserving forensic evidence as required by the standard.</p> <p>115.64 (b) If the first staff responder is not a security staff member, the responder shall be</p>	

required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, A, 1 states, "If the first employee responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, then notify security staff."

The audit team examined the training records that indicated that all employees must take the same online PREA training. A search of the FLCI training records indicated that non-custody staff at all levels had completed training which includes information related to this standard. During the facility tour the auditor asked non-custodial staff to explain their response to an incident in progress and both responded that they would call for help and protect evidence.

SUMMARY 115.64

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has developed policy in Executive Directive #72 in support of the standard.

>The security staff clearly had been trained in responding to cases of sexual assault.

>When interviewed, security staff responded positively to the questions relating to first responder duties.

>Non-security staff members have been trained regarding their responsibilities and responded to related questions appropriately.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65 (a) The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>In response to this standard the facility presented its FLCI SEXUAL ABUSE RESPONSE TEAM PROTOCOL. This seven page document provided specific instructions to security staff, supervisors, the compliance manager, medical staff, mental health staff, a victim services coordinator, the investigator(s), the appointing authority, and the review team. Included also was a flow chart that illustrated the plan step by step. A copy of the document was retained by the audit team. The Warden referred to this document when asked about the facility response to incident involving sexual abuse.</p> <p>SUMMARY 115.65</p> <p>A determination of MEETS STANDARD was assigned for the following reasons:</p> <p>>The facility presented to the audit team a written plan that clearly articulates the facility's response to sexual misconduct or abuse.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.66 (a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits 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.</p> <p>During the interview the agency head designee advised that there is no union or collective bargaining agreement representing the staff at FLCI or the Wisconsin DOC at this time.</p> <p>115.66 (b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>There is no union or collective bargaining agreement representing the staff at FLCI at this time.</p> <p>SUMMARY 115.66</p> <p>A determination of EXCEEDS STANDARD was assigned for the following reasons:</p> <p>>There are no agreements in place with collective bargaining units and there is no union representation, thereby making it very unlikely that the facility could be out of compliance with this standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67 (a) The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVIII, A, states, “Each facility shall designate an employee(s) 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>The audit team interviewed (documented) the staff member at the FLCI designated to monitor retaliation. This individual was familiar with policies regarding retaliation.</p> <p>115.67 (b) The agency shall 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVIII, B, states, “For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who were reported to have experienced sexual abuse to determine if retaliation occurred. 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 indicates a continuing need.”</p> <p>The individual designated to monitor retaliation was familiar with the standard and familiar with strategies used to protect individuals reporting sexual misconduct. However, the documentation provided did not clearly support the agency policy or the standard. A corrective action period was initiated for this standard. By the end of April, 2018 the facility was able to provide seven examples where retaliation monitoring was required and the documentation was completed in a satisfactory manner.</p> <p>115.67 (c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p>

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVIII, B, states, "For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who were reported to have experienced sexual abuse to determine if retaliation occurred. 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 indicates a continuing need."

The individual designated to monitor retaliation was familiar with the standard and familiar with strategies used to protect individuals reporting sexual misconduct. The agency has developed an extensive form for assuring that inmates receive appropriate post incident services to include, but not limited to, retaliation monitoring. The form, DOC 2767 includes spaces to indicate the completion dates for various task, the initials of the responsible staff member, and comment/follow-up activities.

115.67 (d) In the case of inmates, such monitoring shall also include periodic status checks.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVIII, B, states, "...For offenders, such monitoring shall include periodic status checks."

When asked for completed monitoring forms the facility produced four examples. The four completed forms had detailed notes and entries, but in all four case the the notes only spanned a single day. None of the cases provided documented the long term follow-up indicated by the standard for sexual abuse cases. Upon checking the investigation log, it was noted that there were several abuse cases that would have demonstrated ninety day monitoring. During the ensuing corrective action period the facility supplied copies of their internal form used to monitor retaliation. Periodic status checks were included in the documentation.

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

The Agency has developed a form that provides facilities with the ability to document their activities regarding monitoring of retaliation. The facility only provided examples of short term efforts, despite have several sexual abuse allegations that would qualify for long term monitoring. The facility provided appropriate documentation during the ensuing corrective action period. The agency form #DOC-2767 was used as designed.

115.67 (f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Audit Instructions: Auditor is not required to audit this provision.

SUMMARY 115.67

A determination of DOES NOT MEET STANDARD was assigned for the following reasons:

>There was no documentation provided to indicate any monitoring beyond the initial contact with the victim.

Corrective Action:

The audit team learned that the agency has already developed form DOC-2767 to help a facility monitor retaliation. The FLCI should continue to use the forms as designed, but must also continue to use the form beyond the initial contact date, when necessary. If the facility has evidence of long-term monitoring of past sexual abuse cases, the documentation should be presented to the audit team for each qualifying event occurring during the past year when compared to the investigation log provided. Absent documentation for qualifying cases from the past year the FLCI shall monitor and provide appropriate documentation for each case occurring during the next six months.

The facility immediately instituted adjustments to its monitoring program and provided seven monitoring forms containing detained notes regarding the retaliation monitoring effort. The form #DOC-2767 was completed as required. The audit team elected to end the corrective action period after examining documents for five months.

Full compliance with the standard has been demonstrated as follows:

>The agency has adopted policy in Executive Directive #72 that is compliant with the standard.

>The agency has designated a staff member to monitor retaliation.

>The designated staff member understands the responsibilities of the retaliation monitor.

>The facility has provided documentation that indicates retaliation monitoring has been instituted in a manner compliant with the applicable standards.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68 (a) Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, A, 5 states, “Any use of restricted status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43 and §115.343 as found within Placement (Section XIII.)</p> <p>FLCI reports that no inmates have been placed in segregated housing as a protective measure during the past year. The agency did provide a form that is used at other facilities to monitor restrictive housing practices. A copy has been retained by the audit team.</p> <p>The audit team engaged the Warden and staff members to comment on this practice and the uniform response was that FLCI does not place victims in restricted housing. There were no indications discovered by interviews with inmates or observation that would indicate otherwise.</p> <p>SUMMARY 115.68</p> <p>A determination of MEETS STANDARD was assigned for the following reasons:</p> <ul style="list-style-type: none"> >The agency has adopted written policy in Executive Directive #72, Section XVI that supports the standard. There is no provision in the standard requiring written policy. >No inmates are reported by the facility to have been placed in the restrictive housing unit for purposes of protective custody. >The agency has form which is used to monitor inmates placed in restrictive housing.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.71 (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII states as follows:</p> <p>A. The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigation [§115.22(a, d), §115.322(a, d), §115.71(a), §115.371(a)].</p> <p>B. Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC’s website [§115.22(b, c), §115.322(b, c), §115.71(h), §115.371(i)].</p> <p>C. The DOC shall follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions. Such protocol shall be developmentally appropriate for youth, where applicable, and adapted from a comprehensive and authoritative protocol developed after 2011 [§115.21(a, b), §115.321(a, b)]. When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e) and §115.321(a-e) [§115.21(f), §115.321(f)].</p> <p>D. 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 [§115.71(c), §115.371(c)].</p> <p>E. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person’s status as offender or employee. The DOC shall not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation [§115.71(e), §115.371(f)].</p> <p>F. Administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse [§115.71(f), §115.371(g)].</p> <p>G. The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated [§115.72, §115.372].</p> <p>H. Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years. Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts</p>

and findings [§115.71(f, i), §115.371(g, j)].

I. The departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation [§115.71(j), §115.371(d, k)].

J. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigation [§115.71(l), §115.371(m)].

K. Following an investigation of an allegation that an offender suffered sexual abuse in a DOC facility, the facility shall inform the alleged victim, and document such notification, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the DOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the alleged victim. The DOC's obligation to report shall terminate if the alleged victim is released from custody [§115.73(a, b, e, f), §115.373(a, b, e, f)].

L. Following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the DOC shall subsequently inform the alleged victim whenever the employee is no longer posted within the alleged victim's unit; the employee is no longer employed at the facility; or the DOC learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse [§115.73(c), §115.373(c)].

M. Following an offender's allegation that he or she has been sexually abused by another offender, the DOC shall subsequently inform the alleged victim whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse [§115.73(d), §115.373(d)].

The investigative staff members interviewed were aware of the policy and confirmed that they followed the policy. The audit team selected thirteen of the twenty-six investigations from the previous year for further scrutiny. These selections were not entirely random but were specifically targeted to assure a variety of outcomes, investigators, types of offense, and victim suspect relationships. The audit team also wanted to avoid cases that were still open. All of the investigations appeared to be thorough, timely, and objective.

*115.71 (b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, A, 4 states, "Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion."

The auditors interviewed two investigators assigned to FLCI and they advised that he attended training class which covered those items listed in the standard. They received a certificate of completion from the agency documenting his training. The auditors received curriculum and training materials related to the specialized class. The auditors also received a copy of an agency-wide training log for the required course of training. There are eight staff

members on the training log assigned to FLCI.

*115.71 (c) Investigators shall gather and preserve 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.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, D 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."

The audit team separately interviewed two investigators regarding their investigative methods as they relate to this standard. The investigators stated he would review evidence, conduct interviews, and review video camera recordings. They said that he would be responsible for gathering written statements, video evidence and collecting physical. In some cases he would secure the scene for the Dodge County Sheriff's Department.

The warden confirmed that the Dodge County Sheriff's Department is the law enforcement agency responsible for investigating sexual misconduct complaints that could result in criminal prosecution.

*115.71 (d) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The agency is not responsible for criminal prosecution. All cases of a criminal nature are referred to the Dodge County Sheriff's Department for investigation and prosecution. Criminal cases are subject to the rules and regulations of the sheriff's department and the prosecutor's office in Dodge County.

*115.71 (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, E states, "The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or employee. The DOC shall not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The investigators interviewed for this audit stated that they would not pre-judge any evidence or testimony and that they would not require an inmate to take a polygraph exam as a condition of taking the complaint and investigating. Four inmates that reported incidents at

FLCI stated that no polygraph (lie detector) exams were required or offered.

*115.71 (f) Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, F states, "Administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse."

Since criminal cases are handled by the Dodge County Sheriff's Office, all of the reports submitted by FLCI investigators are administrative. According to the investigators interviewed, all pertinent information is included in the report including staff actions that would have contributed to abuse.

115.71 (g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, H states, "Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years. Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings."

Criminal investigations are conducted by the Dodge County Sheriff's Department and subject to its own retention policies and investigative practices. The Dodge County Sheriff's Department is empowered to enforce criminal laws in Dodge County, the county where FLCI is located.

*115.71 (h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, B states, "Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement."

The Dodge County Sheriff's Department is responsible for criminal investigations and referrals for prosecution. The PREA Compliance manager for FLCI explained that the facility conducts an administrative investigation along with the criminal investigation. In most cases the same deputy from the Dodge County Sheriff's Department would be assigned to handle criminal cases within the facility. The investigative staff would work with the deputy to complete the investigation.

*115.71 (i) The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus

five years.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, H states, "Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years." The agency had produced its official retention schedule supporting the policy. An interview with a staff member in the PREA Coordinator's Office revealed that no PREA related reports have ever been destroyed.

*115.71 (j) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, I states, "The departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation."

The interviews with the investigators confirmed that the investigation would continue. One of the investigators indicated if the case had been referred to the Sheriff's Office because of criminal allegations the criminal investigation would continue, but the administrative investigation would end if the suspect left the control of the DOC.

*115.71 (k) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Auditor is not required to audit this provision.

*115.71 (l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, J states, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigation."

This standard was discussed with the PREA Compliance Manager for the facility and he stated that the FCLI investigators work closely with the Dodge County Sheriff's Department, usually with the same deputy assigned to handle criminal complaints at FCLI.

SUMMARY 115.71

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has developed detailed policy in its Executive directive #72 that supports this standard in its entirety.

>A review of the investigative reports held at FCLI indicated compliance to the standard.

	<p>>An interview with investigators at FLCI confirmed compliance to the standard and agency policy.</p> <p>>The Dodge County Sheriff's Department conducts criminal investigations in accordance with its rules and regulations regarding criminal investigations and prosecutions in Dodge County.</p> <p>>The warden also confirmed the relationship between the FLCI and the Dodge County Sheriff's Department</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.72 (a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, G states, "The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated."</p> <p>An interview with two of the FLCI investigators indicated that they were familiar with this provision and they complied with related agency policy. A review of administrative reports maintained at the FLCI revealed no deviations from stated policy.</p> <p>SUMMARY 115.72</p> <p>A determination of MEETS STANDARDS was assigned for the following reasons:</p> <p>>The agency has developed policy in it Executive Directive #72 supporting the standard.</p> <p>>The FLCI investigator confirmed compliance with the policy.</p> <p>>A review of the investigative reports revealed no deviations from the policy.</p>

115.73	Reporting to inmates
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1398 450">*115.73 (a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="252 499 1485 790">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, K states, "Following an investigation of an allegation that an offender suffered sexual abuse in a DOC facility, the facility shall inform the alleged victim, and document such notification, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the DOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the alleged victim. The DOC's obligation to report shall terminate if the alleged victim is released from custody."</p> <p data-bbox="252 840 1474 1048">When asked if inmates are informed regarding the results of investigations, the warden stated that memo is sent to the inmate explaining the results of the investigation. Upon reviewing closed case files, the aforementioned memo was located in the case file. A copy of an investigation with such memo attached was retained by the auditor. The FCLI also provided blank copies of the form letter used to notify inmates.</p> <p data-bbox="252 1097 1385 1176">*115.73 (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.</p> <p data-bbox="252 1225 1441 1391">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, K states, "If the DOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the alleged victim. The DOC's obligation to report shall terminate if the alleged victim is released from custody."</p> <p data-bbox="252 1440 1469 1563">The FCLI reported that no cases have been referred for outside investigation over the past year. The closed cases reviewed by the audit team contained letters to inmates regarding the investigation outcome.</p> <p data-bbox="252 1612 1469 1904">*115.73 (c) Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="252 1953 1469 2161">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, L states, "Following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the DOC shall subsequently inform the alleged victim, and document such notification, whenever the employee is no longer posted within the alleged victim's unit; the employee is no longer</p>

employed at the facility; or the DOC learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse.”

A review of the investigations log revealed that no staff members have been involved in sexual abuse cases that have had a finding of substantiated or unsubstantiated during the past year.

*115.73 (d) Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, M states, “Following an offender’s allegation that he or she has been sexually abused by another offender, the DOC shall subsequently inform the alleged victim, and document such notification, whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse.”

A review of the investigations log revealed that no inmates have been involved in cases of sexual abuse that have had a finding of substantiated.

*115.73 (e) All such notifications or attempted notifications shall be documented.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, M states, “Following an offender’s allegation that he or she has been sexually abused by another offender, the DOC shall subsequently inform the alleged victim, and document such notification, whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse.”

No such notifications have been required at FLCI during the past year.

*115.73 (f) An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

Auditor is not required to audit this provision.

SUMMARY 115.73

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has developed compliant policy in its Executive Directive #72.

>Inmates are notified of the outcomes of their complaints as documented in a letter to the inmate.

115.76	Disciplinary sanctions for staff
	<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 1458 405">*115.76 (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="252 454 1465 618">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 1 states, “Staff members who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions up to and including termination.”</p> <p data-bbox="252 667 1374 701">There were no substantiated cases of sexual abuse or harassment during the past year.</p> <p data-bbox="252 750 1410 828">*115.76 (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="252 878 1458 1086">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 3 states, “Termination is the presumptive sanction for a staff member who engaged in sexual abuse. All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies.”</p> <p data-bbox="252 1135 1458 1344">*115.76 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="252 1393 1485 1556">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 2 states, “Sanctions shall be commensurate with the nature and circumstances of the violation, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.”</p> <p data-bbox="252 1606 1485 1769">*115.76 (d) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="252 1818 1458 2027">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 3 states, “Termination is the presumptive sanction for a staff member who engaged in sexual abuse. All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies.”</p> <p data-bbox="252 2076 497 2110">SUMMARY 115.76</p>

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has developed policy in Executive Directive #72 that is compliant with the standard.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.77 (a) Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 4 states, “Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors.”</p> <p>The warden in his interview stated possible criminal cases involving contractors or volunteers would be pursued by the Dodge County Sheriff’s Department in conjunction his investigative staff. Relevant licensing bodies would be notified per Department policy.</p> <p>*115.77 (b) The facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 4 states, “Appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors.”</p> <p>During the interview with the warden he elaborated on this standard stating that contractors or volunteers found to be engaging in any form of sexual misconduct would be banned from the facility.</p> <p>The facility has not had any cases involving contractors or volunteers during the past year.</p> <p>SUMMARY 115.77</p> <p>A determination of MEETS STANDARDS was assigned for the following reasons:</p> <ul style="list-style-type: none"> >The agency has adopted policy in support of the standard. >The interview with the warden supported the agency policy.

115.78	Disciplinary sanctions for inmates
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>*115.78 (a) Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, B, 1 states, “Offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.” The agency provided a comprehensive inmate discipline manual entitled RULES OF DEPARTMENT OF CORRECTIONS, DIVISION OF ADULT INSTITUTIONS, DOC 303 RELATING TO DISCIPLINE, CODE OF INMATE OFFENSES AND DISCIPLINARY PROCEDURES.</p> <p>The interview with the Warden confirmed that the FLCI uses the aforementioned code when administering inmate discipline.</p> <p>*115.78 (b) Sanctions shall be 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, B, 1 states, “Sanctions shall be commensurate with the nature and circumstances of the violation, the offender’s disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories.”</p> <p>During the interview the warden stated that there were guidelines in place to control sanctions along with a mitigation process.</p> <p>*115.78 (c) The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, B, 3 states, “The disciplinary process shall consider whether a perpetrating offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.”</p> <p>The warden confirmed that the inmate’s mental state would be considered when imposing sanctions. There were too few substantiated cases over the last three years to make any meaningful conclusions.</p> <p>*115.78 (d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.</p>	

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, B, 4 states, "The facility shall consider requiring perpetrating offenders to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse. For juveniles, the DOC may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to general programming or education."

The interview with the mental health staff member indicated that such interventions are offered to the inmate and such treatment is encouraged to the extent that it is felt beneficial to the inmate.

*115.78 (e) The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, B, 5 states, "An offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact."

The audit team could find no sustained cases against inmates at the FLCI that violated this provision.

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

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, B, 6 states, "Reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence to substantiate the allegation."

The audit team could find no sustained cases against inmates at the FLCI that violated this provision.

*115.78 (g) An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, B, 7 states, "While consensual sexual activity between offenders is prohibited in the DOC facilities, the DOC may not deem consensual sexual activities as sexual abuse if it is determined that the activity is not coerced."

The audit team could find no sustained cases against inmates at the FLCI that violated this provision.

SUMMARY 115.78

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has adopted policy in Executive Directive #72 that is compliant with this standard.

>Interviews with staff support the standard.

>The agency has a written policy regarding inmate discipline.

>The audit team could find no sustained cases against inmates that violated any provisions of the standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.81 (a) If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XII, E states, “If either the initial or follow-up screening indicates an offender has previously experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in a community setting, employees shall ensure the offender is offered a follow-up meeting with a mental health provider within 14 days of the initial or follow-up screening.”</p> <p>The agency provided two forms used in conjunction with this standard. The Referral Relating to Suspected Sexual Contact (DOC-3542A) and Diagnostic Testing Relative to Suspected Sexual Contact (DOC-3542) are used to refer and evaluate inmates who have reported sexual contact.</p> <p>The interview with staff members who perform inmate screening (documented) advised that referrals are made as required. Inmates who disclosed abuse at screening confirmed that they were offered a referral to the Psychological Services Unit.</p> <p>*115.81 (b) 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, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XII, E states, “If either the initial or follow-up screening indicates an offender has previously experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in a community setting, employees shall ensure the offender is offered a follow-up meeting with a mental health provider within 14 days of the initial or follow-up screening.”</p> <p>See 115.81 (a).</p> <p>115.81 (c) See 115.81(a)</p> <p>*115.81 (d) Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.</p>

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XII, F states, "Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law."

The auditing received two forms used by the agency to control the release of protected health information within its facilities. These forms are the LIMITS OF CONFIDENTIALITY OF HEALTH INFORMATION (DOC-1923) and the AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (DOC-1163A). During the facility tour the auditors learned that medical and mental health information is strictly controlled.

*115.81 (e) Medical and mental health practitioners shall 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.

The agency has forms to control the release of information. See 115.81 (d). However, both the medical and mental health personnel interviewed were unsure about this provision stating that they had not encountered such a situation. This revelation by the staff was a concern to the audit team, The PREA Compliance Manager was requested to have the respective unit managers review with their staff the agency policies regarding informed consent and how they relate to the PREA standards. This was done immediately.

SUMMARY 115.81

A determination of MEETS STANDARDS was assigned for the following reasons:

- >The agency has developed written policy in Executive Directive #72 to support the standard.
- >The facility has provided copies of forms used to control the release of information.
- >Staff members providing mental and medical health care to inmates confirmed that the information they gather is strictly controlled and only released per agency policy, however, there was some concern regarding information relating to prior victimization. The audit team received confirmation that the review was completed.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.82 (a) Inmate victims of sexual abuse shall 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 1 states, "Victims of sexual abuse shall 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." Specific and detailed procedures support this directive can be found in Division of Adult Institution Policies & Procedures, DAI Policy #500.30.22, #500.30.11, and #500.30.19.</p> <p>The interview with the nurse assigned to HSU (see 115.35) continued and she stated that inmates are provided the medical care indicated in the standard.</p> <p>115.82 (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>The agency has policy that complies with this standard. The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, states, "In the event that no qualified medical or mental health practitioners are on duty at the time of a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health employees. The first responders interviewed stated that they were aware of their responsibility to notify medical. The facility has policies in place for the notification of medical personnel when needed and not immediately available. These notifications are in place for all situations, not just incidents of sexual assault.</p> <p>115.82 (c) Inmate victims of sexual abuse while incarcerated shall be 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 3 states, "The DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted disease prophylaxis."</p> <p>The staff member from HSU stated that the inmate's at FLCI are treated for suspected exposure to sexually transmitted diseases. Since this an all-male facility the emergency contraception provision does not apply.</p>

*115.82 (d) Treatment services shall be 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.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, B, 2 states, "All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care."

The medical staff confirmed that inmates are not charged for services and medical service will be provided.

SUMMARY 115.82

A determination of MEETS STANDARDS was assigned for the following reasons:

- >The agency has developed policy in its Executive Directive #72 that supports the standard.
- >The medical staff interview confirmed the policy.
- >All medical care is provided without charge.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>*115.83 (a) The facility shall 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, B, 6 states, “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall 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.”</p> <p>Interviews with staff members assigned to the Health Services Unit and the Mental Health Unit confirmed that such services are provided. Written materials provided to the inmates indicate that such services are available.</p> <p>*115.83 (b) The evaluation and treatment of such victims shall 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, B, 6 states, “The evaluation and treatment of such victims shall 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.”</p> <p>Interviews with staff members assigned to the Health Services Unit and the Mental Health Unit confirmed that such services are provided. Written materials provided to the inmates indicate that such services are available.</p> <p>*115.83 (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>The agency has adopted policy consistent with this standard. The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, B, 2 states, “All medical and mental health treatment services shall be provided..., and in manner consistent with the community level of care.”</p> <p>The HSU nurse interviewed (see 115.35) stated that she felt that the care provided inmates was equal to that provided to the community. The psychologist interviewed (see 115.35) stated that he felt that the care provided inmates was equal to that provided to the community. This is further supported by the practice of providing sexual assault treatment at the local hospital that also serves the public.</p>	

*115.83 (d) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

FLCI is a male facility; this standard does not apply.

*115.83 (e) If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

FLCI is a male facility; this standard does not apply.

*115.83 (f) Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 7 states, "Victims of sexual abuse shall be offered tests for sexually transmitted infections. Victims of sexually abusive vaginal penetration shall be offered pregnancy tests, in addition to timely and comprehensive information about and timely access to lawful pregnancy-related medical services.

Medical staff members confirm that this treatment is provided. Additionally, inmates are transported to an outside medical facility for the forensic exam. Such tests are routine at facilities conducting such examinations.

*115.83 (g) Treatment services shall be 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.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 2 states, "Victims of sexual abuse shall be offered tests for sexually transmitted infections. Victims of all medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care."

*115.83 (h) All prisons 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.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 2 states, "Further, facilities shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."

The interviewed psychologist (see 115.35) stated that such evaluations are conducted and treatment begun within two weeks of learning that an inmate has a history of sexual abuse.

SUMMARY 115.83

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has developed policy in Executive directive #72 that is compliant with the standard.

>Medical and mental health staff members confirm that services are provided.

>Inmates do not pay for any medical services.

>Inmates receive forensic care at an outside hospital indicating a level of care provided to the community.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.86 (a) The facility shall 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XX, A, states “All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded.” Additionally, the facility has also developed Facility Procedure #: 900.116.02 that describes in detail how the review should be accomplished.</p> <p>The warden confirmed during his interview that reviews of incidents are completed. The warden is part of the review team and personally participates in the reviews.</p> <p>*115.86 (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XX, A, states “All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded.” Facility Procedure #: 900.116.02 also supports the standard.</p> <p>According to the PREA Compliance Manager, the case review occurs within thirty days and usually within a week. The Warden also confirmed that the review is completed in a timely manner.</p> <p>*115.86 (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XX, A, states, “The team shall consist of upper level management officials with input from supervisors, investigators and medical and mental health practitioners.” Facility Procedure #: 900.116.02 provides a list of individuals who make up the review team. The team includes: Warden, Deputy Warden, PREA Compliance Manager, PREA Investigator, Victim Support Coordinator, HSU Nursing Supervisor – if applicable, and the PSU Supervisor – if applicable. The team will receive input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>115.86 (d) The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly</p>

occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XX, A, states, "The review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
2. 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 was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees; and
6. Prepare a report of its findings, 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."

The warden advised that the review team considers all of these items and prepares a report of findings regarding each case. An interview (documented) with another member of the incident review team, other than the warden, confirmed the items examined by the team and its commitment to improving the facility's response to reports of sexual misconduct. The interview with the PREA Compliance Manager at FLCI revealed that the PCM is part of the review team and takes responsibility for implementing any recommendations of the review team. No report was provided as required.

115.86 (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XX, A, states, "The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so."

During the interview process, the PREA Compliance Manager was questioned regarding the operation of the incident review team. The PREA Compliance Manager, a member of the review team, would be responsible for implementing change and documenting as required. The facility uses a standard format to document reviews. Copies of two recent reviews have been retained as evidence of compliance.

SUMMARY 115.86

A determination of MEETS STANDARD was assigned for the following reasons:

>Written policy has been developed by the agency in Executive Directive #72.

>Incident reviews are being conducted as verified by policy, a documented review team and interview with the warden.

>The facility prepares a report for substantiated and unsubstantiated reports that are reviewed.

>The review team is comprised of the requisite individuals.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.87 (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” A review of the agency’s website supports compliance with the standard.</p> <p>*115.87 (b) The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” The agency has posted data for the years 2014 and 2015. The report for 2016 has not been posted as of the writing of this document.</p> <p>*115.87 (c) The incident-based data collected shall 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” A review of the agency’s website reveals reports have been posted as required.</p> <p>115.87 SUMMARY</p> <p>A determination of MEETS STANDARDS was assigned for the following reasons:</p> <p>>The agency has adopted policy compliant with the standard.</p>

>Compliant reports appear on the agency website.

115.88	Data review for corrective action
	<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 1455 528">*115.88 (a) The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p data-bbox="252 584 1477 831">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 2, states, “The data collected and aggregated shall be analyzed to assess and improve effectiveness of the DOC’s sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility as well as the DOC as a whole.”</p> <p data-bbox="252 887 1471 1178">The facility provided a copy of the agency’s 2014 report. The 2015 report also is available on the agency’s website. The report provides the required information as indicated by the standard. The agency head designee during the interview indicated that the information in the annual report is used to improve the agency’s response to sexual misconduct. The PREA Coordinator addressed this standard stating that all investigations are tracked in the central PREA Office, where they are securely maintained. An office staff member has been given the task of data analysis providing information to management.</p> <p data-bbox="252 1234 1471 1346">115.88 (b) Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.</p> <p data-bbox="252 1402 1477 1514">The agency’s website was examined and found to have detailed reports covering years 2014 and 2015. The reports contained the comparison data required, as well as other data required by the standard, if necessary.</p> <p data-bbox="252 1570 1430 1648">115.88 (c) The agency’s report shall be 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.</p> <p data-bbox="252 1704 1477 1816">The agency’s website was examined and found to have detailed reports covering years 2014 and 2015. The report for 2016 has not been completed as of the writing of this document. The reports have been approved by the agency head.</p> <p data-bbox="252 1872 1471 1984">115.88 (d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p data-bbox="252 2040 1471 2152">The agency’s website was examined and found to have detailed reports covering years 2014 and 2015. The report for 2016 has not been completed as of the writing of this document. No information has been redacted from these reports. The PREA Coordinator stated during her</p>

interview that identifying data would be redacted, if included in the report.

115.88 SUMMARY

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has developed policy which supports the standard in Executive Directive #72, Section XXI, though no written policy is required by the standard.

>The agency has produced comprehensive reports for the years 2014 and 1015.

>The reports have been posted on the agency's website without redactions.

>Interviews with staff involved in the reporting process confirm that the reports are used for the intended purpose.

>The reports have been signed by the agency head.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89 (a) The agency shall ensure that data collected pursuant to § 115.87 are securely retained.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “All data shall be securely retained and maintained for at least 10 years after the date of initial collection.” The PREA Coordinator advised that the investigations and associated data are store securely in the electronic file at the PREA Office.</p> <p>*115.89 (b) The agency shall 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” The agency maintains a public website with a web address of http://doc.wi.gov/About/DOC-Overview/Office-of-the-Secretary/Prison-Rape-Elimination-Act-Unit. The site contained reports for 2015 and 2016.</p> <p>*115.89 (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” The reports from 2014 and 2015 were examined and found to be free of personal identifiers.</p> <p>115.89 (d) The agency shall 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.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 3, states, “All data shall be securely retained and maintained for at least 10 years after the date of initial collection.”</p> <p>The agency began reporting data for the year 2014 and is continuing the practice. The agency</p>

has indicated its commitment to maintaining data for ten years and as of this point in time complying with the standard.

115.89 SUMMARY

A determination of MEETS STANDARDS was assigned for the following reasons:

>The agency has developed policy that supports the standard.

>The agency has begun posting its aggregate data to its website as required.

>No personal identifiers have been posted on the website.

>The agency is progressing toward maintaining its data for at least ten years.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.401 (a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>The Wisconsin Department of Corrections began the auditing its facilities in 2015. At the writing of this report all of its adult facilities have been audited at least one time. During the first year of the second cycle of audits the agency is on track to audit the required one-third of its facilities.</p> <p>*115.401 (b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>During the first year of the second cycle of audits the agency is on track to audit the required one-third of its facilities.</p> <p>115.401 (i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>The auditing team was able to receive any document requested.</p> <p>*115.401 (h) The auditor shall have access to, and shall observe, all areas of the audited facilities.</p> <p>The auditing team was allowed to tour the entire facility, including locked areas when requested.</p> <p>*115.401 (m) The auditor shall be permitted to conduct private interviews with inmates.</p> <p>All interviews were conducted in private.</p> <p>115.401 (n) Inmates shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>The signs soliciting comments were posted as requested Some of the signs were still in evidence at the time of the on-site visit.</p> <p>115.401SUMMARY</p> <p>A determination of MEETS STANDARD was assigned for the following reasons:</p> <p>>Audit team observations confirmed each part of the standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Wisconsin Department of Corrections publishes its reports on the following webpage.</p> <p>https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</p>

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)	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	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	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.)	yes

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

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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.)	na

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?	yes

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.)	na
	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.)	na

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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na

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.)	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.401 (b)	Frequency and scope of audits	
	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

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

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

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

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

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