

PREA Facility Audit Report: Final

Name of Facility: Taycheedah Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/10/2017

Date Final Report Submitted: 01/19/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Rose Beteck, Ph.D, Lgsw	Date of Signature: 01/19/2018

AUDITOR INFORMATION	
Auditor name:	Beteck, Rose
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Start Date of On-Site Audit:	5/7/2017
End Date of On-Site Audit:	5/12/2017

FACILITY INFORMATION	
Facility name:	Taycheedah Correctional Institution
Facility physical address:	751 County Road K, Fond du Lac, Wisconsin - 54936
Facility Phone	(920) 929-3800
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:	Jon Noble	Title:	Security Director
Email Address:	Jon.Noble@wisconsin.gov	Telephone Number:	920-929-3822

Warden/Superintendent			
Name:	Sarah Cooper	Title:	Warden
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Facility PREA Compliance Manager			
Name:	Jon Noble	Email Address:	jon.noble@wisconsin.gov

Facility Health Service Administrator			
Name:	Lisa Albrecht	Title:	Health Services Unit Manager
Email Address:	Lisa.Albrecht@wisconsin.gov	Telephone Number:	920-929-3859

Facility Characteristics			
Designed facility capacity:	752		
Current population of facility:	860		
Age Range	Adults: 18-80	Youthful Residents:	
Facility security level/inmate custody levels:	Minimum, Medium, and Maximum		
Number of staff currently employed at the facility who may have contact with inmates:	368		

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

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

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

AUDIT FINDINGS

Narrative:

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

NARRATIVE

A certified PREA audit was conducted at Taycheedah Correctional Institution (TCI) located in Fond Du Lac, WI. The audit team consisted of certified PREA auditors Rose Beteck (author) and Steven Cubello; all from Maryland Department of Public Safety and Correctional Services. The audit began in early March with the delivery, via emails, of the agency documentation. The facility provided the Pre-Audit Questionnaire (PAQ) in mid March. The facility provided all necessary documents via PAQ and emailed notification when the documents were uploaded. The standards were divided among the two auditors with each reviewing the documentation available for their assigned standards and using the auditor tool as a guide.

Six weeks prior to the onsite visit, the facility was provided with contact information to post throughout the facility for inmates to write the audit team. Two letters were received prior to the visit. The letters contained relevant information for the purposes of the audit and those two inmates were interviewed during the on-site audit.

The onsite facility audit and tour began Monday May 7, 2017 with all two auditors at TCI. There was a facility greeting from Warden Sarah Cooper, Assistant Warden Jennifer McDermott, Director of Security and PCM Jon Noble, Leigha Weber PREA Analyst/Coordinator, Steve Wierenga, Director Office of Special Investigator. The audit team introduced themselves, explained the purpose and outline of the audit process and the facility tour was then explained, along with the audit team's expectation and requirements for a successful audit.

After the introduction meeting the tour of TCI began. Auditor Steve Cubello completed the tour while Rose Beteck completed staff and inmate interviews. Steve Cubello toured the entire facility and all of the support areas outside the secure perimeter of TCI.

Cubello was escorted by Jon Noble, PCM/Director of Security for the duration of the tour. Cubello visited all housing units, including administrative segregation, protection, general population and the medical unit, food services, mental health area, library, education building, vocational classrooms, gymnasium, chapel, recreation yard, laundry, visiting area, control center and intake. All of the areas visited were well staffed and staff were making rounds/tours and monitoring key areas. Doors were locked and off limits areas were maintained. No areas observed presented any sexual safety or security concerns. PREA information throughout the facility was clearly posted, both in English and Spanish. Posters listed the steps that could be taken to report sexual abuse or sexual harassment incidents, provided contact information for the inmates to report these incidents and also cite zero tolerance policy related to sexual abuse and sexual harassment. In the units the PREA hotline number was also posted around the phones. The number was checked from one unit and determined to be working as required.

Individual showers with doors allow for privacy while using the shower, and toilets with curtains allow for privacy in the shower area. Privacy areas were strip searches were conducted giving inmates ample privacy. Log books were reviewed and showed evidence supervisory rounds on all shifts at random times. Both inmate and staff both stated they were not made aware in advance when supervisors were making rounds. It was also evident that staff (both female and male) were announcing their presence prior to entering the housing units. Announcements are made every time someone comes into the housing unit by ringing a bell and logged in the logbook. There were cameras noted in all areas of the institution. The camera coverage provides excellent coverage of the area that do not have constant staff coverage between regular staff rounds.

During the tour, auditor randomly selected 40 inmates and 30 staff to interview as there walking around. These interviews were conducted in specific locations and both inmates and staff were asked specific questions from PRC tour template. Other interviews were conducted in an open and sometimes group setting. The majority of inmates interviewed indicated they had received some sort of PREA educational material, either a pamphlet, or watched a vide, and were aware of the information on the PREA posters that were posted throughout the facility. The majority of the randomly interviewed inmates acknowledged signing for their PREA education and completing the screening tool during intake. The inmates that have been at the facility since the inception of PREA indicated they remembered being screened in 2014 when all inmates had to receive PREA education and screening. All inmates felt they had enough privacy to change and shower without being viewed by the opposite gender. All inmates indicated that male staff did announce their presence when entering the unit. All inmates reported feeling safe from sexual assault/sexual harassment at TCI and knew how to report abuse or harassment if needed. All staff interviewed was knowledgeable about PREA and the agency's zero tolerance policy. They knew how to appropriately respond to a sexual assault and their mandatory requirement to report all allegations, notifications or suspicions of abuse or harassment. All staff indicated they had been trained on PREA, which included cross-gender/transgender pat searches. Staff was able to cite specific steps that needed to be taken in the event they were first responders to a sexual abuse incident. Some staff simply indicated that they would contact their supervisor after separating the inmates for further direction. All staff responded that they absolutely could not strip search an inmate to verify sexual identification.

Formal interviews were conducted with investigation staff and they indicated, among othr things, they had received appropriate training regarding investigating sexual abuse and sexual harassment. articulated Miranda and Garrity, and Preponderance of the Evidence sufficiently and covered in detail the porocess of conducting investigations in sexual abuse and sexual harassment. The agency provided the auditors with all of the investigations conducted thoroughly in the past 12 months regarding sexual abuse and sexual harassment. The criminal allegations of sexual abuse and sexual harassment are investigated by the Fond Du Lac Police Department, who trained and sworn police officers. The investigations appeared to be conducted thoroughly with appropriate outcomes. The agency is compliant with its investigative process.

During the tour of the facility HR, auditors were able to randomly review 10 current employee personnel files in order to verify criminal background checks are being conducted prior to employing saff and the agency affirmatively asks applicants about sexual abuseand sexual harassment during their application process. The agency keeps documentation verifying this in each employee's personnel file. Auditor was able to conduct interview with the senior HR employee who indicated that the agency hires well qualified staff, as well as the agency's process of screening applicants was articulated.

On May 8th, 2017 the audit team returned to the institution and began collecting and reviewing supportive documentation for each standard. All of the staff during the onsite audit was very helpful in tracking down the necessary documentation to complete this task. Everyone at the facility was helpful whether they were involved with PREA or not. This is evidence that the staff is prepared to ensure the safety of the inmates.

The exit interview was conducted later that afternoon on 5/8/2017 because the auditors had another institution to audit. Present during the exit interview were Warden Sarah Cooper, Assistant Warden Jennifer McDermott, Leigha Weber, PREA Analyst/Coordinator, and Jon Noble, Director of Security. The overall audit process was explained and an overview of the auditor's findings was presented. An explanation of the preliminary findings of the non-compliance with each standard was given with the recommended action to correct. The audit stayed in contact by phone/email with Leigha Weber to clarify a few questions and request a few additional pieces of documentation, all which was answered and provided.

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.

DESCRIPTION of FACILITY CHARACTERISTICS

Taycheedah Correctional Institution (TCI) is currently the oldest house in Fond Du Lac county complex which is located on 50 acres in Fond Du Lac, Wisconsin. The complex consists of a population of 888 on the first day of the audit. In 2005, TCI and other facilities housing female inmates combined and officially became the Wisconsin Women's Correctional System (WWCS). With that, TCI became the only facility in the State of Wisconsin that houses maximum and medium security female inmates. The initial TCI was designed with a bed capacity of 752 but more inmates are housed. The entire facility consists of 8 buildings (Gower Hall, Adams Hall, Dormitory, Monarch Building, McCauley Building, Treatment Building, Sipson Building and Prescott Hall). The general population housing units have a centrally located control room with, in some cases, three floors, dormitory style and one level units. The control centers are strategically located so the officers have a clear view of the activities and movements. Some housing units have 244, 170 and others are dormitory style with an open floor plan. Also present on the compound are a gymnasium, cosmetology area, dental laboratory, classrooms and visiting areas for inmates.

The Gower Hall is the area for new admissions and a central location for inmates processing for movement on/off grounds. The Segregation Annex and Treatment building each provide needed programming space to meet the requirements of the USDOJ Memorandum of Agreement. The Services building houses canteen, laundry, store, and the Building Maintenance and Construction vocational program. The facility has outside recreation consisting of basketball and a multipurpose court. Monarch Special Management Unit (MSMU) is a 66-bed specialized unit for inmates who have a special need identified by medical staff or via other means requiring specialized care. The unit is managed by a Correctional Program Supervisor in collaboration with a Security Supervisor who seek consultation with the Psychology Manager/Psychiatry Supervisor. Harris Hall has an inmate community services which allows inmates to sew scarves, place mats, totes, quilted blankets, quilt top, table runners wall hangings, wheelchair bags, hot pads, microwave bowl covers, sweaters, mittens and aprons to donate or auction off for non-profit organizations. The compound is surrounded by razor-ribbon covered double-perimeter fences. There are pedestrian and service vehicle entrance. There are no other buildings located outside the facility.

Supporting TCI's daily emergency plans are the fire department, ambulance and Fond Du Lac Police Department in the town of Fond Du Lac and St Agnes Hospital is located a few miles from the facility

TCI has approximately 398 employees who may have contact with inmates. They reported having over 200 volunteers and contractors who also may have contact with inmates. Their staffing levels in all areas appeared appropriate for the amount of inmates, programs, activities and physical layout at the facility. Staff are assigned and deployed throughout the facility which allows TCI to ensure that all areas are effectively monitored and the observation, safety and security of inmates is effective. There was no evidence of staffing pressures affecting housing or programming decisions or having an impact on

inmate sexual safety.

The facility has over two hundred video security cameras with retaining capability and some have live feed only for security monitoring. Security camera coverage is adequate to assist in areas needing more than intermittent rounds coverage by staff in areas such as; visiting areas, housing units, dormitory, treatment building, dietary area, dining hall, medical area and various locations in all housing units and facility. Camera footage is monitored by female and male. During tours, cameras were checked and there were no cameras in the observation cell area, showers or areas where inmates may be in a state of undress and viewed by opposite gender.

TCI offers an assortment of programs addressing issues such as self-improvement, problem-solving, social skill development, alcohol and drug program, basic education programs, job skills, cosmetology, dental laboratory technician program, building maintenance and construction program and office software application program. All these programs are well integrated into institutional operations.

TCI is accredited by National Commission of Correctional Health Care (NCCHC).

AUDIT FINDINGS

Summary of Audit Findings:

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

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

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

Summary of Audit Findings:

115.12: TCI is not currently monitoring contractors to ensure that contract with confinement of inmates are complying with the PREA Standards. After Corrective Action period, this standard is met

115.41: TCI is not properly conducting a reassessment of inmates within 30 days of their arrival at the facility. After Corrective Action Period, this standard is met.

Number of Standards Exceeded: 0

Number of Standards Met: 45

115.11, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18,
115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35,
115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61,
115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68,
115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81,
115.82, 115.83, 115.86, 115.87, 115.88, 115.89,
115.401, 115.403

Number of Standards Not Met: 2

115.12 and 115.41

Summary Of Corrective Action Period: TCI was placed into a Corrective Action Period for being found non-compliant on 2 standards. TCI was provided with guidance in order to comply with each standard that it did not meet. During the Corrective Action Period, the facility completed all of the deficient items and is now in full compliance with all of the standards. Please refer to the individual standard for the details on how each standard was found to be compliant.

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>Evidence Reviewed (documents, interviews,site review):</p> <ol style="list-style-type: none"> 1. WIDOC Completed Pre-Audit Questionnaire (PAQ) 2. WIDOC Policy: <ol style="list-style-type: none"> a. Executive #72: Sexual abuse and Sexual Harassment in Confinement (PREA). b. Section V (policy) 3. WIDOC Organizational Chart 4. Interviews with the following: <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager <p>Findings (By sections):</p> <p>Subsection (a): Wisconsin Department of Corrections (WIDOC) has a comprehensive policy on sexual abuse and sexual harassment contained in Executive Directive #72 section V of their policy directive. The policy clearly mandates zero tolerance towards all forms of sexual abuse, sexual harassment, and report related retaliation in all its facilities including those they contract with for the confinement of offenders. The policy details definitions that are compliant with PREA definition. The policy further outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Section V also provide detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse or sexual harassment.</p> <p>Subsection (b): WIDOC's PREA Coordinator position has been vacant since March 20, 2017. Mr. Patrick Hughes, Assistant Deputy Secretary, is serving as acting Coordinator. Ms. Leigha Weber, PREA Program Policy Analyst, is carrying out the day-to-day functions of this role (Coordinator). Ms. Leigha Weber reports that she has sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA.</p> <p>Subsection (c): Wisconsin Women Correctional Systems (WWCS) consists of three correctional facilities ranging from maximum, medium, to pre-release. These are the only women facilities in the State of Wisconsin. There is one warden, one deputy warden and one security director, and one compliance manager. WWCS has designated Mr. Jon Noble, Security Director, as PREA Compliance Manager. WWCS has designated Mr. Jon Noble, Security Director, as PREA Compliance Manager. The Pre-release facilities are managed by site Superintendents who act as PREA contact persons but report to the compliance manager. For the purpose of this audit, the auditor considers Jon Noble the regional PREA Compliance Manager.</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site reviews):</p> <ol style="list-style-type: none"> 1. WDOC Completed Pre-Audit Questionnaire (PAQ) 2. Fiscal Year 2016 County Contracts (7) (Counties that contract with WDOC to place inmates in Jail) 3. Interview with the following: <ol style="list-style-type: none"> a. Agency's contract Administrator <p>Subsection (a): Wisconsin Department of Corrections currently contracts with seven (7) counties for the placement of their inmates. These county jails are managed by Sheriffs. All contracts require the service provider to adhere to federal law which includes PREA compliance. It is recommended that all contracts have the explicit PREA requirement in addition to the general requirement to follow federal law.</p> <p>Subsection (b): The Agency does not have a system in place to monitor the contractors for PREA compliance.</p> <p>Corrective Action: WIDOC will institute a plan on how to monitor all seven contractors for PREA compliance. A copy of the documents will be sent to the auditor.</p> <p>Correction Action completed: During the Corrective Action Period, the WIDOC contacted each of the facilities (7) that they contact with to see if they have had a PREA Audit, recently. Those contracted facilities had not had a recent PREA Audit. They were required to complete a questionnaire describing their compliance with the different standards. For any standard that the contracted facility was not in compliance with, WIDOC required the contracted facility to come up with a corrective action plan to come into compliance with those standards. WIDOC has developed an internal policy and procedure that outlines the monitoring process. Also, they have created a monitoring report form for the contractor to complete. The WIDOC contract monitor will then evaluate the contractor's responses using the following methods: observation or facility tour, policy review, document review, and/or interviews. Based on WIDOC's progress and the plan for active monitoring in the future, WIDOC now "meets standard."</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence reviewed(documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Division of Adult Institutions Facility Procedure (TCI) 2. Taycheeday Correctional Institution (TCI) Staff Plan 3. Facility Procedures, 900-39, 900-40 4. Executive Directive 72-Sexual Abuse and Sexual Harassment in Confinement (PREA). 5. Unannounced memo 6. Unit logbook 7. Site Interviews: <ol style="list-style-type: none"> a. Warden b. PREA Compliance Manager c. Higher and intermediary level staff <p>(a) Wisconsin Department of Corrections establishes staff plan for the facilities to comply with on a regular basis and all facility staffing plans are reviewed annually. Taycheedah Correctional Institution (Sexual Abuse in Confinement Staffing Plan) effective April 2017 assigns responsibilities and authorizes a procedural manual for TCI to manage security staffing and overtime. TCI is making its best efforts to comply with the staffing that provides for adequate level of staffing. TCI has video monitoring, locked and controlled doors, mirrors and blindspots. Also, some cameras are placed in observation cells in the medical and mental health areas. These cameras are for the sole purpose of ensure that individuals do not hurt themselves during their crisis. The cameras are monitored by security staff of the same gender. TCI is all female institution, therefore, the cameras are monitored by female security staff. Inmate are allowed to dress and use bathroom privileges without being monitored. The staffing plan was predicated for an operating capacity of 751 inmates, however, the average daily population is approximately 869 inmates. Through interviews with higher level staff and review of the staffing plan, it is evident that TCI makes a good effort to comply with the staffing plan that provides adequate levels of staffing.</p> <p>(b) During the interview with the warden and assistant warden, they reported that "collapsed positions" are taken into consideration based on the safety and security of the facility and inmates; in addition, they provided a detailed explanantion from the facility staffing plan summaryoutlining the information that is considered and the steps which are following to ensure enough staff are assigned to cover essential areas where inmates are housed and active,ensuring the sexual safety of the inmate population. They also indicated that each shift submits a daily staffing plan at the conclusion of each shift, which indicate if any positions need to be closed along with the reason. They also stated that if in an event a position has been closed or collapsed; inmate activities are suspended or modified in this area if there is no available or sufficient coverage, respectively. Most of the programs offered at TCI are within the housing unit and led by social workers and psychologists. Security staff conduct periodic rounds to monitor for security and safety. The staffing plan is being utilized as a tool for managing overtime. It is the policy of the Wisconsin Department of Correction to allow managerial officers to identify posts that maybe collapsed in order to perform important security assignments and reduce overtime usage. In order to ensure the safety of staff and inmates, the managerial officer or designee shall utilized "force overtime or draft" to ensure no</p>

post goes unfilled.

(c) The agency and facility did provide sufficient documentation to show that the Wisconsin Department of Corrections along with TCI does review the staffing plans at least on an annual basis. During the interview with the Warden and the Assistant Warden, they did indicate that there is communication with the Agency PREA Coordinator on an annual basis to determine whether any adjustments are needed to the staffing plan and any other technologies that ensure TCI inmates sexual safety. As evidence to support the standard, Wisconsin Department of Corrections provided their staffing Analysis which echoed the requirements set forth in the executive directive listed below. Specifically, the purpose outlined in the manual states, " facilities shall deploy adequate numbers and types of security staff to ensure safe, efficient and cost effective operations." Section IX also reaffirms the managing official shall maintain a current Facility Staffing Plan (FSP) approved by the Deputy Secretary and managing official, or designee, shall ensure the staffing plan reflects the most efficient use of officers to accomplish the mission of the facility by annually performing a review of the FSP.

Executive Directive #72, effective January 11, 2016, section IX requires the Department to establish and maintain a uniform system to annually review staffing and posts to ensure effective security and control at the correctional facility. At least annually, or on an as needed basis, the managing official is responsible for conducting a review of the existing staffing plan that indicates an analysis of each post to identify:

- a. Generally accepted correctional practices;
- b. The number of the offender population;
- c. The number and placement of security staff;
- d. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- e. Institution programs occurring on a particular shift.

In addition, the above Executive Directive, the policy requires an analysis of the correctional operations to determine if changes warrant establishing new posts and modification of the Facility Staffing Plan.

The Executive Directive #72, section IX, indicates the facility will annually, in accordance with the PREA Coordinator, review the staffing plan to see where adjustments are needed in the facility's staffing plan, facility's deployment of video monitoring systems and other monitoring technologies or allocation of facility's resources are needed to ensure compliance. TCI conducts review of the Staffing Plan twice a year to ensure the safety and security of the facility, as well as to protect staff and inmates and to ensure the safety of the inmate population.

(d) During the audit tour, area logbooks were reviewed and clearly showed a heavy presence of multiple first line intermediate and higher level supervision log entries. These log entries were made at different times throughout each day, showing that supervisory rounds are being done at random times. There were no negative patterns found in the supervisory log book entries. Multiple supervisory signatures were present in the site log book, on all three shifts, and were signed in "red" ink which made it easy to review supervisory presence. Also, during the tour, there was heavy presence of supervisory staff in and out of each area of the prison. Random interviews with inmates also helped to support the fact that supervisors are prevalent and available to an inmate if needed. Interviews with intermediary and higher level supervisors, as well as housing unit staff, also confirmed that unannounced rounds are being

conducted and line staff are aware that they are prohibited from announcing to other staff that a supervisor is entering their area.

TCI provided Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective January 11, 2016. This directive specifically states in section IX, item D, that a supervisory staff shall conduct and document unannounced rounds, covering all shifts to identify and deter employee sexual abuse and sexual harassment. The directive continues on to state that DOC employees are prohibited from alerting other employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

Corrective Action Plan: None

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Review:</p> <ol style="list-style-type: none">1. PAQ2. Electronic Memorandum from Administrator of Wisconsin Department of Corrections Division Adult Institution (DAI).3. Inmate Roster4. Interview PREA Compliance Manager Warden Random Staff <p>TCI houses female inmates ranging in age from 18-91; no youthful inmates are housed at TCI. As per Wisconsin Department of Corrections Division of Adult Institutions Memorandum dated December 19, 2016, DAI has moved all youthful inmates out of the adult institutions and they are now housed within Division of Juvenile Corrections (DJC) facilities. This was confirmed during onsite visit by interviewing the Warden, and PREA Compliance Manager who stated no juvenile inmates were housed at TCI. This was also verified through general observation during onsite tour, the inmates and staff interviews and inmate file reviews. The agency PREA Coordinator also confirmed that no juvenile inmates were housed at TCI. There are no youthful inmates being housed at TCI, nor are their housing units designated for youth inmates at TCI.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Review (Document, interview and onsite visit)"</p> <ol style="list-style-type: none"> 1. PAQ 2. DAI Policy #306-17-02: Security -Searches of Inmates 3. Executive Directive #72-Sexual Abuse and Sexual Harassment in Confinement (PREA) 4. TCI Policy Procedure 900.20.40: Cross Gender Announcement (PREA) 5. Interviews <p>Warden PREA Compliance Manager Security Staff Inmates</p> <p>(a) TCI reported in the PAQ that there were no instances in the past 12 months of cross-gender searches, including strip searches, body cavity searches and pat-down searches. During staff interviews, all staff indicated that neither cross-gender strip searches nor cross-gender visual body cavity searches are conducted and these cross-gender searches would not occur unless it was an emergency, and in those cases a supervisor would need to authorize and appropriately document the search.</p> <p>The facility also provided DAI Policy # 306.17.02, Chapter 306, Security: Searches of inmates, new effective May 01, 2015. It states in section 1(a) that an inmate strip search shall be conducted by a single correctional officer of the same gender as that of the inmate being searched; in a location and manner that ensures maximum privacy for the inmate being searched and in the presence of additional correctional officer. The training documents provided regarding strip searches indicate that officers are trained in conducting strip searches properly, respectfully and by officers of the same gender as the inmate being searched.</p> <p>(b): TCI conducts female pat down and strip searches because it is a female institution. The pat down searches and strip searches are conducted by female officers. According to their DAI Policy#306.17.02, such searches will be conducted by officers of the same gender as the inmate being searched. PAQ reflects no pat down searches conducted by male officers in the last 12 months.</p> <p>(c): The facility PAQ reported zero instances of cross gender searches occurring in the last 12 months at TCI. During interviews with random staff and inmates, it was evident that cross-gender strip searches and body cavity searches do not occur at TCI. During interview, an inmate who considers herself a transgender, report no issues with pat down or strip searches at TCI because they are conducted by female officers. The inmate reports professional practices by officers when conducting strip or pat down searches.</p> <p>In addition, TCI staff provided DAI Policy #306.17.02 and 900 TCI Institution Procedures - Cross Gender Announcement, effective March 18, 2016. This policy provides detailed information regarding personal searches of inmates which supports that the facility is in</p>

compliance with inmate search requirements as mandated by this standard. Cross gender pat downs and strip searches are not conducted at TCI except in exigent circumstances and that information will be documented.

(d): During the tour, it was evident that staff (male or female) announced their presence when entering a housing unit or an announcement is made, upon entry of a male staff person into the housing unit, informing inmates that a male staff is in the housing unit. While conducting random and specialized interviews with staff and inmates, they also confirmed that "ringing a bell "is occurring on all three shifts, each time a male officer staff enters a housing unit. During the tour, it was obvious that inmates had sufficient privacy to change clothes, perform bodily functions and shower without direct cross-gender viewing by staff. Showers were located in an area allowing privacy from staff of the opposite gender viewing their breasts, buttocks or genitalia and all inmates interviewed indicated they felt they had enough privacy to change clothes, shower and perform bodily functions without being viewed by the opposite gender.

Further evidence was presented to support that this standard is being followed by Wisconsin Department of Corrections and TCI. Wisconsin Department of Corrections DAI Policy #306.17.02, Cross Gender Announcement, effective May 01, 2015, defines "cross-genders viewing" as an employee observing the breasts, buttocks, or genitalia of an inmate of the opposite sex while inmate is showering, performing bodily functions, changing clothing or any similar activity. This policy also defines sexual misconduct to include cross-gender viewing, if performed without warning by non-medical staff at times other than incidental to routine cell check, supervisory rounds to prevent sexual abuse and harassment, or exigent circumstances.

(e): During interviews of random staff, it was clear that staff knew they could not conduct a search or examine a transgender inmate for the sole purpose of determining the inmate's genital status. Staff also indicated that this was part of their annual training. During an interview with PREA Compliance Manager, it was stated that there was a Transgender inmate housed at TCI, and the PREA standard requirements will be followed by TCI staff.

TCI does demonstrate support of this practice in the facility policy, 900 TCI Institution Procedures, which states, "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."

Also, Wisconsin Department of Corrections, Executive Directive #72, effective January 11, 2016, states in section D, a strip search or pat down may not be conducted for the sole purpose of determining the offender's genital status. If circumstances allow, staff should consult with transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. There is a transgender inmate housed at TCI and she reports that there was no need for her to be examined for the sole purpose of determining her gender status.

(f) TCI training staff presented PREA training module which is given annually to all staff. This module demonstrated that it does train staff in how to conduct cross-gender pat down

searches and searches of transgender and intersex inmates professionally and respectfully. According to PAQ information, not all staff have completed the training. According to Executive Directive #72, section 3, "all security staff shall be trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders to ensure professionalism and to utilize the least intrusive manner possible consistent with security needs."

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Review: PAQ Executive Directive #72 DAI #300.00.35 , Americans with Disabilities Act Interviews</p> <p>(a): Executive Directive #72 and DAI #300.00.35 ensure that inmates who are deaf/hard of hearing or those that are blind or visually impaired have access to all aspects of the facility's PREA protections. Policy provides that inmates that are visually impaired or have other disabilities will be provided services within 48 hours through interpreters, staff members or written materials in special formats. Currently, there are no inmates who are deaf/hearing impaired at TCI, however, if they had any inmates requiring services, the policy states that an escort and other services will be provided to such inmate.</p> <p>(b): DAI Policy #300.00.35, Americans with Disabilities Act, ensures that residents who a Limited English Proficient (LEP) have access to all aspects of the facility's PREA protections. TCI has entered into a MOU with a private vendor to provide sign language interpreting services for LEP inmates. The agreement provides TCI with access to interpreting services as needd and requires the vendor to provide documentation verifying the inmate received the education and/or orientation information. During onsite visit, the interpreting services was utilized to interview an inmate with limited English Proficiency.</p> <p>(c): Executive Directive #72, section XVI-4, states that " The facility shall not rely on offender interpreters, offender readers or other types of offender assistants exept in exigent circumstanes where an extended delay in obtaining an effective interpreter could compromise the offender's safety and it shall be documented." Interviews with staff members consistently revealed that resident interpreters are never used and staff could articulate why using resident interpretes is not considered a best practice.</p> <p>Corrective Action: None</p>

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: PAQ Executive Directive #72 New hire files Interviews</p> <p>(a):TCI has a human resource officers who is in-charge of background checks on non security staff such as nursing, and chaplains staff. Central Human Resources Officer is in-charge of all background checks on security staff and promotions. Upon interviewing TCI and Central Office Human Resources Officers respectively, they both indicated every new employee, contractor or volunteer undergoes a criminal background check before being allowed to Wisconsin Department of Corrections Facilities or contact with inmates. Furthermore, applications for employees, contractors and volunteers ask the applicants directly whether they have been involved with past abuse or sexual harassment. Additionally, review of applications for newly employed staff from the past 12 months confirms the practice is implemented as indicated during interviews.</p> <p>(b) Again, review of employee records show the applications utilized by the Wisconsin Department of Corrections directly ask applicants whether they have been the subject of sexual harassment in the past. During the interview, it was verified this information is considered when determining whether or not to hire or promote anyone who may have contact with inmates. Executive Directive #72, effective January 11, 2016, states, "1.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 Department affirmatively asks all the appropriate questions necessary to comply with this standard on the application packet. The Department also provided a memo outlining questions to consider regarding convictions of sexual abuse and harassment while making hiring and promotion decisions.</p> <p>(c): During the interview it was verified that background checks are performed on every applicant before offering a position, and they do consider pertinent civil or administrative judgments when determining whether or not to hire or promote anyone who may have contact with inmates, including contractors. The Department uses criminal justice system that continuously monitor all staff for law enforcement contact. If contact is made, the agency is immediately notified of the contact and the details surrounding the incident. Facility reportedly hired 35 new employees within the last 12 months. On-site files were reviewed and on-site Human Resource Officer was interviewed. Of the seven files reviewed, it was found that all of them had PREA questionnaire.</p> <p>(d): Wisconsin Department of Corrections and TCI do require that a criminal background check</p>

is completed prior to enlisting the services of any contractor. This was confirmed during the interview with the Headquarters' Human Resource Officer. Executive Directive #72 states, section 3, " 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."

(e): Wisconsin Department of Corrections and TCI do require that background checks are conducted at least every five years for current employees and contractors. Furthermore, the agency demonstrates their participation in the criminal justice system, which monitors employee contact with law enforcement on a continuous basis.

(f): Wisconsin Department of Corrections and TCI provided the PREA guidelines for hiring, promoting and transferring employees that require all applicants who report for an interview must read and complete the PREA interview questions for employment with Wisconsin Department of Corrections. The questionnaire affirmatively asked all the questions outlined in this standard. The applicant must provide the responses in writing as well as sign and date the questionnaire. Review of employee records show the applicants have completed the pre-employment application which directly asks applicants about past sexual abuse and sexual harassment and their records contains the interview questions mentioned above. It was confirmed in the interview with the Headquarters' Human Resources Officer that the agency does require all employees and applicants to disclose verbally and/or in writing any previous wrongdoing pertaining to sexual abuse or sexual misconduct of any kind that they may have been convicted of, including any civil or administrative judgment.

(g): Interview with Human Resource Officers both at the Institution and headquarters confirmed that employment would be terminated if it was ever discovered an employee falsified an application or gave false information during the application process. Executive Directive #72, section VI, states that all applicants shall be required to disclose instances of sexual misconduct as described above.

(h): The facility and Department provided auditor with documentation showing that personnel files, which includes substantiated allegations and of sexual abuse or sexual harassment involving a former employee, would be made available to a requesting institution for their review prior to transferring or promoting a Wisconsin Department of Corrections employee. During interview, TCI Human Resource officers confirmed that an employee applies for work at another facility, the departing facility would accommodate any requests for information related to a former employee being investigated for substantiated allegations of abuse or sexual harassment from another institution.

Corrective Action: None

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Review: PAQ Executive Directive #72 Interview On-site visit</p> <p>(a): TCI has not made any substantial expansion or modification of their existing facilities since the last PREA Audit.</p> <p>(b): TCI expanded the number of cameras in their facility within the last year. During the expansion, the facility leadership analyzed particular areas that were left uncovered by current camera deployment and the facility addressed the vulnerabilities that were present so that the safety of the inmates would be maximized. Cameras were added in the yard, recreation areas, dining areas and other parts of the institution that had blind spots.</p> <p>Corrective Action: None</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <p>PAQ</p> <p>DAI policy # 306.00.14-Protection, Gathering and Preservation of Evidence</p> <p>DAI policy # 500.30.19-Sexual Abuse Health services Unit Procdeure in the event of sexual abuse</p> <p>ASTOP brochure</p> <p>Interviews</p> <p>On-site tour</p> <p>(a): Each correctional facility in the State of Wisconsin uses police departments in their jurisdiction to conduct criminal investigations. TCI utilizes Fond Du Lac Police Department to conduct criminal investigation related to sexual abuse and sexual harassment. Fond Du Lac police department does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. TCI has higher level supervisors who conduct administrative investigation related to sexual abuse or sexual harassment. The TCI PREA Compliance Manager provided the auditor with a report verifying that all the investigators have received the agency's specialized training for investigator. One of the investigators was interviewed and he showed his certificate of completion-PREA specialized training for investigators.</p> <p>The following directive and training modules were provided to show support of this standard: Division of Adult Institutions (DAI) policy # 306.00.14 Protection, Gathering and Preservation of Evidence, effective May 4, 2015, states the facility shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximizes evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. The following information support one the training the PREA sexual abuse and sexual harassment investigators receive as part of their certification as investigators.</p> <p>TRAINING FOR INVESTIGATORS</p> <ol style="list-style-type: none"> 1. Interview sexual abuse victims; 2. Using Miranda and Garrity warnings; 3. Sexual abuse evidence collection; and 4. Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. <p>TCI staff is required to take immediate action once staff has been made aware of an incident of sexual assault, abuse or misconduct to ensure physical evidence is not destroyed. Division of Adult Institutions (DAI) policy # 500.30.19, Sexual Abuse-health services unit procedure in the event of sexual abuse effective April 1, 2017, provides steps that shall be taken to ensure that evidence is preserved and the victim is protected. The PREA in-service training curriculum also trains staff on responding responsibilities, which includes protecting and</p>

preserving a crime scene until appropriate steps can be taken to collect any evidence. Formal and random interviews with staff indicate that they are aware of evidence preservation and all stated in some manner that their crime scene would be secured, supervisors and medical and mental health staff notified, forensic exams completed by SANE/SAFE staff as necessary and the incident referred to Fond du Lac Police Department for investigation. Staff was also aware that Fond du Lac Police Department would be the one to conduct investigation related to sexual abuse and sexual harassment incidents.

(b): Wisconsin Department of Corrections training module, specialized training: Investigations was thoroughly reviewed and substantially adheres, and developed after 2011, to the principles published in this version of "Standards for Health Services in Prisons (2014 ed). (2014). Chicago, Illinois: National Commission on Correctional Health Care."

(c): Wisconsin Department of Correction/TCI does offer all victims of sexual abuse access to forensic medical examination off site at St. Agnes hospital in Fond Du Lac at no cost to the inmate. These examinations are performed by SANE/SAFE staff. The SANE/SAFE administrator at St. Agnes Hospital was contacted for an interview. She stated that all forensic exams are conducted for TCI. She also indicated that there is SANE/SAFE staff available during all hours. TCI indicated on the PAQ that there were two forensic medical examinations conducted in the past 12 months by SANE/SAFE staff at no cost to the victim; and review of the investigation files and interviews supported the same. Additionally, staff interview with the PREA Compliance Manager, Health Care Administrator, Assistant Warden and Warden all confirmed that forensic medical examinations are offered to all victims when necessary by St Agnes Hospital at no cost to the victim.

As further evidence showing support of this standard the following Directives were presented: DAI -Policy and Procedures # 500.30.19, Sexual Abuse -Health Services Unit Procedure in the Event of Sexual Abuse effective February 15, 2017, states when the possibility for recovery of physical evidence from a victim exists or otherwise is medically appropriate, coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by SANE/SAFE, or if documented attempts to obtain the services of a SANE/SAFE are unsuccessful, a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims.

Additionally, TCI staff provided auditors with SANE/SAFE Resources Listing of the Wisconsin Department of Corrections and as listed, inmates at TCI would be sent to St. Agnes Hospital. DAI Policy #500.30.19 Sexual Abuse- Health Services Unit Procedure in the Event of Sexual Abuse requires that forensic medical examinations will be offered to all victims of sexual abuse and that examinations are conducted by Sexual Abuse Nurse Examiner(SANE) or a Sexual Abuse Forensic Examiner(SANE). The policy and procedures also indicate that treatment services are provided to every victim without financial cost and regardless of whether the victim names the perpetrator or cooperates with any investigation arising out of the incident.

(d) & (e): Wisconsin Department of Corrections has contracted with Assist Survivors Treatment Outreach Prevention (ASTOP) to provide these advocacy services in Fond Du Lac County. ASTOP is a 501c(3) nonprofit organization established to assist survivors with treatment, provide outreach services that create awareness of the impact of sexual abuse, and reduce the incidence through prevention education programs. ASTOP provides cost-free

services to adults, teens and youths. Interview with ASTOP counselors, they come to the institution as well as meet the victims at the hospital if need be to provide supportive services. A further evidence showing support of this standard, the following policy and procedure and MOU were presented:

Wisconsin Department of Corrections agrees to provide qualified staff member to accompany and support victim during forensic medical exam

and investigatory interviews, if requested by the victim and an advocate from ASTOP or Sexual Assault Services Provider (SASP) is unavailable

DOC shall document efforts to secure services from SASP.

In addition, TCI provided documentation which listed ASTOP as the agency they would contact in order to provide a victim advocate for an inmate victim. The victim advocates are available 24/7, according to ASTOP advocate. TCI has also appointed two institutional psychologists as victim advocates, if necessary.

(f): TCI utilizes Fond Du Lac police Department to conduct criminal investigation of sexual abuse or sexual assault. TCI has requested Fond Du Lac Police Department to utilize the national protocol and follow the requirements of this standard. There are training security staff who investigate administrative cases. The security staff completed PREA training for Investigators.

(g): TCI utilizes the services of Fond Du Lac Police department to investigate criminal cases and trained security staff investigate administrative cases. PREA Compliance Manager presented cases that were administrative cases that were investigated by security staff.

(h): The facility has indicated they would utilize the services at St. Agnes Hospital who meet the qualifications to serve in this role. The St. Agnes SANE/SAFE coordinator during interview indicated there is always a victim advocate available. During interview with ASTOP staff indicated they provide victim advocate if one is requested by the inmate victim's advocate who respond within 45 minutes.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documentation, interviews, site review)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive #72 3. Interviews <p>(a): During the past 12 months, TCI reported there were 97 allegations of sexual abuse and sexual harassment received. Review of logs and interview with PREA Compliance Manager, confirmed there were 97 allegations reported at TCI. All conducts that maybe criminal are reported to the Fond Du Lac Police Department. All sexual abuse and sexual harassment must also be reported to TCI for an administrative investigation pursuant to Executive Directive #72. Interviews with Agency Head and security staff investigators confirm that these investigations and referrals to outside entities occur.</p> <p>TCI reports in the PAQ that they have had eight (8) allegations of sexual abuse in the past 12 months that resulted in an administrative and criminal investigations. To show further evidence to support the standard, TCI provided Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA), effective January 11, 2016, requires that and employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report knowledge according to Department policy and procedures for reporting employee misconduct or inmate rule violations. Wisconsin Department of Corrections promptly, thoroughly and objectively investigate each allegation of employee or inmate misconduct involving a sexual related offense according to a uniform protocol based recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution on the identified perpetrator.</p> <p>(b): TCI Executive Directive #72 section XVII (a) requires allegations of sexual abuse or sexual harassment are referred as required by the Wisconsin Department of Corrections. TCI website was reviewed and the policy was posted on the website. Investigative staff did indicate during the interview process that all reports of sexual abuse and sexual harassment must be referred immediately the investigative unit within the institution.</p> <p>(c): TCI conducts all administrative cases and Fond Du lac Police department investigate criminal cases. This information is posted on the Agency Website.</p> <p>(d): TCI Executive Directive #72 sexual Abuse and Sexual Harassment in Confinement (PREA), effective January 11, 2016 is he policy governing the conduct of PREA investigations.</p> <p>(e): TCI is not a DOJ component. Therefore, this part of the standard does not apply</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Review of training documents 3. Executive Directive 72 4. Interviews random staff <p>(a): All staff interviewed during the on-site audit at Taycheedah Correctional Institution(TCI) indicated they received annual PREA training. it was clear during random and formal interviews that the TCI staff was educated on PREA and had a good overall understanding of each of the criteria presented in this substandard. Staff knew of the Agency and facility zero tolerance and also were confident in being able to recite what steps they would take in the event they were directly involved in a complaint or instance involving sexual abuse or sexual harassment. Training documentation to support that the requirements of standard 115.31 (a) 1-10 are met include:</p> <ol style="list-style-type: none"> 1. The DOC's zero tolerance policy for sexual abuse and sexual harassment; 2. How to fulfill staff responsibilities under the DOC sexual abuse and sexual harassment, prevention, detection, reporting and response policies and procedures; 3. Offenders' right to be free from sexual abuse and sexual harassment; 4. The rights of offenders and employees too 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 offender; 9. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual. transgender, intersex or gender nonconforming offenders; 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>(b): Wisconsin Department of Correction has approved training lesson plan tailored towards staff working at a facility that houses female inmates. The facility training department offers annual PREA refresher training to all facility staff to include non-security and security and any staff having contact with inmates. TCI training is tailored to the gender of the inmates that are housed at the facility. In interviews with training staff, line staff and after reviewing facility training curriculum, it was clear that TCI staff are receiving the training tailored towards female inmates. However, if employee is transferred to another facility housing opposite gender, staff are also given additional training and custody staff will receive training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates. TCI is the only medium and maximum female facility in the State of Wisconsin.</p> <p>(c): TCI reported that in the past 12 months all that who have contact with inmates received the necessary PREA training. TCI training officer presented training records showing that all</p>

TCl were PREA trained. The Agency presented the Executive Directive 72 outlining training for all employees, contractors and volunteers who have contact with inmates.

(d): TCl training documentation provided to auditor showed all staff from Taycheedah Correctional Institution completed the mandatory in-service training for PREA, as indicated by online training records. During onsite audit, online record of all staff training record was reviewed indicating training was completed within 12 months.

Corrective Action: None

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none">1. PAQ2. Handouts to Volunteers and training documentation3. Executive Directive 724. Interviews <p>Volunteer</p> <p>(a): TCl provided auditor with the institution's volunteer and orientation guide entitled "A guide for Volunteers and Contractors." The guide outlines the volunteer/contractor's responsibilities as they relate to PREA including how one would report such incidents. Medical and Religious services are fulltime contractual staff. Interview with one of the volunteer Chaplain was conducted and they did state that prior to being able to have a contact with the inmate population, they completed PREA related training which left them with a clear understanding of what PREA was and their responsibilities. The Executive Directive 72 mandates that each employee attends approved training related to preventing, detecting and responding to acts of sexual misconduct.</p> <p>(b): TCl indicated that they have 293 volunteers/contractors what are cleared to provide service inside the institution. Training records for these volunteers/contractors are maintained at the facility and were reviewed during the audit.. Wisconsin Department of Corrections provided a copy of the brochure provided to Volunteer/Contractors and outlines their requirements and gives the necessary PREA education that each volunteer/contractor would need in order to manager PREA issues as they arise.</p> <p>(c): TCl presented auditors with the signature sheets of volunteers and contractors who had been given the PREA Guide for Volunteer/contractor. The signature of these individuals signifies that they received PREA training and they understand the training they have received.</p> <p>Corrective Action: None</p>

115.33	Inmate education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Inmate handbook 3. Interview <p>Inmate</p> <p>(a): TCI reported 885 inmates who were admitted to TCI in the past 12 months received PREA information at intake. Inmate who were interviewed randomly and formally indicated they are receiving information on the zero tolerance policy and are also receiving PREA education by way of pamphlets and PREA video. upon reviewing the files of 30 random inmates, each file showed signed documentation indicating receipt of the PREA education. During formal interviews of inmate that had arrived at the facility in the last 12 months, each inmate indicated that he had received PREA education upon the day of arrival at TCI and this education included the facility zero tolerance policy and how to report sexual abuse and sexual harassment.</p> <p>TCI provided "Resource for Inmates which gives the definition of PREA and how inmates can report these incidents. The orientation may be provided through group sessions or by giving the inmate an orientation package. A special assistance shall be provided to inmates with language or reading problems. The orientation materials or handbooks shall also be made available to the inmates for reference in the library or a designated area. The Executive Directive 72 establishes responsibility for the orientation of inmates, with reasonable accommodations for persons with language, literacy or hearing limitations. Orientation is completed in less than 7 calendar days of intake. The directive indicate that the head of a unit or designee is responsible for the security if an inmate and shall ensure that the department and unit policy prohibits inmate on inmate sexual misconduct asr effectively communicated to each inmate as part of inmate orientation, inmate orientation paperwork and inmate handbook.</p> <p>(b): Intake staff were interviewed and reported that upon arrival at TCI, each inmate received at TCI is provided PREA education and shown PREA video before leaving the area. The inmate education was reviewed and covers PREA education indicated. The video was also viewed and covers PREA, including inmate rights and processes to report instances of abuse very well. Before leaving the intake area, inmates sign an acknowledgement form indicating they have received information on PREA.</p> <p>(c): Thirty randomly selected inmate files were reviewed. All the files contained PREA education/training acknowledgement forms. All inmates interviewed reported they received some sort of PREA information.</p> <p>(d): All staff interviewed were aware that interpreter services were available and provided for inmates at TCI if needed. TCI reported no instances where these services were utilized in the past 12 months. DAI 500 policy and procedure requires that if the inmate declares illiteracy,</p>	

the inmate handbook will be read to the inmate, or as appropriate, other orientation tools may include the showing of the videos (English and Spanish). Non-English speaking inmates will be provided with interpretive services. A signed form is to be obtained from the inmate and forwarded to the social services unit for inclusion in the base file.

(e): All inmates files reviewed while at TCI did contain signature sheets of inmates indicating the inmate received PREA education.

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

Corrective Action: None.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2 Training lesson plan 3. Executive Directive 72 4. Interview <p>Investigative staff</p> <p>(a)(b) Upon interview of investigative staff which included informal interviews with administrative staff, and Director of Security, as well as formal interviews with investigative Captain, it was evident the investigative staff assigned to conduct investigations into sexual abuse and sexual harassment allegations have been thoroughly trained to do so.</p> <p>Criminal allegations of sexual abuse and sexual harassment, are conducted by the Fond Du Lac Police Department. Administrative allegations of sexual harassment are investigated by DOC trained investigators. The agency provided the training module required of all departmental investigator before conducting sexual abuse and sexual harassment investigations. To further support this standard, DOC presented auditor with the directives and documentation of the training investigative staff received. The training includes definition, purpose and history of PREA, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations.</p> <p>(c): TCI provided documentation during the site visit that all investigators have completed the mandatory training for sexual investigators.</p> <p>(d): DOC provided training plans and documentation for all related training provided to its employees. Documentation for the following training has been reviewed as part of this audit; cross cultural, communication, LGBTI, managing the female offender, sexual abuse and sexual harassment in-service.</p> <p>Corrective Action: None</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. Review of documentation 4. Interview <p>Medical and Mental Health staff</p> <p>(a): Taycheeday Correctional Institution receives medical services from Correctional Medical Health Services. The contract policy requires elements of PREA training must be given to each employee prior to working with inmates. Mental Health staff at TCI are full time contractual employees. TCI reported that one hundred percent of its medical and mental . health staff have received the necessary PREA training. The online training documentation provided to auditors as reviewed and showed that all medical and mental health staff did complete PREA training and the training does cover the required elements of how to detect and asses signs of sexual abuse ad harassmt, how to preserve evidence, how to respond to victims and how and whom to report allegations or suspected abuse and or harassment. Mental Health and Medical staff interviewed all indicated they complete PREA training annually and also submit their documentation directly to their employer.</p> <p>To further support this standard, this auditor reviewed Executive Directive 72 which establishes policy for the Department concerning sexual abuse and sexual harassmt of an inmate. The Directive requires that the Department ensures compliance in areas of PREA, including Mental Health Care and Medical as required by this standard.</p> <p>(b): Wisconsin Department of Corrections medical staff does not conduct forensic examinations.</p> <p>Corrective Action: None</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive #72 3. Interview <p>staff Inmates PREA Coordinator PREA Compliance Manager</p> <p>(a)-(g): All inmates transferred to Taycheedah Correctional Institution (TCI) are screened immediately upon arriving at the facility, well within 72 hours permitted in this standard. During the tour of the intake area auditor was able to observe the actual intake process. In the State of Wisconsin, all female inmates come through TCI for intake. Auditor observed new inmates come through intake and it was confirmed through interview process of intake staff that this is the normal occurrence upon arrival to the facility. The intake sergeant detailed the process that each inmate follows during arrival; during the process, each inmate is interviewed and educated with regard to PREA. PREA educational material is given to each inmate and a PREA Female Screen Initial Intake Assessment is completed for each inmate as well; the educational pamphlet and PREA Female Screen Initial Intake Assessment was reviewed by auditor and include all criteria required by this standard. One intake process is complete, each inmate's PREA Assessment form is forwarded to Psychology Department, who then reviews the form for necessary programming and placement. Auditor was able to verify that the facility was conducting the 30 day reassessment. Ten files were reviewed at random and none of them had the 30 day reassessment completed.</p> <p>All of the random inmate interviews also indicated that they were seen within hours of their arrival at TCI and assessed, however, there was no indication that a reassessment was taking place within 30 days of arrival by their assigned psychologist. Auditor was not able to prove that PREA reassessments were being completed following a referral, request, incident of sexual abuse, or if additional information received bore on the inmate's risk of sexual victimization or abusiveness; there were zero instances of reassessments indicated in the PAQ. During the tour, there were 50 inmates interviewed and all were aware of PREA and indicated they they were asked questions related to PREA during intake.</p> <p>Wisconsin Department of Corrections Executive Directive 72 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of DOC to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Section XII of the directive mandates that a screening instrument be utilized as part of the intake and facility transfer or at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually abusive towards other inmates. The directive also mandates that the information obtained from the assessment be applied to decisions concerning areas such as inmate housing, programming, treatment, work assignments to minimize circumstances that contribute to incidents of victimization or</p>

abusiveness. The directive requires that the screening instrument is utilized to assess each inmate within 72 hours of arrival at a facility and again within 30 days of the inmates arrival. It also mandates that an inmate be re-assessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness.

(h)-(i): Staff and inmate interviews support that the facility meets the requirements of this standard; there was no evidence found during the audit which would indicate that an inmate would be disciplined for refusing to answer or disclose information related to this screening. In addition, interviews with staff support that only specifically classified staff are allowed to access inmate classification files. This was also confirmed due to the inmate files being maintained in the psychologist's offices which are in a locked area outside of the housing unit.

Also, a review of their online record keeping system supports that only staff with the correct profile are allowed access to the classification information maintained in the system. Section XII of the directive ensures that an inmate will not be disciplined for refusing to answer or not disclosing complete information in response to screening questions, as well as ensures appropriate controls are in place for managing and dissemination of information collected during the screening process.

Overall, a review of the intake process, screening tools, staff interviews, and agency and facility directives supports that all sections as required 115.41 are being met and in some instances exceeded as indicated above.

Corrective Action Plan: For any new inmates that have arrived at TCI within the last 30 days and through the 180 day corrective action period, the facility will need to provide the auditor with copies of all assessment forms proving that they reassessments are taking place within 30 days of arrival. These will need to be provided to the auditor on a monthly basis throughout the corrective action period.

Corrective Action Plan Completed: During the Corrective Action period, the WIDOC implemented a new Statewide computer program to capture all initial intake screenings and the 30 day reassessment alert. The auditors were provided a computer report showing an inmates initial screening within 72 hours of arrival at the facility and documentation that the 30 day reassessment was completed. TCI has been able to provide the auditor with all the requested documentation related to this sandard. TCI has satisfactory completed the corrective action plan and this standard is now considered "meets the standard."

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interview and site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. Interviews <p>staff inmates</p> <p>(a): During staff interviews, the Psychologists, indicated all incoming inmates are reviewed and assessed individually and risk assessment information is being used to determine the appropriate bunk, programming, and education assignments. The inmate workers who transport wheelchair bound inmates from housing unit to medical or other programs scored out as "no score or potential victim."</p> <p>(b): Psychology staff indicated that if an inmate comes in with obvious signs of vulnerability, staff will ensure the inmate is properly placed in order to ensure safety from becoming a victim of sexual abuse. The facility is conducting individual risk assessments on all inmates at the facility and this information is being uploaded into their tracking system which is used to determine proper bed, programming and work placement for each inmate.</p> <p>To show support of the standards, I reviewed the Executive Directive 72 which establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of DOC to assess the risk of individual from being sexually abused or being sexually abusive towards inmates. Section XII of the Executive Directive 72 specifically states each of the elements of the standards, in order, correlating with sections a-g of 115.42.</p> <p>(c,d,e): TCI reported zero self identifying transgender inmates within the last 12 months. During interviews with staff, they did state that they would consider where transgender and intersex inmates are assigned on a case by case basis, and they always take the inmate's health and safety into consideration when determining this placement. Provisions would be made to ensure that transgender and intersex inmates' views are taken into consideration, with the main goal of placing the inmate to ensure sexual safety, as well as to ensure placement does not present management or security problems. Auditor was able to confirm there is a process in place that would ensure proper placement and programming for transgender and intersex inmates is reassessed at least twice yearly if they did reside at TCI. TCI's Executive Directive 72 along with psychologists interviews and documentation reviewed confirm the process would take place.</p> <p>(f): As observed during the tour, all showers in TCI housing units have individual showers only. The showers were walled up to shoulder length and provided the necessary privacy needed for inmates to shower, including transgender, if they reside at TCI. All inmates interviewed stated that the showers available provided them with privacy, as was also witnessed by auditor. In addition, the showers are placed in the housing unit so that staff cannot observe the inmate showering, but can view the shower to ensure safety of all inmates.</p>

(g): After reviewing documentation and conducting interviews with staff and inmates it was evident that inmates are not placed in specific facilities or units based solely on the identification of being lesbian, gay, bisexual, transgender, or intersex. Placement of inmates is based on overall needs, and safety and security of the inmate using the standardized assessment screening.

Corrective Action: None

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed(documents, interviewed, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. Interview <p>inmates staff staff supervising inmates in Segregation</p> <p>(a-d): TCI has reported zero instances of victims being placed in segregation for the time frame of the audit period. At TCI, if an inmate is not able to be placed in General Population (GP) setting, protective housing is available. Inmates that are in Protective Custody receive same privileges as GP inmates. During the interview with the Assistant Warden and Warden, they did state that there is a process in place to separate the victim and the alleged abuser by placing them in housing in which the inmates would not have contact with each other. Placing an inmate in involuntary segregation would only be used as a 1st resort to ensure the inmate's safety. A review of housing placement, agency directives, and interviews with staff and inmates support this practice. If there should e an instance where it would be necessary to place an inmate in involuntary segregation to ensure the inmate's safety, the inmate would have access to education, some programming, and privileges; however, this would be a very rare circumstance. The placement in segregation would only continue until alternative means of placement could be arranged and those inmates would be reviewed every thirty days as required by this standard.</p> <p>(c-e): Interviews with Assistant Warden and PREA Compliance Manager, and the psychologists all echoes agency directives and facility processes when it comes to placing an inmate in protective or segregated housing . There are proper procedures in place to address placement in segregation for sexual safety; however, there have been no instance of such placement. Executive Directive 72 mandates that an inmate be reviewed at least once every 30 days once placed in segregation.</p> <p>Corrective Action: None</p>

115.51	Inmate reporting
	<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="252 327 932 360">Evidence Reviewed (document, interviews, site tour)</p> <ol data-bbox="252 371 574 618" style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. Interviews inmates staff PREA Compliance Manager <p data-bbox="252 669 1481 1218">(a): Wisconsin Department of Corrections Executive Directive 72 effective January 11, 2016, state that a complaint may be submitted by the victim, an individual with knowledge of an incident of sexual misconduct or a third party on behalf of the victim. The complaint may be submitted in writing or verbally and may remain anonymous. An individual may file a complaint of sexual misconduct, without the regard to chain of command with an employee; a supervisor manager, or shift commander; the head of the unit; the investigative captains; the inmate grievance office. The DOC inmate handbook informs the inmates that they should report if they become a victim of sexual misconduct and instruct them that they can tell any correctional officer, social workers, chaplain, psychologists, medical practitioner, supervisor or any DOC employee. Executive Directive 72 also indicates that any TCI employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies and that inmates shall also have access to a toll free hotline number which will refer any reports back to the institution for investigation.</p> <p data-bbox="252 1270 1469 1644">(b): Executive Directive 72, effective January 11, 2016, allows for a complaint to be filed outside of the department with the Attorney General or other private or public office available to receive and immediately forward the complaint of alleged sexual misconduct to the DOC. The DOC has established a hotline which is used to report incidents of inmate on inmate or staff on inmate sexual misconduct and harassment, related retaliation or staff or staff neglect. The hotline numbers are posted in English and Spanish. Interview with PREA Compliance Manager, he confirmed that all outside calls are screened and investigated administratively or criminally. He also indicated the information remains confidential and is contained to only the staff necessary to complete an investigation.</p> <p data-bbox="252 1695 1481 1989">(c): Executive Directive 72, effective January 11, 2016, allows staff to accept reports in writing , verbally and from third parties and requires that staff shall immediately report the complaint to a supervisor, manager, shift commander or head of a unit followed by submission of the appropriate written format used to document an inmate rule violation. The directive also requires that the information concerning the complaint is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation and resolution of the alleged conduct.</p> <p data-bbox="252 2040 1485 2157">(d): Executive Directive 72 indicate staff have an obligation to immediately report the complaint to a supervisor, manager, shift commander or head of the facility. The same directive indicates the complaint filed is confidential and may be filed anonymously as well.</p>

During interviews with staff it was indicated that they could privately report sexual abuse/harassment of an inmate by telling their supervisor, calling the PREA hotline, telling someone from outside the facility of what occurred. They all felt they could report such issues confidentially. Staff reported that inmates could privately report sexual abuse/harassment by calling the posted PREA hotline, telling any staff member wither in writing or verbally or a third party who could then report it. Staff indicated that if they received a report of sexual abuse/harassment they would immediately report and document it.

All inmates interviewed reported feeling safe from sexual abuse/harassment at TCI and knew how to report abuse or harassment if needed. Inmates indicated they could report sexual abuse/harassment by calling the PREA hotline that is posted by the telephones, they could tell a staff member or a family, and believed they could do so verbally or in writing. Inmates have access to telephones in the dinning areas, recreation areas and housing units to call any time they need to.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. Interview staff inmates <p>The Wisconsin Department of Corrections does not have administrative procedures to address grievances regarding sexual abuse and are therefore exempt from this standard.</p> <p>Executive Directive 72, section XV (a) states that the DOC does not permit the use of an informal resolution process or Inmate Complaint Review System to resolve complaints of rape, sexual assault, sexual harassment, sexual abuse, sexual misconduct, inmate on inmate sexual conduct or other areas afforded protections by standards under the authority of the PREA and related Department procedures. Sections A-G of the Policy outlines that an inmate may not seek to resolve a complaint through the Inmate Complaint Review System for issues that include rape, sexual assault, sexual harassment, sexual abuse, sexual misconduct, inmate on inmate sexual conduct or other areas afforded protection by standards established under the authority of the Prison Rape Elimination Act (PREA) and related Department procedures, which shall be addressed according to Department procedures for reporting, investigating, resolving and documenting PREA related incidents.</p> <p>Corrective Action: None</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. MOU 4. Interviews inmates staff <p>(a): Wisconsin Department of Corrections Executive Directive 72, effective January 11, 2016, section XVI, states if requested by the victim and the service are reasonably available, have one of the following, for the purpose of support, for the victim through the forensic examination and investigation interviews; a qualified victim advocate; a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role; a non-department community-based organization representative who meets the criteria for a department employee established under section XVI.</p> <p>TCI provided a copy of an informational pamphlet (ASTOP) to show inmates were provided outside victim advocates, mailing address, phone numbers or contact information for these services. PREA Compliance Manager indicated that TCI contracts with Sexual Assault Service Provider (ASTOP), a local organization in Fond Du Lac area, which provides support services to TCI. The Executive Directive requires that facility attempts to have a victim advocate available to accompany and support victim through forensic medical examination process and interrogatory interviews.</p> <p>(b): TCI and ASTOP MOU clearly outlines the level of confidentiality between TCI, and ASTOP. The MOU states information about their services to victim will be shared with TCI only on the need to know basis.</p> <p>(c): The facility provided auditor with a current contract between ASTOP and TCI signed March 2017 by Warden, PREA Coordinator and ASTOP Director. ASTOP is part of Sexual Assault Service Provider. The agency provided a copy of the contract. Interview with two victim advocate counselors confirmed the process as outlined in the Executive Directive 72. ASTOP provides policy advocacy, technical assistance, training outreach and prevention. Inmates are provided ASTOP to inmates as soon as they arrive in the institution.</p> <p>Corrective Action: None</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1, PAQ 2. Executive Directive 72 3. DOC website <p>(a): Wisconsin Department of Corrections website indicate complaints may be submitted by a third party on the behalf of the victim or other individual who has knowledge of the alleged sexual misconduct. The agency supplied a copy of the webpage from their agency website that had all the necessary PREA information as well as the agency PREA Coordinator contact information for reporting purposes. The auditor personally went to the department's webpage and was able to easily navigate to the necessary information on their website.</p> <p>Corrective Action: None</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. Interview <p>Warden PREA Coordinator</p> <p>(a)(c): Executive Directive 72 defines the term employee as to include " any staff member, contractor or volunteer who performs work inside of a DOC-operated facility." Section XIV states filing a complaint stipulates that employees receiving a complaint or otherwise has knowledge of alleged sexual misconduct shall immediately report the complaint to a supervisor or manager, shift commander or head of the unit, followed by the appropriate written format used to document misconduct. The policy also states that if a complaint of alleged sexual misconduct is received by supervisor, manager, shift commander or head of the unit at a facility, other than the facility where the alleged sexual misconduct occurred, the head of the unit responsible for the facility receiving the complaint shall immediately notify the investigation unit.</p> <p>Medical services procedures states in an event of sexual assault, medical will ensure that victims of sexual assault receive prompt and appropriate intervention. The guideline goes on to state the facility has written policies and procedures regarding the detection, prevention, reduction, and punishment of rape consistent with federal law; a consent must be obtained prior to victimization/abuse not occurring in an institutional setting or for an occurrence that happened under the age of 18; all reports of sexual abuse/victimization occurring within the institution will be immediately reported to the DOC ; medical services requires that an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge report that knowledge according to DOC procedure.</p> <p>The Executive Directive does indicate that information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged inmate on inmate sexual conduct and immediate and continued care of the victim. Interviews with both medical and mental health staff indicated that they do in fact go over informed consent with each inmate receiving treatment from either medical or mental health services. They provide inmate with an informed consent form in which the information if provided and the inmate is requested to sign. Both were aware that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to the facility upon learning of it.</p> <p>(b): Wisconsin Department of Corrections Executive Directive 72 states information concerning a complaint of alleged sexual misconduct is confidential and may only be available to individuals who . have an established role in the reporting, processing, investigating, and resolving the alleged sexual misconduct and immediate and continued care of the victim.</p> <p>(d): Executive Directive 72, section XIV, requires that Investigation unit investigators comply</p>

with all State laws when conducting investigations; State social services law requires notification to law enforcement agencies of any abuse or neglect. The law covers all reporting requirements, including the mandatory reporting requirements of the individual is under age of 18. The facility does not house under age 18 inmates.

During interview with Warden and Assistant Warden, they indicated that they do not house inmates under age 18 and if they had to report a vulnerable adult that they would report this to mental health and medical for necessary treatment, as well complete an investigation of the allegations or ensure the appropriate authorities were made aware.

The Agency PREA Coordinator indicated that they have never had an incident for this segment of their population.

(e): Executive Directive 72 states that a complaint of alleged sexual misconduct received anonymously shall be accepted and processed the same as a complaint received from an identified source. Policy and procedure starts a third party on behalf of the victim or other individual who has knowledge sexual misconduct. During interview with Warden, she indicated that all allegations of sexual abuse and sexual harassment are referred for investigation once received by the facility regardless of how they are reported. They presented documentation on Limited Confidentiality form that each inmate signs when receiving treatment from mental health or medical care. In the form, it indicates that the treatment provider must report any information that present a threat to the inmate, others in the facility, safety of the institution and public safety. The following cannot be kept confidential, as one issue is related to sexual abuse within the correctional setting.

All staff interviewed through the random interview process indicated they were fully aware of their requirements to report all instances of sexual abuse or harassment.

Corrective Action: None

115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. Interview <p>Random staff Warden</p> <p>(a): Wisconsin Department of Corrections Executive Directive 72 , section XVI, states when making decisions related to housing, bed, work, education and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high of being sexually abusive.</p> <p>The Executive Directive 72 outlines the responsibilities of all individual (staff and inmate) upon learning of an allegation of sexual abuse, sexual harassment or risk of imminent sexual abuse. The supervisors, managers and shift commanders shall take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed; randomly on all shifts; prevention of cross gender viewing, at a frequency established by the managing official. If staff is aware of act of sexual misconduct, ensure that complaint is immediately filed according to established procedures for reporting misconduct. Trained employees are expected to take action to preserve the scene and any evidence related to an alleged incident of sexual misconduct. The safety of the victim of alleged sexual misconduct is ensured through the coordinated response to a complaint of sexual misconduct which includes (a) immediately stopping an incident in progress, (b) if applicable, immediate medical attention, (c) appropriate action to provide immediate and continued personal protection, (d) referral to medical and mental health care follow-up and (e) non-medical or mental health related counseling and support services.</p> <p>Review of the Risk Assessment instrument confirmed the process of the facility protecting inmates from sexual misconduct. The results of the screening allows for decisions related to housing, work, bed education and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexual abusive; when making individualized determinations as how to ensure the safety of each inmate; when deciding to assign a transgender or intersex inmate to a facility and in other housing or programming assignments and on a case by case basis; placement and programming assignment for each transgender or intersex inmate shall be reassessed at least twice each year to review threats to safety experienced by inmate; A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered.</p> <p>Corrective Action: None</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. interviews 4. Copies of reports <p>(a): The Executive Directive 72 states, if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of the unit at a facility other than the facility where the alleged sexual misconduct occurred, the head of the unit responsible for the facility receiving the complaint shall immediately notify the investigative agency of the complaint. If the facility where the alleged sexual misconduct occurred is or is not a Department facility, the official responsible for the facility where the alleged misconduct occurred is notified and document the notification. The directive indicates that the warden/designee is responsible for ensuring that a reported allegation which occurred at another facility is reported to the head or appropriate office of the agency where the alleged abuse occurred and that the notification must occur no later than 72 hours after receiving the allegations and must be documented.</p> <p>(b): The notification will be made immediately upon receiving the complaint according to Executive Directive 72. The facility has had four instances of reports being made about allegations at another facility.</p> <p>(c) Facility makes notification and document the notification</p> <p>(d): Executive Directive 72 indicates a trained investigator shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards related to collecting and preserving evidence, interviewing victims and witnesses, conducting and using polygraph examinations, identifying suspects, preserving an individual's person dignity and legal rights and maintaining confidentiality of the investigation.</p> <p>Corrective Action: None</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed(document, review, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. Interviews <p>(a): The Executive Directive 72 states that supervisor, manager, or shift commander shall ensure the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes: (a) immediately stopping an incident in progress; (b) if applicable. immediate medical attention ; (c) appropriate action to provide immediate and command personal protection; 9d) referral for medical and mental health care follow-up; and (e) non-medical or mental health related counseling and support services. Executive Directive 72 indicates, a supervisor, manager, shift commander or head of the unit receiving a complaint shall immediately: (a) if sexual misconduct is actively taking place, send staff; to stop the alleged incident; safeguard the victim from further harm; if applicable, arrange for emergency medical services; detain the alleged perpetrator and prevent destruction of physical; and preserve evidence and the scene of the alleged incident. If the inmate to inmate sexual conduct is not actively occurring, but the timeframe is such that there may be physical evidence at the scene or available from the victim or alleged perpetrator, dispatch staff to; preserve evidence at the scene; detain the alleged perpetrator and prevent destruction of physical evidence ; contact the victim and instruct the victim on the need to protect against the destruction of physical evidence; and refer the victim for appropriate medical and mental health follow up. services.</p> <p>(b): The agency provided documentation in reference to non-security staff member and their responsibilities if they were to be the first responder. The Executive Directive 72 outlines staff members-(non security and security) responsibilities stating that the first responder they may are to notify custody. All staff interviewed showed proficiency of this standard as demonstrated through their answers to the questions of being a first responder. All were able to articulate what they would do as a first responder and followed the requirements of the standard.</p> <p>Corrective Action: None</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Agency documentation 3. Interview Warden <p>(a): The agency provided Executive Directive 72 which explains the process of processing a complaint, investigating a complaint, providing medical and mental health care as well as what facility and agency leadership's roles are in the process. These procedures are an institutional plan that supports compliance with this standard. As supporting documentation, the agency submitted a copy of the coordinated response manual. The Warden indicated during her interview that TCI staff are trained on how to initially respond to incidents of sexual abuse/harassment and will take appropriate actions.</p> <p>Corrective Action: None</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Auditor does not have to audit this standard.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Review (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. Documentation-incident review forms 4. Interviews Warden <p>(a): The Executive Directive 72 indicates each facility independently designates an employee to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected and monitored.</p> <p>(b): The policy specifically prohibits retaliation against victims or other individuals related to an incident of sexual abuse after determining if an individual has been the target of retaliation. During the interview with the Warden, she indicated that those making allegations are separated from the alleged perpetrator. The Director of Security, Jon Noble and Psychologist, Dr. Jean Mueroff-Schweda are charged with ensuring that retaliation does not occur.</p> <p>(c)(e): Executive Directive indicates that an individual, staff or inmate, reporting, participating in the investigations or resolution of, or who is the victim of alleged sexual misconduct is monitored for 90 days against retaliation and if retaliation is detected will take action which may include, application of available medical or mental health services or counseling; changes to inmate housing assignments and staff work assignments; and continued monitoring as deemed appropriate. During interview with Warden and Assistant Warden, both indicated that they would reassign, transfer or move the individual and start an investigation.</p> <p>(d): The Executive Directive 72 does address continued monitoring as deemed appropriate, and shares that the agency will conduct periodic status checks.</p> <p>(f): The monitoring form presented indicate that monitoring will be terminated if the agency determines that the allegation is unfounded.</p> <p>Corrective Action: None</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Restricted Housing Unit form 3. Interview <p>Staff supervising restrictive housing unit</p> <p>(a): Executive Directive 72 indicate that protective custody housing is appropriate only when requires for the protection of the inmate. Every effort shall be made by social workers and the security staff to find suitable alternatives to protective custody housing. Alternatives are limited because TCI is the only female medium and maximum security institution in the State of Wisconsin. Alternative may include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Transfer of the inmate to a different housing unit within the facility 2. Transfer of the inmate to another State under the provisions of the Interstate Corrections Compact 3. Assignment to home detections, if eligible. <p>If protective custody housing is utilized or recommended by the Psychologist team, the supporting rational shall be documented be documented on PSU(psychology services unit)assignment sheet. The inmate shall be initially reviewed upon arrival at the protective custody facility.</p> <p>The interview with the Warden indicated that they would separate the victim from the perpetrator. She indicated segregation would be a last resort but that they would still receive as much privileges as possible while temporarily housed in segregation. She indicated that have not had any instances of this within the last 12 months. This was supported by the PAQ for this audit.</p> <p>Corrective Action: None</p> <ol style="list-style-type: none"> 4. Transfer of the inmate to another State

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site tour)</p> <ol style="list-style-type: none"> 1. Executive Directive 73 2. Interviews <p>Warden Investigation staff</p> <p>(a): Wisconsin Department of Corrections, Executive Directive 72, section XVII Investigation states DOC shall promptly ensure that an investigation is completed of all allegations of sexual abuse and sexual harassment, including those received from third parties and anonymous calls. Interviewed an investigation Captain who reports that all reports come through their office. Each case is looked at thoroughly and determined if it is administrative or criminal. The investigator will immediately begin the investigation and attempt to complete it In 30 days. AN investigation is general initiated within 24 hours</p> <p>Executive Directive 72 states complaint of alleged sexual misconduct may be submitted by a third party on the behave of the victim or other individual who has knowledge of the alleged sexual misconduct. The agency indicated there have been no allegations received from a third-party regarding sexual abuse or sexual harassment. Documents were reviewed and there were no reports from third- party reporters.</p> <p>(b): Executive Directive 72 does not specifically states department personnel assigned to conduct investigation of alleged inmate misconduct involving sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting. During the onsite visit, the facility provided a list of Captains who have completed the required investigative training regarding allegations of sexual abuse and sexual harassment. The documentation verified that all the Captains who are assigned to the investigative unit have completed the training. The Captain interviewed stated they respond to PREA allegations. The training covers policy, compliance with the complaints, initial response, interviewing and professionally dealing with the victims, evidence collection, witness and offender interviews and referrals for prosecution. Most allegations of sexual abuse and sexual harassment, and administrative are conducted by the facility investigative Captains. Meanwhile, all criminal investigations are referred to Fond Du Lac Police Department.</p> <p>(c): The Executive Directive 72 states that if the incident is reported in a time frame that supports it, investigators shall ensure that the scene is protected to preserve evidence and the victim is advised against actions that would destroy evidence that may be present on the victim's body or clothing. Furthermore, the investigator shall recover physical evidence from the victim or coordinate with appropriate Department facility staff to arrange for victim to undergo a forensic medical examination performed by SANE/SAFE, which include4s the collection of DNA, if present. The policy further requires investigator to thoroughly describe physical, testimonial, and documentary evidence surrounding the case. Facility staff are trained to secure the area an alleged assault occurred until investigators arrive to process the areas as a crime scene. During this time, access to the scene is limited and documented who</p>

entered and why. additionally, policy requires alleged victims to be sent to St Agnes Hospital for forensic exam to be completed by SANE/SAFE certified staff.

(d): The investigator is required to work with the prosecutors to develop a case for criminal prosecution. During interview, investigative Captain indicates that whenever a complaint contains potentially criminal allegations, Miranda and Garrity are implemented appropriately in order to ensure the information gathered during the investigation does not jeopardize a criminal investigation by the Fond Du Lac Police Department.

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

(f): Executive Directive 72 requires investigators to conduct post incident actions including determining if employee action or lack of action contributed to the occurrence. The investigator shall document all aspects of the investigation in a comprehensive investigative report that thoroughly describes physical, testimonial, and documentary evidence and that explains the reasoning behind credibility assessments and includes facts and findings. During interview, Investigation Captain articulated that all aspects of the allegations are considered and documented during an investigation. This includes whether or not staff actions or inactions were the possible cause of an incident. Some reports reviewed during the audit include complete descriptions of any physical evidence as well as testimonial evidence relied upon when making a final determination as to the merits of the investigation. There are eight allegations of sexual abuse/sexual harassment within the past 12 months at TCI.

(g): TCI conducts administrative investigations and Fond Du Lac Police Department conducts the criminal investigations. Executive Directive 72 states that administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse.

(h): This subsection was not audited because TCI does not investigate criminal allegations since TCI investigative Captains are not sworn police officers. The policy outlines the process to refer cases to the police department. All cases that are referred shall be documented.

(I): The policy states the investigation is maintained according to an established retention schedule, which requires that the report is maintained as long as the employee is employed by the DOC or the inmate is under the authority of DOC plus five years. Investigative reports are retained electronically at DOC headquarters, Madison, WI.

(J): The Policy states an investigation under this policy may not be terminated based on victim or suspect departure from DOC employment or custody. During the interview, Investigative Captain, he indicated an investigation, once initiated, will be continued until completed regardless of the status of an employee or inmate within DOC. There were no criminal cases at TCI.

(k): The Policy states that the departure of an alleged abuser or victim from employment or control of the facility or the DOC, or the recantation of the allegation, shall not provided a basis for terminating an investigation.

(l): The policy states that 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. For example, when a case is referred to the Fond Du Lac Police Department, the referring Captains stays in touch with the investigative police officers about the progress of the case.

Corrective Action: None

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. Executive Directive 72 2. Interviews investigation staff <p>(a): Upon concluding an investigation involving a inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence. The Executive Directive 72 states under that the presiding officer shall use a preponderance of evidence as the standard of proof, unless the standard if clear and convincing evidence is required by regulation or status. It as demonstrated through employee interviews, provided investigative reports, and within agency policy that it utilizes the standard of preponderance of the evidence in making determinations about investigative outcomes.</p> <p>Corrective Action: None</p>

115.73	Reporting to inmates
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 919 365">Evidence Reviewed (document, interview, site tour)</p> <ol data-bbox="248 409 619 528" style="list-style-type: none"> 1. DAI Policy and Procedure 2. Executive Directive 72 3. Interviews <p data-bbox="248 539 355 575">Warden</p> <p data-bbox="248 584 316 620">Staff</p> <p data-bbox="248 629 357 665">Inmates</p> <p data-bbox="248 710 1474 913">(a): Wisconsin Department of Corrections policy and procedure on sexual abuse and sexual harassment states upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="248 922 1481 1084">When reviewing the investigations conducted within 12 months prior to the audit, TCI was able to present blank notification forms and completed notification forms that were sent to inmate about the outcome of the investigation. The forms verified that inmates were notified and it was documented.</p> <p data-bbox="248 1137 1465 1386">(b): TCI does not conduct criminal investigation of sexual abuse or sexual harassment. Fond Du Lac Police Department conducts criminal investigation. TCI request information from the Fond Du Lac Police Department to inform inmates of the outcome of an investigation. According to TCI PAQ, there were 5 sexual abuse criminal cases investigated and completed by the Fond Du Lac Police Department within 12 months of the audit. Reviewing case files, auditor noticed copies of inmate notification after a completed investigation.</p> <p data-bbox="248 1440 1433 1601">(c): This directive continues to require the investigator to ensure, if the incident involved an employee committing a sex related offense on an inmate and the incident was unsubstantiated, substantiated, arrange for the inmate to be advised all the requirements outlined in this sections of the standard.</p> <p data-bbox="248 1655 1401 1771">(d): The same directives states that if the incident involved an employee committing a se related offense on an inmate arrange for victim inmate to be advised of the requirement regarding the perpetrator outlined in this section of the standard.</p> <p data-bbox="248 1825 1401 1942">TCI has indicated there were no instances of (c) and (d) occurring within the last months requiring such notification. However, agency policy mandates such notifications and conversation with staff have demonstrated an understanding of this requirement.</p> <p data-bbox="248 1995 1474 2157">(e): This portion of the policy states written confirmation is received from the managing official or designee, and maintained in the investigative file that documents notifications made under this section have been made and include the date and time of the notification, the name and signature of the inmate notified, and the name and signature of the individual making</p>

notification.

(f): This policy specifically states the victim reporting requirements under this directive shall terminate at the time the victim is released from the Wisconsin Department of Corrections.

Corrective Action: None

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, Interviews and site tour)</p> <ol style="list-style-type: none"> 1. DAI #500 2. Executive Directive #72 3. Interviews staff <p>(a): Wisconsin Department of Corrections DAI Policy #500 outlines an employee determined to have committed sexual misconduct is in violation of Department of Corrections standards of conduct and is subject to a penalty under the standards of conduct, up to and including termination of employment with the Department, criminal prosecution, and if applicable, notification of a relevant licensing authority.</p> <p>(b): Agency documentations titled "Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XIX" states that unprofessional personal relationship or contacts with inmates, offender or client will result to termination from services. The agency had no instances of termination for this reason in the last 12 months.</p> <p>(c): Wisconsin Department of Corrections Executive Directive #72 outlines an employee who was determined to have committed sexual conduct is in violation of Department standards of conduct and is subject to a penalty under the Standards of Conduct, up to and including termination of employment with the Department. The agency directive does not specifically state the discipline shall "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." However, the details of the directives adheres to the overall intent of the standard in the way the agency enforces rules and regulations and administers discipline.</p> <p>(d): Wisconsin Department of Corrections Executive Directive #72 outlines an employee determined to have committed sexual misconduct is in violation of Department standards of Conduct and is subject to a penalty under the standards of conduct, up to and including termination of employment with the Department, criminal prosecution , and if applicable, notification of a relevant licensing authority. The Agency indicated there were no instances of employee termination in the past 12 months.</p> <p>Corrective Action: None</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <p>1. Executive Directive #72 2: Interview Staff Volunteer</p> <p>(a): Wisconsin Department of Correction Executive Directive #72, state a contractor determined to have committed sexual misconduct is considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency, subject to sanctions according to provisions of the contract or agreement, is subject to criminal prosecution and if applicable, notification of relevant licensing authority.</p> <p>(b): The Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XIX. A. Administrative Sanctions, outlines " 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>TCI facility policy which is the same as the Executive Directive #72, requires that every employee, contractor, and volunteer having contact with an inmate under the authority of the facility is familiar with Department's policy and TCI policy prohibiting sexual misconduct and follows procedure for handling all allegations. All facility volunteers/other contractors shall complete PREA education through the PREA Compliance Manager.</p> <p>TCI reported no instance of contractors or volunteers being reported to law enforcement for engaging in sexual abuse of inmates. During the interview with Assistant Warden, she indicated that any contractor/volunteer found to be in violation of the agency's sexual abuse and sexual harassment policies would immediately be prohibited from further contact with any inmates and an investigation would be launched. She indicated that volunteers and contractors are subject to the same measures as a TCI employee up to being stopped from coming in to the facility all the way up to potential prosecution.</p> <p>Corrective action: None</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interviews, site tour)</p> <ol style="list-style-type: none"> 1. Executive #72 2. Interview inmate staff-mental health and medical <p>(a): Wisconsin Department of Correction Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement(PREA) section XIX, states that an inmate may not commit, participate in, support, or otherwise condone sexual conduct. The policy details how inmate discipline is handled including inmate sexual abuse.</p> <p>TCI policy contains information regarding the discipline of inmates in regards to sexual abuse and sexual harassment. TCI reported two cases of administrative findings in the last twelve months of inmate on inmate sexual abuse.</p> <p>(b): The agency policy specifically states the discipline 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." The detail of the policy adheres to the overall intent of the standard in the way the agency enforces rules and regulations and administers discipline.</p> <p>(c): The inmate rule violation policy states, if the hearing officer, at a hearing finds the inmate guilty of the rule violation charged, the hearing officer may consider the inmate's mental disabilities or mental illness at the time of the rule violation as a mitigating circumstances when determining sanction.</p> <p>(d): TCI's policy indicates that inmates are offered therapy and counseling to determine the underlying reasons for sexual abuse. Mental health staff/Psychologists interviewed indicated they do determine what type of follow up service may be needed, if any, and see that the perpetrators are made aware of these programs.</p> <p>(e): Wisconsin Department of Corrections Executive Directive #72 indicates that the department may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. TCI policy, which is the same as Executive Directive #72, contains information regarding inmates being subject to formal disciplinary actions following an administrative and/or a criminal finding that the inmate engaged in inmate-on -inmate coerced sexual abuse and/or non-consensual sexual conduct with staff. TCI did not report any misconducts were written in the past 12 months for any allegations investigated under PREA or against any inmate or sexual conduct with staff.</p> <p>(f): Wisconsin Department of Correction, Executive Directive #72 policy states a complaint of alleged sexual misconduct made in good faith upon a reasonable belief that the alleged sexual misconduct occurred may not be considered a false report or lying, even if the required</p>

investigation do not establish sufficient evidence to substantiate the allegation.

(g): TCI policy states that an inmate may not commit, participate in, support, or otherwise condone sexual conduct. Executive Directive #72 states that "While consensual sexual activity between offenders is prohibited in the DOC facilities, the DOC may not deem consensual activities as sexual abuse if it is determined that the activity is not coerced."

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documentation, interviews, site visit)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive #72 3. Interviews <ul style="list-style-type: none"> medical staff mental health staff inmates 4. Informed Consent forms <p>(a-c): Upon interviewing intake and Psychology staff, it was stated that during the screening process, if an inmate discloses that he has ever experienced sexual victimization, or ever been the perpetrator of a sexual victimization, he is automatically seen by psychology staff and medical staff. During the interview with intake staff, the intake sergeant stated that intake staff screens all new inmates but refer to Mental Health for assessment for victimization or perpetration. The psychology staff see all new inmates who come to the institution and assess for victimization and perpetration, therefore the length of time to see a mental health staff is less than 14 days, which exceed the requirement of the standard. In further support of this standard, Executive Directive #72 was reviewed. The directive states that if screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>(b): DAI # 500.30.19, Sexual Abuse, Health Services Unit Procedure in the Event of Sexual Abuse and Executive Directive #72 states that all new intakes will be screened for history of sexual assault as a victim or perpetrator, either in the community or during incarceration, and will be referred for further evaluation with medical/mental health within 14 days of intake. However, Agency directive does not address that the "perpetrator" will be offered a follow-up with medical or mental health practitioner within 14 days of the intake screening.</p> <p>(d): The instructions of the PREA intake screening instrument were reviewed and indicate that the responses to the questions asked on the screening instrument are to be kept confidential and disseminated only to those individuals with a need to know. This was also supported in the interview with the psychologist and medical staff, who stated that this information is provided only to individuals for whom it is necessary for medical and mental health evaluation and treatment, and those staff for whom it is necessary to make security and management decisions.</p> <p>(e): The limit of confidentiality form is utilized by medical and mental health practitioners in an effort to obtain informed consent from inmates before reporting the information about prior sexual victimization that did not occur in an institutional setting. Review of the forms does support that inmates' informed consent is obtained by medical and mental health practitioners. The form does support that they inform inmates that by signing the form they cannot keep</p>

confidential issues related to sexual abuse within correctional and outside correctional setting.

Corrective Action: None

115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site visits)</p> <ol style="list-style-type: none"> 1. Agency Document 2. Interviews <p>Inmate who reported sexual abuse Medical Staff</p> <p>(a): An interview with medical staff indicated that follow-up treatment for alleged victims and perpetrators will be administered immediately and at no cost to the inmate. Timely and unimpeded access to medical treatment will be provided as necessary, as a result of any incidents, at no cost to inmate victims of sexual assault. The agency and TCI have met all requirements of this standard. To further support this standard, Executive Directive #72 - Sexual Abuse and Sexual Harassment in Confinement (PREA-effective January 11, 2016) was reviewed and indicates that facility staff shall ensure the safety of the victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes immediate medical attention and continues personal protection, referral for medical or mental health related counseling and support services.</p> <p>(b): Executive Directive #72 states that while processing a complaint of alleged sexual misconduct, a supervisor, manager, shift commander or head of the unit, shall immediately protect the victim from further harm and arrange for emergency medical services; in addition, staff shall refer the victim for appropriate medical and mental health follow-up services. Interviews with staff first responders did show that TCI staff were well informed with what steps they are to take in the event of that there are no available mental health or medical staff on duty at the time of a report of sexual abuse. Staff stated they would separate the victim and ensure that the on-call medical and mental health staff was contacted. TCI staff stated that there are medical staff available at Taycheedah Correctional Institution 24 hours a day and the inmate would immediately be taken to medical for evaluation.</p> <p>(c-d): Security staff and non-security staff interviews indicate medical and mental health services are provided to victims at no cost to the victim. In further support of this standard, Wisconsin Department of Corrections DAI Policy #500.30.19 (500 Health Services) was reviewed and states that all follow-up testing related to Sexual Transmitted Infections, pregnancy, HBV shall be reviewed with the inmate and any additional testing or treatment is required within 5 business days.</p> <p>All PREA related post assault follow-up clinical activities for medical and mental health must be completed, including testing and prophylactic treatment for STDs. With regard to section (d) of this standard, the DAI #500 as well as Executive Directive #72 requires that the victim shall be offered medical treatment at no financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Corrective Action: None</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, site tour, interviews)</p> <ol style="list-style-type: none"> 1. DAI #500 2. Executive Directive #72 3. Interviews <p>Inmates Mental Health/Medical Staff</p> <p>(a-g): Interviews with medical and mental health staff supported that all treatment services as required by this standard are taking place and are consistent with community level care, if not better due to the immediately availability of clinicians. Staff indicated in the event that an inmate suffered any sexual abuse, follow-up services and further treatment is available, including any tests for sexually transmitted infections. This is also supported by agency directives and the inmate handbook provided to inmate victims of sexualabuse without financial cost. Staff interviews indicated that inmates are immediately offered mental health services upon learning that inmate is a known abuser and treatment is offered when deemed appropriate. All requirements of this standard have been met.</p> <p>In further support of this standard, Wisconsin Department of Corrections DAI #500 and Executive Directive #72 were reviewed requires that inmates reporting to have been sexually assaulted shall be provided with a medical evaluation and subsequent intervention focused solely upon the injury or trauma sustained during the assault. All inmates shall be seen for medical follow-up within the first 24 hours following the initial off-site medical visit and all follow-up testing related to STD and HBV shall be reviewed with the inmate and the inmate will be offered additional testing and treatment within 5 business days. Additionally, post assault follow-up clinical treatment for medical and mental health must be completed, including further testing and prophylactic treatment for STDs.</p> <p>(h): DAI #500 and Executive Directive #72 requires that the alleged abuser shall be offered a mental health evaluation within 30-60 days of the alleged assault or abuse. Staff interviews with the Psychologists and Medical Head confirmed that the alleged abuser would be offered a mental health evaluation within 30-60 days of the alleged assault or abuse.</p>

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. Interviews <p>Incident Review team members warden</p> <p>(a)(b)(c): Executive Directive 72 requires that a review a team, consisting of upper level facility management, shall review all sex related offense that are investigated, unls determined to be unfounded, within 30 day after the investigation is concluded. The review team shall have input from line supervisors, investigators and medical and mental health practitioners concerning the incident. Furthermore, the agency policy requires the review shall consider if the incident or incidents indicates a need for a change in policy or procedure to better prevent, detect, or respond to sexual abuse and the specific reasons by which the incident was motivated. In accordance with the agency's Directive, the review team shall also examine the location of the incident to evaluate any physical plant issues and assess staffing levels and the need for monitoring technology to determine if there are other issues that may have contributed to the incident.</p> <p>Executive Directive 72 ensure all incident r3eview is complete4d within 30 days of the conclusion of the investigation by either facility investigators or Fond Du Lac Police Department unless the case determined to be unfounded. The completed form is kept in the PCM's file for that incident. The directive indicates DOC has zero tolerance of acts or threats of violence in its facilities. This zero tolerance policy means each and every act or threat of violence, regardless of the people involved and/or circumstances will bring will forth a prompt investigation and an appropriate response to those findings. TCI indicated on the PAQ and confirmed during the site audit that they conducted 85 Incident Reviews in the past twelve.</p> <p>(e): TCI is conducting the Incident Reviews within the time frame and taking into consideration all aspect of this standards. There is no need for recommendation for improvement.</p> <p>Corrective Action: None</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Review (documents, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 72 3. Interview <p>PCM</p> <p>(a): Executive Directive 72 indicates DOC shall collect and maintain accurate, and uniform data regarding PREA related criminal and administrative investigations.</p> <p>(b), (c), (f): Executive Directive 72 states DOC uniformly collect and maintain data for each reported allegation of sexual abuse at correctional facility under the authority of DOC, at a minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>(d): DOC shall complete the following:</p> <ol style="list-style-type: none"> a) Aggregate the incident-based sexual abuse data annually d) Maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. <p>(e): DOC shall uniformly collect accurate data from every allegation of sexual abuse from each correctional facility under the authority of DOC to assess an improve effectiveness of sexual abuse prevention, detection and responsiveness.</p> <p>(f): The Executive Directive 72 states that DOC shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under the authority of DOC.</p> <p>Corrective Action: None</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Review (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Data report documentation 3. Interview <p>(a) (b): DOC PREA Coordination shall have the authority of the Secretary and at a minimum, is responsible for data collection and review. The annual report must include a comparison of the current year's data and the corrective actions with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse/sexual harassment. The auditor was able to review the reports from 2014, 2015 and 2016. The agency is currently in compliance with this substandard.</p> <p>(c): The Agency's annual report is approved by the agency head. This was verified through an interview with the agency head and agency head's signature on the report.</p> <p>(d): The Executive Directive authorizes the DOC to redact certain information as authorized by the standard. There is no information contained within the agency's report that would require redacting.</p> <p>Corrective Action:</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (document, interview, site tour)</p> <ol style="list-style-type: none"> 1. PAQ 2. Executive Directive 3. Interview <p>(a)/(b)/(c)/(d):Executive Directive 72 requires all sexual abuse and sexual harassment data shall securely maintain incident based and aggregated data ensuring only authorized personnel have access to the information, In addition, the sexual abuse data must be maintained for at least 10 years from the date received.</p> <p>The agency collects and securely retains all data related to allegations of sexual abuse and sexual harassment occurring within the Department. The availability of the data is limited to DOC staff and department leadership/administration. The agency PREA Coordinator develops an annual report utilizing this data and posts it on the agency website.</p> <p>As required by the agency's Executive Directive 72, the collected and aggregated data must be made available to the public annually through the Department's website after redacting any information which would present a clear and specific threat to the safety and security of a correctional facility and related personal identifiers. Review of the Department's website: (http://doc.wi.gov/about/doc-overview/office-of-the-secretary/prison-r ape-elimination-act-unit) support that DOC PREA annual report are made available to the public. No personal identifiers in the report; therefore, no need for redaction.</p> <p>Corrective Action:None</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Agency PREA Coordinator and Institutional PREA COmplaince Manager ensured that this auditor had access to all materials, documents and areas for this audit.</p> <p>The PAQ was completed in a timely manner. The six weeks notices were posted and verified through emails and telephone communication.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Coordinator reports that previous PREA audit reports are published on their website.

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".)	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

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

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

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

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

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

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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.)	yes

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.)	yes

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)	yes

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