

PREA Facility Audit Report: Final

Name of Facility: Columbia Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/02/2018

Date Final Report Submitted: 02/06/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: David Wolinski	Date of Signature: 02/06/2019

AUDITOR INFORMATION	
Auditor name:	Wolinski, David
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Telephone number:	
Start Date of On-Site Audit:	05/14/2018
End Date of On-Site Audit:	05/18/2018

FACILITY INFORMATION	
Facility name:	Columbia Correctional Institution
Facility physical address:	2925 Columbia Drive, Portage, Wisconsin - 53901
Facility Phone	608-742-9100
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:	Luke Weber	Title:	Security Director
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Warden/Superintendent			
Name:	Michael Dittmann	Title:	Warden
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Facility PREA Compliance Manager			
Name:		Email Address:	
Name:	Luke Weber	Email Address:	Lucas.Weber@wisconsin.gov

Facility Health Service Administrator			
Name:	Renee Schueler	Title:	Health Services Manager
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Facility Characteristics			
Designed facility capacity:	541		
Current population of facility:	840		
Age Range	Adults: 18-73	Youthful Residents: NA	
Facility security level/inmate custody levels:	Maximum		
Number of staff currently employed at the facility who may have contact with inmates:	323		

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

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

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

AUDIT FINDINGS

Narrative:

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

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

The PREA notices for posting at the CCI were forwarded to the PREA Compliance Manager on April 2, 2018, six weeks before the onsite visit was scheduled to begin. The auditing team received acknowledgement of the receipt and posting of the notices. The notices were still in place at the time of the onsite visit and the audit team received an inmate letter dated April 2nd. By mutual agreement the Wisconsin Division of Correction and the audit team elected to use the Online Audit System (OAS) to facilitate the audit. During the weeks prior to the onsite audit, the CCI loaded documentation into the OAS.

The audit team arrived at CCI at 0800 hours on May 14, 2018. After a brief introductory meeting that included Leigha Weber, the PREA Coordinator, Luke Weber, the PREA Compliance Manager, and other key personnel, the audit team began the facility site review. The lead auditor, David Wolinski, accompanied the PREA Compliance Manager on a site review of the facility to include program and administrative buildings. Veronica Moore, the assisting auditor visited the housing units. A full description of the facility is included in the Description of Facility Characteristics that follows. During the site review, the auditors were escorted throughout the facility. The auditor team was not denied access to any area. The site review included, but was not limited to, housing units, visiting areas, kitchen facilities, program buildings, the Health Services Unit, various offices, and recreation areas. During the site review the auditors spoke to both staff members and inmates about the conditions in the facility. Inmates confirmed that staffing levels were normal and that they felt safe in the facility. Staff members were questioned mainly about operational procedures. The site review concluded in the early afternoon with both auditors conducting interviews into the early evening. Inmate interviews were conducted individually in private conference rooms and offices. Interviews were documented on an interview sheet designed for the purpose. An inmate roster was provided to the audit team and inmates were selected randomly from throughout the facility. Most inmates were cooperative and willing to talk to the auditors. The audit team conducted eighteen random interviews. Directed inmate interviews included inmates with disabilities, inmates that identified as gay or bisexual, transsexual, intersexual and inmates who reported sexual abuse. The facility does not house youthful inmates. As required by PREA standard 115.41 the CCI does inquire of all inmates entering the facility if they identify as lesbian, gay, bisexual, transgender or intersex. Staff interviews were conducted in private offices or conference rooms. The audit team was able to interview random staff members from all three shifts along with directed interviews of specialized staff. The auditors were provided staffing rosters to aid in the selection of staff. The first day's activities ended at approximately 1700 hours.

On the second day, May 15th, the auditors returned to CCI at 0800 to continue interviews and review files. Specialized interviews included the warden, the CCI PREA compliance manager, high level managers, a human resources representative, intake staff, a volunteer, medical staff member, mental health staff member, a retaliation monitor, investigators, first responders, and individuals responsible for screening. Since there are no juveniles or youthful inmates housed at CCI no related interviews were conducted. The auditors reviewed the numerous files and selected documents from those files. The audit team reviewed personnel files for evidence of background checks. Investigative reports were reviewed for evidence of thoroughness, objectivity, and proper notifications. The audit team also examined and obtained training records. The audit team took possession of numerous sample copies of training certificates, brochures, shift reports, a staffing plan, letters, procedures, blank forms, logs, handbooks and rosters. Activities on the second day ended at approximately 1700 hours.

The auditors returned to the facility on May 16th at 0800 to complete the interview process, review documentation with staff members, and resolve any remaining questions or issues. The audit team concluded its work at CCI at midday. The final interview of the audit was conducted on May 18th, when Deputy Secretary Jess was interviewed.

The audit team attempted to select all individuals for interview at random. The facility provided complete rosters for both staff and inmate populations. Additionally, the facility identified as many individuals as possible that would satisfy the various targeted interview requirements. During the site review the auditors were permitted to visit any building or open space on the entire compound. The audit team visited every housing unit and every building where inmates were permitted. The auditor engaged inmates and staff members in brief conversations regarding the operation of the facility and PREA related issues. Closets and storage areas were checked to make sure that they were secured. Of particular interest were any possible locations that inmates could gather, unsupervised.

The lead auditor was able to contact the Hope House of South Central Wisconsin, the designated sexual assault crisis center for Columbia County, Wisconsin. Upon speaking to an official at the facility it was confirmed that Hope House works with CCI. The representative advised that Hope House staff members have handled referrals from CCI. The representative was aware that two inmates had been sent out of the institution for forensic exams, but they did not accompany the inmates.

Examination of documentation, files, and records was directed and specific. When possible, the audit team requested to see specific documents related to an individual or event. Whenever possible, documents were examined at random chosen in relation to individuals selected from the inmate or staff rosters. In some cases the Agency supplied electronic documentation that covered large groups of individuals that could be sorted and searched in a spreadsheet. Regarding the investigations at CCI the audit team was given a summary initiated between January 1, 2017 and May 4, 2018. The audit limited its review of specific reports to those initiated between May 1, 2017 and May 4, 2018. The audit team was concerned by the lack of official reports available at CCI when compared to the number of complaints. Further discussion of this will be included along with the review of the individual standards related to investigations. The agency head designee, Deputy Secretary Cathy Jess, was interviewed by telephone on Friday, May 18th. The audit team had previously interviewed Deputy Secretary Jess in May of 2017. The audit team confirmed that Deputy Secretary Jess was still the designee and that the previous audit interview remained relevant. Our discussion concentrated on new issues and developments over the past year.

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

Random Staff (Total) = 12
Specialized Staff & Management Staff = 18
Total Staff Interviewed = 30

The breakdown of the 18 specialized staff and management staff who were interviewed is as follows:

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

*PREA Coordinator & staff monitor contracted facilities for PREA compliance

**Facility does not allow cross-gender strip searches

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

****No reviews are currently being done

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

Random Inmates (Total) = 19
Targeted Inmates (Total) = 12
Total Inmates Interviewed = 31
Targeted Inmates Breakdown:
Youthful Inmates - 0*
Inmates with a Physical Disability - 2
Inmates who are Blind, Deaf, or Hard of Hearing – 1
Inmates who are LEP – 1

Inmates with a Cognitive Disability - 1

Inmates who identify as Lesbian, Gay, or Bisexual - 1

Inmates who identify as Transgender or Intersex - 3

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

Inmates Who Reported Sexual Abuse – 1

Inmates Who Reported Sexual Victimization During Risk Screening - 3

*No youthful inmates are housed at this facility

**CCI does not segregate inmates for this reason

AUDIT FINDINGS

Facility Characteristics:

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

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

The Columbia Correctional Institution (CCI) is a maximum security facility for men operated by the Wisconsin Department of Corrections. CCI opened in 1986 and encompasses 110 acres of land in Portage, WI. CCI has 27 acres inside of the perimeter fence. Ten maximum-security living units, each containing 50 cells; and one 150-bed, minimum-security unit are contained within its perimeter. In addition to the living complexes, the physical plant of the institution includes a large visiting room, chapel, meeting rooms, health services area, staff offices, an intake and reception area, canteen, laundry, a main kitchen, library, recreation field, gymnasium, maintenance shops, chapel, an industry building, school, and vocational education workshops.

The current warden, Michael A. Dittman, has been in charge of the facility since 2014. The facility reports an operating capacity of 541. However, the inmate population was 840 on the first day of the onsite portion of the PREA audit. The reported staff is 323.

The facility operates ten housing units for maximum security inmates and one minimum security barracks type housing unit for minimum security inmates. The maximum security housing units have a large dining hall/dayroom. Each housing unit has a finishing kitchen. Food is prepared in the main kitchen and then transported to the finishing kitchen. Inmates do not leave the housing unit for meals. A control center is located between two wings of the housing unit. Each wing has two levels. Though designed to be a single cell facility, most inmates are double celled. Showers for each maximum security housing unit are individual and curtained. The dining area and the serving kitchen are both monitored by cameras. The CCI also operates one dormitory style housing units for minimum security inmates. The dormitory unit is divided into two sides with an area for supervisory staff in the middle. The security staff has free passage into the bunk areas. There is a shower room and lavatory for each dorm. The entry into these shower and lavatory areas is in direct view of the security officer's station with easy access for rounds as necessary. Logbooks were maintained in each housing unit and could be used to verify unannounced rounds.

There are two restricted housing units at CCI. Staff reported that they do not use restricted for protective custody. Restricted inmates are provided telephone calls through a portable telephone brought to their cells. The facility has a large recreation hall that is staffed by recreation and security officers while in use. The recreation hall provides inmates with a number of physical activities. There are also rooms in the building for non-physical recreation, such as art and music. It is free of blind spots and can be easily supervised. There is a shower room for inmates in the recreation building. The shower room does not

provide privacy to prevent cross-gender viewing and will be discussed further. The audit team also toured the commissary that is operated by a team of staff and inmates. Inmates working in this area are always supervised and are searched upon exiting the building. Cameras monitor this area. The audit team visited the chapel, a designated area in a larger building.

The CCI provides standard educational opportunities to inmates. There is a school building with classrooms and a library. The library is staffed by a librarian when inmates are present. Classroom activities are always supervised by an instructor. Each classroom has a bathroom has a partially obscured window to allow monitoring of the area. Classrooms are monitored by cameras. Inmates are also provided a number of vocational opportunities. Instructors reported that inmates are always supervised while engaged in vocational training. Each of the various training areas was visited by the audit team and found to be adequately supervised. The instructors in the various vocational training areas reported that the normal number of inmates in a classroom is approximately ten.

There is a large print shop. Cameras and mirrors supplement the staff supervision efforts. There is also a large maintenance area where staff members are assisted by inmates. There are several individual maintenance shops accessible to inmates, but staff members are present. The Health Services Unit provided a wide range of services to the inmates to include dental care and vision care. The unit does not provide around the clock care. Inmates requiring this level of medical attention are sent out of the facility. The medical records were found to be adequately secure. Medical and security staff members were found to be sufficient to provide a safe environment. Discussions with medical personnel indicated that inmates can be seen in private. The CCI has a large kitchen facility where inmates, supervised by staff, prepare food for the inmate population. The kitchen was monitored with strategically located cameras. Storage areas that were not being accessed for immediate use were found to be secured. However the auditor did find two inmates eating lunch in one of the unlocked refrigeration units, a concern that will be addressed later in the report.

The inmate reception area of the facility had several cells where inmates could be housed temporarily. A staff member assigned to the reception area advised that screening was performed by a PSU staff member and was done in a private office. The audit team also visited the control room. The control room monitored the cameras that were strategically placed throughout the facility. The auditor was given a demonstration of the system capabilities at this time. The auditor learned that cameras in the facility could also be accessed on computer workstations by authorized personnel. The audit team did not notice any cameras that could observe shower rooms, lavatories or inmate cells.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Number of standards exceeded:	4
Number of standards met:	41
Number of standards not met:	0

Number of standards exceeded: 4

Number of standards met: 41

Number of standards not met: 0

Standards Exceeded: 4

115.14, 115.17, 115.31, 115.66

Standards Met: 41

115.11, 115.12, 115.13, 115.15, 116.16, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.67, 115.68, 115.71, 115.72, 115.73, 116.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Standards Not Met: 0

Standards Not Met at Interim Report: 9

115.15, 115.16, 115.22, 115.33, 115.41, 115.65, 115.67, 115.71, 115.86

CORRECTIVE ACTION PLAN

Standard 115.15

The determination of DOES NOT MEET STANDARDS is provided for the following reasons:

The facility failed to meet the requirements set forth in 115.15 (d) –

>Cross-gender announcements were inconsistent or non-existent at many locations throughout the facility as indicated by interviews and observation.

>The shower in the gymnasium is open to cross-gender viewing by female staff as indicated by staff, inmate interviews, and auditor observation.

>The audit team noticed that shower curtains at numerous locations were missing or in disrepair.

>In certain housing units, identified as HU7 and DS2, the facility does not allow shower curtains for security reasons. The facility has applied obscuring film on the windows of the control room to avoid

cross-gender viewing. This accommodation is insufficient as female staff can still see directly into the shower from certain locations in the control room and from outside of the control room.

>The audit team noticed that inmates in a bathroom visible from the education area between HU2 and HU4 were fully visible through a window.

CORRECTIVE ACTION

1. The facility shall retrain staff regarding the need to make cross-gender announcements to the inmate population. The facility may use their current notification system as long as it gains the inmates' attention and is used in a consistent manner. Verification will be made through a facility-wide memo or similar instrument to transmit messages to the staff.
2. The facility shall inspect all shower curtains in the facility, repairing or replacing those that do not afford proper protection from cross-gender viewing. Unit managers shall be notified to assure that shower curtains will be routinely inspected and replaced or repaired, if necessary. The notification to the unit managers shall be made in writing or as part of a directive.
3. The facility shall evaluate the situation regarding the shower in the gymnasium and submit a solution to the audit team for approval. Upon approval of the solution the facility will correct the cross-gender viewing problem in the gymnasium. Photos of the completed work may be taken and sent to the audit team.
4. The facility shall evaluate the situation regarding the shower in housing units DS2 and HU7 submitting a solution to the audit team for approval. Upon approval of the solution the facility will correct the cross-gender viewing problem in both locations. Photos of the completed work may be taken and sent to the audit team.
5. The facility shall evaluate the situation regarding the shower in housing units HU2 and HU4 submitting a solution to the audit team for approval. Upon approval of the solution the facility will correct the cross-gender viewing problem in both locations. Photos of the completed work may be taken and sent to the audit team.

Standard 115.16

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

The facility failed to meet the requirements set forth in 115.16 (a) –

>Disabled and LEP inmates received no training as required by 115.33 (c).

The facility failed to meet the requirements set forth in 115.16 (c) –

>Half of the officers interviewed were unsure of the requirements regarding inmate interpreters.

CORRECTIVE ACTION

1. The facility shall begin training of all inmates as required by 115.33. Inmates protected by standard 115.16 will also receive adequate training. Then facility will provide acknowledgement from all LEP inmates entering the facility for the next 180 days indicating that PREA training was adequately provided at CCI.
2. Staff should receive refresher training regarding the use of inmate interpreters. The PREA Compliance Manager must provide the written content of the refresher training and a memo certifying that the training has been completed.

Standard 115.22

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

>Based on the number of complete investigations compared to the number of complaints it appears that

some complaints are not being investigated.

>One inmate complained that his complaint was dismissed without an investigation.

>The facility maintains a log of its reported cases to assure that investigations are completed. The use of the log was described by facility staff. Several cases on the log were closed without any apparent investigation or disposition.

>A review of forms used to record possible complaints indicates that staff are investigating complaints, but not meeting all of the requirements of an investigation.

CORRECTIVE ACTION

The facility must review REPORT TRACKING forms from 2017 and 2018 to determine if an investigation of a reported sexual abuse or sexual harassment was conducted. Investigations can be characterized by interviews of potential suspects or witnesses, the viewing of video recordings, or collection of evidence. If an investigation has been conducted the facility shall assign a disposition (sustained, unsubstantiated, or unfounded), assign an investigation number, and make proper notification to the inmate regarding the disposition. The facility shall then record investigations as such and report those investigations to the agency so they can properly be tracked as such. The facility must also adhere to any requirements for retaliation monitoring and incident review. At the end of the 180 day corrective action period the audit team will re-audit tracking forms and investigations to determine compliance.

Standard 115.33

A determination of DOES NOT MEETS STANDARDS was assigned for the following reasons:

>Over half of the inmates questioned regarding training at CCI stated that no training was being done.

>The PREA Compliance Manager confirmed that improvement in this area would be needed.

CORRECTIVE ACTION

CCI must institute procedures to insure that each inmate entering the facility receive the training minimally required by standard 115.33. The inmates transferring into CCI must receive education to the extent that the policies and procedures at CCI differ from the previous facility. At the end of the corrective action period CCI should supply to the audit team a list of inmates transferring to the facility and documentation indicating that they were trained.

Standard 115.41

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

>Inmates that clearly remember the first screening at CCI reported no second screening or review of such initial screening.

>The facility reported statistics that only 36% of the inmates had received a 30 day review of the initial screening.

>A staff member that should be familiar with the screening process failed to confirm that the 30 day review was consistently being accomplished.

CORRECTIVE ACTION

The facility must assure that it complies with the requirements of 115.41(f) regarding the 30-day reassessment of its initial risk screening. The agency is able to track its assessment efforts through an automated system. At the end of the 180-day corrective action period the facility shall present the system generated report that indicates the dates of admission screening and re-screening at CCI.

Standard 115.65

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

>The facility did not provide a complete plan as required.

CORRECTIVE ACTION

The facility must develop a plan that meets agency and PREA standards making it available to the staff and management at CCI. The plan should then be made available to the audit team.

Standard 115.67

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

> The agency member that was now assigned to monitor retaliation advised that retaliation monitoring was not occurring.

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

Corrective Action:

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

Standard 115.71

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

>The facility is not completing investigations or recording incidents that qualify as investigation even though many of the steps take by staff members clearly indicate that an investigation has been initiated.

CORRECTIVE ACTION

The facility must review each reported incident from 2017 and 2018 to determine if an investigation was conducted or should have been conducted. For those cases that were investigated or needed to be investigated the facility must report those cases as such, provide a disposition and notify the inmate of the results of the investigation. Continuing for the next 180 days the facility must conduct investigations as required by this standard. The audit team will review the complaint log, tracking forms and investigations to determine if the required investigations are being conducted.

Standard 115.86

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

>The facility clearly stated that this process was not being completed.

CORRECTIVE ACTION

The facility must develop its review team as indicated by agency policy and begin reviewing sex abuse investigations that have dispositions of sustained or unsubstantiated. The review must be completed within 30 days of the completion of the investigation and documented on the agency form developed for that purpose. Within 30 days of this report the facility will review qualified reports from the last twelve

months prior to the audit and then continue the process until the end of the corrective action period. The facility will provide copies of all completed review forms.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11 (a) The agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section XII, A states the following: The Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-related retaliation in its facilities, including those with which it contracts for the confinement of offenders. Further:</p> <ul style="list-style-type: none"> • The DOC provides a coordinated victim-centered response to reports of sexual abuse and sexual harassment. This includes providing medical and mental health services to victims of sexual abuse and sexual harassment while investigating all allegations. • The DOC provides multiple avenues to report allegations of sexual abuse and sexual harassment and, further, recognizes the right of employees and offenders to be free from retaliation for reporting sexual abuse and sexual harassment. • The DOC trains all staff members, contractors and volunteers to recognize, respond to and report sexual abuse and sexual harassment. • The DOC provides offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment and report-related retaliation. • The DOC employs a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identify core causal factors and take corrective action so as to align with a zero tolerance environment. <p>The Agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The written policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The Wisconsin Department of Corrections in Executive Directive #72 clearly articulates all of the elements required in a Zero Tolerance policy. The policy covers all forms of sexual abuse and sexual harassment in facilities it operates and contracts with .The policy outlines how it implements the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy is inclusive of definitions of prohibited behaviors regarding sexual abuse and harassment. Policies include sanctions for prohibited behavior and strategies and responses to prevent and reduce sexual abuse and sexual harassment.</p> <p>115.11 (b) The agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>The agency has employed an agency-wide PREA Coordinator. The PREA Coordinator position is in the upper-level of the agency hierarchy, reporting to the Agency's Assistant Deputy Secretary, as indicated by the organizational chart. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator is Leigha Weber; her position is full-time and designated to the task. She stated that she has thirty-eight facilities to oversee</p>

in her role as PREA Coordinator. There are additional staff members assigned to the PREA Coordinator's office. Ms. Weber stated that she has sufficient time to perform her PREA duties to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator's position is designated within Executive Directive #72, Section VI (C).

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

This agency operates more than one facility, and each facility has a designated PREA compliance manager according to the Agency PREA Coordinator. This is supported by written policy located in Executive Directive #72, Section VI (D). Mr. Luke Weber is the PREA Compliance Manager at the Columbia Correctional Institution (CCI). Mr. Weber is also the Security Director. He has the authority to coordinate the facilities efforts to comply with the PREA standards. He indicated that was able to perform his duties despite his many responsibilities. He is knowledgeable of PREA standards, understands the intent of the standards and works to improve the facilities program to develop a safe facility environment. As a high level facility manager, Mr. Weber is able to easily coordinate with other facility leaders.

SUMMARY 115.11

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

- > The agency has a written policy that clearly meets the standard. (Executive Directive #72)
- > The auditor has interviewed and met the PREA Coordinator and the PREA Compliance Manager. The positions are institutionalized in policy (Executive Directive #72).
- > The Coordinator and Manager both state that they have the time and authority to perform their assignments. This has been confirmed through observation of the individuals as they interact with other staff members and is reflected in the operation of the facility. Both individuals have additional support from staff members.
- > An organizational chart was provided confirming the Coordinator's position in the organization.

115.12	Contracting with other entities for the confinement of inmates
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 571">*115.12 (a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. This agency is public and it contracts for the confinement of its inmates with private agencies and has included the entity's obligation to comply with the PREA standards in any new contracts or contract renewals signed on or after August 20, 2012.</p> <p data-bbox="252 616 1468 907">The agency has adopted policy that is compliant with the standard in Executive Directive #72, Section VII. The Wisconsin Department of Corrections maintains ten facility contracts as defined by this standard. These contracts include agreements with the Sheriff's Offices of the following counties: Fond du Lac, Vilas, Juneau, Sauk, Oneida, Sheboygan, Jefferson, Ozaukee, Racine and Vernon. Section Q of these contracts does include the contractor's obligation to adopt and comply with PREA standards. A copy of the contracts for these ten locations has been provided to the auditor.</p> <p data-bbox="252 963 1484 1131">*115.12 (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. New contracts or contract renewals signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p data-bbox="252 1176 1484 1556">A review of the contracts revealed that the Wisconsin Division of Correction reserved the right in Section D of the various contracts to inspect the jails that were subject to the contract. The agency has composed a notification letter, signed by Wisconsin Department of Corrections Secretary, John Litscher, which was sent to all contracted agencies providing specific detail regarding their PREA obligations under their contracts. Along with the letter the agency sent a reporting form that required each subcontracted agency to explain and document progress toward full PREA compliance. Copies of these aforementioned documents have been retained by the audit team. The Wisconsin Division of Correction has further imposed a deadline of the end of August 19, 2019 for full subcontracted agency compliance.</p> <p data-bbox="252 1601 1452 1769">The PREA Coordinator and her assistants are responsible for the PREA related provisions incorporated into the contracts with the ten aforementioned sheriff's departments. The audit team spoke at length with the PREA Coordinator to gain an understanding of the agency's efforts to assure that PREA compliance extends to contracted facilities.</p> <p data-bbox="252 1814 502 1848">SUMMARY 115.12</p> <p data-bbox="252 1859 1276 1892">A determination of MEETS STANDARD was assigned for the following reason:</p> <ul data-bbox="252 1904 1460 2150" style="list-style-type: none"> >The agency has developed policy in support of the standard. >Contracts with the contracted agencies contain language that support PREA compliance. >The contracts allow monitoring by the Wisconsin Department of Corrections and there is a written document to help demonstrate this oversight. >Staff members responsible for the PREA provisions of the contracts confirmed their involvement in the process and were able to explain how compliance efforts are progressing.



115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.13 (a) The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Another relevant factors.</p> <p>The agency has adopted policy that is compliant with this standard. According to Agency policy (Executive Directive #72, Section IX (A), the Agency ensures that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The policy states that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The Agency ensures that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures that each facility’s staffing plan takes into consideration the prevalence of substantiated and</p>

unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring. The Agency ensures that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring. The Wisconsin Department of Corrections has a policy and practice that ensures that all of its facilities develop and document a staffing plan that is supplemented by video monitoring to protect inmates against sexual abuse.

CCI has developed a staffing plan and makes its best efforts to comply with the plan. The current average daily population for the facility is approximately 840 inmates. The review revealed no deviations from the staffing plan with security positions being covered by overtime, when necessary. During the tour the auditor observed the full complement of cameras from the control room which covered numerous locations throughout the facility. There are unannounced rounds documented in the logs and performed randomly on all shifts. There is a documented policy that prohibits staff from alerting other staff that supervisory rounds are taking place. Random interviews with staff and inmates and observation confirmed unannounced rounds were being performed. A five page staffing plan for CCI, dated March, 2018 was provided to the auditor. The staffing plan includes written commentary addressing the various elements included in this standard. The facility warden was interviewed and answered questions regarding staffing at CCI. He confirmed that there was a written staffing plan at the facility and that the staffing plan provided to the auditors was the correct one.

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

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

The PREA Coordinator/Security Director confirmed that no deviations from the plan occur and that overtime payment is provided to officers to assure that all required posts are filled. He also added that forced overtime is an option at the facility if there is not enough voluntary staff available to work the added hours. The audit team noted that officers were, in fact, working overtime on the days that the audit team was on site. He further advised that there is a daily staffing form that indicates how the posts are filled and that deviations to the staffing plan would be noticed by facility management. As Security Director and PREA Compliance Manager, Mr. Weber is in an excellent position to assure that the staffing plan is followed.

The interview with Warden Dittman also confirmed that the staffing is maintained through the use of overtime as it applies to security staff members who supervise inmates. He also advised that noncritical services can be closed to maintain proper security levels. Warden Dittman advised that there is a daily shift and activity report that is provided to management staff used to report staffing levels. The audit team has obtained sample copies of the report.

*115.13 (c) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the

agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

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

The staffing plan is reviewed annually by the facility. Agency policy (Executive Directive #72, section IX, C) requires that an annual review be completed in consultation with the PREA Coordinator. The PREA Coordinator's office maintains a log of the staffing plan reviews. The log indicated that the review for CCI occurred on March 20, 2018 and the facility was represented by the PREA compliance manager. A copy of the log has been retained by the audit team. The PREA Coordinator advised that the review of the staffing plans coincides with the fiscal year.

*115.13 (d) Each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

The facility/agency has implemented a policy (Executive Directive #72, Section IX, D) and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This policy and practice has been implemented for all shifts. The facility/agency has a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

There are unannounced rounds documented in the logs and performed randomly on shifts. The logs were examined by the auditors and found to have entries documenting unannounced rounds. A copy of a log was provided to the audit team. There is a documented policy that prohibits staff from alerting other staff that supervisory rounds are taking place. Random interviews with staff and inmates and observation confirmed unannounced rounds were being performed. Rounds were also documented on the Supervisor's Shift Report that is submitted for each day. Examples of these reports were retained by the auditor. The audit team spoke a captain regarding this standard and she confirmed unannounced rounds of the facility. The captain reported changing patterns (by time and location) when making rounds making it more difficult for staff to know where in the facility she would be.

SUMMARY 115.13

A determination of MEETS STANDARD provided for the following reasons:

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

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

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

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

*115.15 (d) The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

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

CCI has two types of housing units. Most housing units consist of individual cells housing two inmates each designated for housing of maximum security inmates. Dormitory style housing units are designated for minimum security inmates. The audit team interviewed twelve correctional officers representing all three shifts (documented). The interviews were conducted separately for this and all other standards. Most of the officers agreed that the inmates were afforded the opportunity to dress, shower and toilet without cross gender viewing. Fourteen of the eighteen inmates asked about cross-gender viewing confirmed that they felt that the level of privacy was adequate. Four staff members, while confirming that inmates were provided the requisite privacy while showering, based this on the presence of shower curtains. The audit team noted that numerous shower curtains were in need of replacement or repair.

However, one staff member specifically cited the shower in the gymnasium as a problem stating that female staff could clearly see inmates showering at this location. An inmate also mentioned this location as a problem. The audit team observed the gymnasium shower and confirmed that there was obvious opportunity for inadvertent cross-gender viewing in the gymnasium shower. Additionally, the audit team noticed that in certain housing units, identified as HU7 and DS2, the facility does not allow shower curtains for security reasons. The facility has applied obscuring film on the windows of the control room to avoid cross-gender viewing. This accommodation is insufficient as female staff can still see directly into the shower from certain locations in the control room and from outside of the control room. Several inmates brought this condition to the auditor's attention during the interview process.

The audit team conducted random interviews with eighteen inmates from throughout the facility. Only one of the inmates gave an unqualified confirmation that announcements were being made when female staff enter a housing unit. Three of the inmates specifically stated that the staff had started the practice using a chime system, but have since stopped. The remaining inmates said that notifications were not being made at all or were being made inconsistently. The female auditor on the audit team noted that while a chime system was in place, it was not used consistently as she entered the various housing units.

*115.15 (e) The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section X, A, 3, states, "Facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner."

Of the twelve randomly selected officers interviewed, nine of the officers were well aware of the policy prohibiting this type of search. Three of the officers did not affirm the policy. The Agency has an online training module used to train staff and this information has been included in that training. The audit team has observed the online training system confirming that it exists and works as indicated by staff interviews. There were no indications that strip searches were being conducted contrary to the policy. Two transgender inmates were interviewed and neither experienced a search in violation of this standard.

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

Detailed procedures for conducting searches of all types are included in DAI Policy #: 306.17.02. A copy of this directive was given to the auditing team. Additionally, the facility provided the training lesson plan used to instruct staff to conduct searches of all inmates in a professional and respectful manner. The documentation provided by the facility included a training roster that indicated that the staff at CCI had been trained in these procedures. Eight of the twelve randomly selected officers interviewed (documented) remembered that they were trained regarding searches of transgender and intersex inmates. Several of the officers specifically mentioned this, referring to both academy and/or institutional training.

SUMMARY 115.15

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

An interim report was issued for the facility indicating CCI failed to meet the requirements set forth in 115.15 (d) –

- >Cross-gender announcements were inconsistent or non-existent at many locations throughout the facility as indicated by interviews and observation.
- >The shower in the gymnasium is open to cross-gender viewing by female staff as indicated by staff, inmate interviews, and auditor observation.
- >The audit team noticed that shower curtains at numerous locations were missing or in disrepair.
- >In certain housing units, identified as HU7 and DS2, the facility does not allow shower curtains for security reasons. The facility has applied obscuring film on the windows of the control room to avoid cross-gender viewing. This accommodation is insufficient as female staff can still see directly into the shower from certain locations in the control room and from outside of the control room.
- >The audit team noticed that inmates in a bathroom visible from the education area between HU2 and HU4 were full visible through a window.

CORRECTIVE ACTION

1. The facility shall retrain staff regarding the need to make cross-gender announcements to the inmate population. The facility may use their current notification system as long as it gains the inmates' attention and is used in a consistent manner.
2. The facility shall inspect all shower curtains in the facility, repairing or replacing those that do not afford proper protection from cross-gender viewing. Unit managers shall be notified to assure that shower curtains will be routinely inspected and replaced or repaired, if necessary. The notification to the unit managers shall be made in writing or as part of a directive.
3. The facility shall evaluate the situation regarding the shower in the gymnasium and submit a solution to the audit team for approval. Upon approval of the solution the facility will correct the cross-gender viewing problem in the gymnasium.
4. The facility shall evaluate the situation regarding the shower in housing units DS2 and HU7 submitting a solution to the audit team for approval. Upon approval of the solution the facility will correct the cross-gender viewing problem in both locations.
5. The facility shall evaluate the situation regarding the shower in housing units HU2 and HU4 submitting a solution to the audit team for approval. Upon approval of the solution the facility will correct the cross-gender viewing problem in both locations.

Over the 180 following the submission of the interim report engaged in a program of corrective action. The facility expanded its automated notification system circulated memo to the staff reminding them to make the requisite announcements so that cross gender viewing can be eliminated. (ref. CA#1) On November 16, 2018 the lead auditor re-visited CCI to observe corrective actions related to the facility's physical plant. The cross-gender viewing issues in the four locations mentioned above were corrected by partially obscuring windows (ref. CA#4 & 5) The cross gender viewing issue in the gymnasium was corrected with a movable screen. (ref. CA#3) The facility inspected its shower curtains for disrepair and has added an inspection of shower curtains to its housing unit security inspection checklist. (ref. CA#2) These action were found to be sufficient to bring this standard into compliance.

Partial compliance with the standard had already been demonstrated as follows:

- >The agency has developed compliant policy in Executive Directive #72, Section X.
- >The facility has introduced a very specific method to alert inmates when female staff members are on the housing units, though it does not appear that the system is routinely

employed.

>Cross gender searches are prohibited.

>Multiple interviews confirmed that cross gender strip searches are not conducted.

>The agency maintained specific written documentation regarding search techniques.

>Interviews with staff indicated that training was conducted regarding proper search techniques relating to transgender and intersex inmates.

>Inmate interviews supported that the policy relating to this standard (except those related to cross-gender announcements and viewing) was being followed.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16 (a) The agency shall take appropriate steps to ensure that inmates with disabilities(including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p> <p>The facility provided agency-wide policy which was designed to assure that inmates with disabilities were provided with services and information in a manner which accommodated their special needs. DAI Policy #: 300.00.35 provides detailed instructions for each facility to follow regarding inmates with special needs. This includes the requirement that an ADA Coordinator be established at every facility. This directive provides for the accommodation of inmates with developmental needs as well as those who are visually or hearing impaired. This policy is supported by Executive Directive #72, Section XI, B, 4, which states, “Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities.”</p> <p>The facility provided agency-wide policy which was designed to assure that inmates with disabilities were provided with services and information in a manner which accommodated their special needs. DAI Policy #: 300.00.35 provides detailed instructions for each facility to follow regarding inmates with special needs. This includes the requirement that an ADA Coordinator be established at every facility. This directive provides for the accommodation of inmates with developmental needs as well as those who are visually or hearing impaired. The facility also provided a copy of its language/interpreter service contract which was utilized during the audit by the audit team to communicate with Spanish speaking inmates.</p> <p>The audit team interviewed four disabled and/or limited English proficient inmates (interviews documented). None of the four reported receiving any PREA information at CCI and that any knowledge they had was obtained at other facilities. The audit team, because of experience at</p>

other facilities in the Wisconsin system, is aware that resources for such inmates are available. This lack of training will be further documented in 115.33 (b).

115.16 (b) The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

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

115.16 (c) The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations.

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

The audit team interviewed twelve correctional officers regarding the use of inmate interpreters. Six of the twelve advised that inmate interpreters would be used or that they did not know. None were actually aware of cases where this was done. Nine of the twelve mentioned that they knew about other translation services that could be used to communicate with inmates that could understand English.

SUMMARY 115.16

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

An interim report was submitted to the facility indicating the following deficiencies:

The facility failed to meet the requirements set forth in 115.16 (a) –

>Disabled and LEP inmates received no training as required by 115.33 (c).

The facility failed to meet the requirements set forth in 115.16 (c) –

>Half of the officers interviewed were unsure of the requirements regarding inmate interpreters.

CORRECTIVE ACTION

The facility shall begin training of all inmates as required by 115.33. Inmates protected by standard 115.16 will also receive adequate training. Then the facility will provide acknowledgement from all LEP inmates entering the facility for the next 180 days indicating that PREA training was adequately provided at CCI.

After receiving the interim report the facility began a 180 day corrective action period. The facility issued a notice to intake staff to assure that LEP inmates received the requisite training. The facility provided documentation that all inmates entering the facility had been trained. Upon receiving the additional information from the facility it is determined that compliance has been met. The facility also re-educated staff regarding this standard making sure that they were aware of restrictions on inmate interpreters and were aware of interpreter resources that were available to the facility.

Partial compliance with the standard had already been demonstrated as follows:

- >The agency provides policy in Executive Directive #72 that is compliant with the standard.
- >The agency provides resources to meet the needs of all inmates, including translated documents and videos, and a translation service.
- >Each facility must employ an ADA Coordinator to assist with accommodating inmates with disabilities.
- >No inmates reported that training was conducted by other inmates.
- >Spanish language PREA signs are posted throughout the facility.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.17 (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>The agency has adopted policy in compliance with this standard. Executive Directive #72, Section VI, A. 1, page 4 states, "The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee." The facility also provided a copy of the "Wisconsin Human Resources Handbook, Chapter 246" that provides detailed instructions regarding the process for verifying applicant information and securing applicant background checks. The audit team interviewed a member of the human resources staff at CCI (interview documented) and discussed the hiring practices at the facility. The staff member confirmed the agency screens both new hires and prospective promotees for history of sexual abusiveness. The audit team received copies of two forms, the 1098D and 1098R that are used to gather information from prospective employees and promotes. These forms, the Background Check Authorization and the Candidate Reference Check, asked questions about past sexual abuse. The 1098D contains areas on the form for human resources staff to provide information regarding hiring suitability. The audit team viewed three, randomly selected, completed forms indicating that the forms are currently in use. To assist human resources staff members in their duties the Agency uses a software package called "PeopleSoft". The audit team was allowed to view the operation of the system and could see that the software assist the tracking of background checks and related issues.</p> <p>*115.17 (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.</p> <p>The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section VI, A. 1, states, "The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee."</p>

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

*115.17 (c) Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section VI, A, 3, states, "Prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check." Agency policy goes on to say in Section 3a, "The DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation." The interview with the human resources staff member confirmed that a criminal history is obtained for all new employees. The form 1098D confirms the background check process which indicates that background checks are conducted on employees, contractors and/or position classifications.

*115.17 (d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. The agency has adopted policy that is compliant with this standard. Executive Directive #72, Section VI, A, 3, states, "Prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check ." The interview with the human resources staff member confirmed that a criminal history is obtained for all contractors. The form 1098D confirms the background check process which indicates that background checks are conducted on employees, contractors and/or position classifications.

*115.17 (e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

The agency has adopted policy compliant with this standard. Executive Directive #72, Section VI, A, 3 states, "The DOC shall conduct a criminal background records check every five years for current employees." Interviews with the human resources representative and there presentative from the PREA Coordinator's Office indicated that the agency uses a system called "PeopleSoft" to track the required background checks. It was further learned that an agency-wide check was done in 2012 and 2013, and newly hired individuals were checked as they came into the agency. An examination of the "PeopleSoft" system revealed that there is a module, used by the agency, which tracks background checks and indicates when the next

check is due.

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

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

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

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

*115.17 (h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

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

SUMMARY 115.17

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

- >The agency has developed policy found in Executive Directive #72 that is in compliance with the standard. There is no requirement for written policy in the standard.
- >The audit team was able to view blank and completed personnel forms that demonstrated compliance with the standard.
- >Persons with a past history of sexual abuse are restricted from hire or promotion.
- >The agency releases personnel information to other correctional facilities are required by the standard.
- >Background checks are conducted as required by the standard, as verified by the agency's personnel software package.
- >The agency imposes upon its staff a continuing duty to report as required by the standard.
- >The Agency employs an automated system to help manage its human resources responsibilities, including issues related to PREA.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.18 (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.</p> <p>During the tour of the facility the auditors were directed to notice an area of new construction. The audit team learned that CCI was constructing a new medical building. Warden Dittman was questioned about the new medical center and how PREA considerations were incorporated into the planning of the building. Warden Dittman explained in detail how the facility will staff the center, provide for rounds, regulate traffic and install cameras. Warden Dittman was able to adequately explain how PREA and maximum security considerations were included in the planning of the medical center.</p> <p>*115.18 (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.</p> <p>The CCI currently has 194 cameras located throughout the facility. Additional cameras will be installed in the new medical center that is currently under construction. The warden explained that PREA was considered when determining camera placement.</p> <p>SUMMARY 115.18</p> <p>A determination of MEETS STANDARDS was assigned for the following reasons:</p> <ul style="list-style-type: none"> >There is no affirmative requirement for written policy indicated in this standard. >New construction was in progress and the warden adequately described PREA considerations. >Both the warden and the agency head designee confirm that PREA requirements would be considered in the event of new construction. >Camera placement was considered during new construction.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.21 (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>The CCI does not investigate incidents of sexual abuse when criminal charges could be possible. The Columbia County Sheriff’s Department is responsible for these investigations. The agency has developed policy that supports this standard. Executive Directive #72, Section XVII, C states, “The DOC shall follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions.” The standard is further supported by DAI Policy #306.00.14, Subject: Protection, Gathering & Preservation of Evidence. A copy of this policy was provided to the audit team. Additionally, the agency has also developed DAI Policy #500.30.19, Subject Sexual Abuse – Health Service Unit Procedure in the Event of Sexual Abuse. A copy of this policy was provided to the audit team and it provides a detailed procedure regarding sexual assault cases. The policy has numerous references, including the Standards for Health Services in Prisons – National Commission on Correctional Health Care 2014.</p> <p>The audit team randomly interviewed twelve correctional officers from CCI. The officers knew that their responsibility regarding evidence was very simply to make sure that they protected the crime scene and preserve evidence. They knew evidence collection is the responsibility of investigators and outside law enforcement officials.</p> <p>*115.21 (b) The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>The agency has adopted policy which supports this standard. Executive Directive #72, Section XVII, C states, “...Such protocol shall be developmentally appropriate for youth, where applicable, and adapted from a comprehensive and authoritative protocol developed after 2011.” The agency has developed DAI Policy #500.30.19, Subject Sexual Abuse – Health Service Unit Procedure in the Event of Sexual Abuse. A copy of this policy was provided to the audit team and it provides a detailed procedure regarding sexual assault cases. The policy has numerous references, including the Standards for Health Services in Prisons – National Commission on Correctional Health Care 2014. It should be noted that CCI does not house youthful or juvenile inmates.</p> <p>115.21 (c) The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by</p>

other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

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

The medical plan of care shall include:

1. Timely and unimpeded access to emergency medical treatment without cost to the inmate patient.
2. Transfer to offsite for a SANE assessment when determined evidentiarily or medically appropriate by health care staff in consultation with the SANE.
3. Contact the PSU Supervisor/designee or on-call clinician to initiate mental health services. Interviews with medical and custody staff at CCI indicated that inmates would be transported to a public hospital for treatment and examination by a SANE, if such an examination was required. The Divine Savior Healthcare in Portage, Wisconsin is the medical facility used for forensic examinations. All such activity would be documented in the report. Two inmates were transported to the facility during the past year. Forensic exams are never conducted onsite and are always conducted at a qualified medical facility.

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

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

The CCI PREA Compliance Manager advised that his facility has an agreement with Hope House of South Central Wisconsin. Hope House is the recognized sexual assault service provider in Columbia County, Wisconsin. The audit team contacted the Hope House and confirmed that CCI has an active relationship with the Hope House. The CCI has sent two inmates to a medical facility for a forensic exam during the past year.

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

The agency has adopted policy which supports this standard. Executive Directive #72, Section XVI, B, 4 states, "The facility shall attempt to make available to the victim an advocate from a local assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. As requested by the victim, such a person shall provide emotional support, crisis intervention, information and referrals." Victim advocates are provided by Hope House of South Central Wisconsin. Hope House is the recognized sexual assault service provider for Columbia County as determined by the Department of Justice – Office of Crime Victim Services. A copy of an agreement with Hope House has been provided to the audit team and was confirmed by the audit team to contain appropriate provisions for victim support. The website for Hope House was also examined by the audit team and found to offer such services to the public. As indicated by the PREA Compliance Manager at CCI, two inmates were sent to local facilities for a forensic exam during the past year. The audit team contacted the Hope House and confirmed that they have an active and working relationship with CCI.

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

The agency has adopted policy which requires compliance to this standard. Executive Directive #72, Section XVII, C states, "When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e)..." While the Columbia County Sheriff's Department has responsibility for the investigation of criminal offenses occurring at CCI, the facility medical and investigative staff take responsibility for assuring that inmates receive the required treatment and services.

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

Auditor is not required to audit this provision.

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

and forensic examination issues in general.

The agency has adopted policy which supports this standard. Executive Directive 72, Section XVI, B, 4 states, "...If a sexual assault service provider is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues." The qualified community-based staff member would be provided by the Hope House of South Central Wisconsin. Hope House is a nonprofit organization providing services for victims of sexual assault and family/partner abuse. Services include a 24-hour help line, counseling, advocacy, crisis intervention, legal services, emergency shelter and community education. Hope House serves residents of Columbia County. All services are free and confidential. The mission of the organization is "The mission of Hope House is to prevent abuse and provide support to victims of domestic and sexual violence. Our service area includes Sauk, Columbia, Juneau, Marquette, and Adams Counties." Hope House is the Sexual Assault Service Provider (SASP) recognized by the Wisconsin Coalition Against Sexual Assault.

SUMMARY 115.21

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

- >Though the standard contains no affirmative provision for written policy the agency has developed compliant policy in Executive Directive #72, Section XVII.
- >The agency has a specific directive dedicated to the handling of evidence.
- >The agency cites several authoritative protocols used to develop its evidence handling procedures.
- >The agency provides care at no cost to the inmate.
- >Trained forensic sexual assault examiners are made available to victims at a local hospital.
- >CCI has developed a relationship with a sexual assault service agency that provides service to the community in Columbia County.
- >Criminal investigations are the responsibility of the Columbia County Sheriff's Department, a law enforcement agency serving the citizens of Columbia County.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22 (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, A states, "The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third parties and anonymous sources. DOC shall maintain a policy (ies) that governs the conduct of such investigation."</p> <p>The interview with the agency head designee confirmed that this is the policy and that investigations should be conducted on all allegations. CCI provided a list of all complaints received within the past year. Regarding the investigations at CCI the audit team was given a summary initiated between January 1, 2017 and May 4, 2018. The audit limited its review of specific reports to those initiated between May 1, 2017 and May 4, 2018. The audit team was concerned by the lack of official reports available at CCI when compared to the number of complaints. One inmate wrote a letter complaining that he reported a PREA incident that was dismissed after a five minute investigation. There was no record of the incident in the investigation log. This inmate was also interviewed.</p> <p>Upon further inquiry with the PREA Coordinator and the PREA Compliance Manager for CCI it was learned that the Wisconsin Division of Correction has adopted a procedure which allows staff to verify calls from a complaining inmate to make sure that a PREA complaint has been made. Wisconsin has experienced a high number of calls to its PREA complaint telephone lines that are not PREA complaints. The staff member examining the complaint is required to document his/her actions. The audit team requested and was provided copies of this documentation. Upon reviewing these reports the auditors found that the individuals making the inquiry were taking actions which exceeded verification of a PREA complaint, but were conducting investigations outside of the agency's stated investigation policy. The facility tracks potential PREA complaints on a form entitled SEXUAL ABUSE AND SEXUAL HARASSMENT REPORT TRACKING. Each report is assigned a report number, but not necessarily an investigation number. An example of a report that had most of the characteristics of an investigation, but not recorded as such can be found in Report Number 17-0714. The inmate reported a minor sexual assault by a staff member. The report clearly says that the incident was investigated. The victim was interviewed, staff members were interviewed, and video recordings were reviewed.</p> <p>115.22 (b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, B states, "Allegations of sexual abuse or sexual harassment that involve</p>

potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC's website."

The auditors interviewed one trained investigator assigned to the CCI and learned that criminal investigations were conducted by the Columbia County Sheriff's Department. The Columbia County Sheriff's Department is a local law enforcement agency empowered to conduct and prosecute criminal cases in the jurisdiction, Columbia County, where CCI is located.

The audit team reviewed the Internet site for the Wisconsin DOC and found information about its investigative policies, as required by this standard. The agency's PREA webpage can be found at <https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx>.

115.22 (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

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

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

Auditor is not required to audit this provision.

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

Auditor is not required to audit this provision.

SUMMARY 115.22

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

An interim report was issued indicating that this facility was deficient for the following reasons:

- >Based on the number of complete investigations compared to the number of complaints it appears that some complaints are not being investigated.
- >One inmate complained that his complaint was dismissed without an investigation.
- >The facility maintains a log of its reported cases to assure that investigations are completed. The use of the log was described by facility staff. Several cases on the log were closed without any apparent investigation or disposition.
- >A review of forms used to record possible complaints indicates that staff are investigating complaints, but not meeting all of the requirements of an investigation.

CORRECTIVE ACTION

The facility must review REPORT TRACKING forms from 2017 and 2018 to determine if an investigation of a reported sexual abuse or sexual harassment was conducted. Investigations can be characterized by interviews of potential suspects or witnesses, the viewing of video recordings, or collection of evidence. If an investigation has been conducted the facility shall assign a disposition (sustained, unsubstantiated, or unfounded), assign an investigation number, and make proper notification to the inmate regarding the disposition. The facility shall then record investigations and report those investigations to the Agency so they can properly be tracked as such. The facility must also adhere to any requirements for retaliation monitoring and incident review. At the end of the 180 day corrective action period the audit team will re-audit tracking forms and investigations to determine compliance.

Upon receipt of the interim report the facility initiated corrective actions to assure that all reports of sexual abuse/harassment are investigated. For the six month corrective action period the agency maintained detailed statistics on incident reports originating at CCI. During the CAP 104 calls originated from CCI with 23 meeting the definition of a suspected incident of sexual abuse or harassment. The facility initiated investigations on all twenty-three of those incidents, assigning an investigation number as required. The 23 investigations during the six month CAP was more than double the number of investigations conducted during the one year audit period. Extrapolating these numbers to a full year CCI will be investigating approximately 300% more reports during this subsequent months. The audit team believes that this number more closely represents the number of investigations expected for a facility of this size and security level.

The facility demonstrated additional compliance with the standard as follows:

- >The agency has developed policy in Executive Directive #72, Section XVII that is compliant with the requirements of this standard.
- >The facility reports investigation practices on its website as required by this standard.
- >Criminal investigations are conducted by the Columbia County Sheriff's Department, a law enforcement agency serving the citizens of Columbia County.
- >The agency policies and procedures were supported by an interview with the agency head designee.

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

the inmate population housed in the facility where the staff member is employed.

*115.31 (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, A, 1 states, "All staff members shall receive training every two years; in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policy." The PREA staff under the direction of the PREA Coordinator publishes a newsletter updating staff members on the latest PREA information. A copy of the newsletter was provided to the audit team.

Examination of the training log associated with the aforementioned online training system indicates that staff members at CCI have received their refresher training within the last twelve months. There were only eleven employees at CCI that have not received PREA update training.

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

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

SUMMARY 115.31

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

- >Despite no affirmative requirement by the standard for the agency to have written policy relating to this standard, the agency has developed appropriate and applicable written policy in its Executive Directive #72, Section XI.
- >The agency trains new staff regarding PREA in its academy, as indicated by several staff interviews.
- >The agency employs an online training module, complete with testing and documentation with reports. Testing is not a requisite of the standard.

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

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

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

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

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

115.33	Inmate education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>*115.33 (a) During the intake process, inmates shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, B, 1 states, “At intake, offenders shall receive information detailing the DOC’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents or suspicions.” Inmates enter the Wisconsin Division of Corrections (WDOC) through the Dodge Correctional Institution. Inmates receive their initial PREA training at this location when entering this facility. From the Dodge Correctional Institution inmates are sent to one of the many other facilities under the control of WDOC. It is at these other facilities that inmates receive more intensive orientation to include PREA education. Thirteen of the twenty-two inmates asked about PREA training occurring at CCI said that they had not received any additional PREA information at this facility. Many of those specifically stated that they knew about PREA from information received at other Wisconsin facilities. Recognizing that this was an unusually high number of negative responses the audit team presented this information to the CCI PREA Compliance Manager. Mr. Luke Weber, the PREA Compliance Manager stated to the audit team that this was an area that needed to be improved.</p> <p>*115.33 (b) Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, B, 2 states, “Within 30 days of intake at adult facilities and within 10 days at juvenile facilities, the facility shall provide a comprehensive education to offenders...”</p> <p>Interviews with inmates at CCI indicated that training at the facility was not consistent. The PREA Compliance Manager confirmed that improvement needed to be made at CCI regarding inmate training.</p> <p>*115.33 (c) Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, B, 3 states, “Upon Transfer to another facility, offenders shall receive education specific to the facility’s sexual abuse, sexual harassment and report-related retaliation policies and procedures to the extent they differ from the previous facility.”</p> <p>The inmate population that was at CCI at the effective date of the PREA standards had</p>	

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

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

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

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

The facility provided agency-wide policy which was designed to assure that inmates with disabilities were provided with services and information in a manner which accommodated their special needs. DAI Policy #: 300.00.35 provides detailed instructions for each facility to follow regarding inmates with special needs. This includes the requirement that an ADA Coordinator be established at every facility. This directive provides for the accommodation of inmates with developmental needs as well as those who are visually or hearing impaired. Interviews with a hearing impaired inmate, a Spanish speaking inmate and two disabled inmates indicate that the facility has not provided additional education regarding the Prison Rape Elimination Act. This is consistent with information received from the PREA Compliance manager at CCI.

The audit team has confirmed that the agency's language assistance contract was intact and accessible.

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

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, B, 5 states, "Each facility shall maintain documentation of offender participation in these education sessions." The agency recently has converted its documentation to a computerized log with electronic signatures. This system is capable of printing an acknowledgement page. Since it has been established that the facility will be improving its training procedures, no further inspection was done.

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

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, B, 6 states, "Each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, handbooks, and other written formats." Standard posters in English and Spanish were visible throughout the facility and on each housing unit. This standard is further addressed in the corrective action plan.

SUMMARY 115.33

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

An interim report was initiated indicating that this standard was not met for the following reasons:

- >Over half of the inmates questioned regarding training at CCI stated that no training was being done.
- >The PREA Compliance Manager confirmed that improvement in this area would be needed.

CORRECTIVE ACTION

The facility began a corrective action period upon receipt of the interim report. The facility provided a memo to intake officers to provide training to inmates entering the facility. The facility also provided a log verifying training of inmates entering the facility between July and November. Given that inmates are trained at the agency's intake facility, the Dodge Correctional Institution, minimal training is required at CCI to inform inmates of procedures specific to this facility. Additionally, the agency is undertaking a program to put PREA information on the back of inmate ID cards.

Partial compliance with the standard had already been demonstrated as follows:

- >The agency has developed policy in Executive Directive #72 that supports the requirements of this standard despite no affirmative mandate to do so.
- >The agency provides training materials for inmates that have limited English capability.
- >The agency has developed specific policy to instruct staff members how to assist individuals with disabilities.
- >Each facility must assign an ADA coordinator to handle disability issues.
- >Written materials were observed throughout the facility.

115.34	Specialized training: Investigations
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1476 481">*115.34 (a) In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p data-bbox="252 537 1484 828">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XI, A, 4 states, “Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion.”</p> <p data-bbox="252 884 1484 1131">The auditors interviewed an investigator assigned to CCI. The investigator advised that he attended a training class which covered those items listed in the standard. He received a certificate of completion from the agency documenting the training. The auditors also received curriculum and training materials related to the specialized class. The audit team also spoke to one of the individuals from the PREA Coordinators Office that provides some of the required training. This individual confirmed the training program and explained how it was documented.</p> <p data-bbox="252 1187 1484 1344">*115.34 (b) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="252 1400 1476 1512">The interviews with the investigators confirmed that the training attended included the topics described in the standard. Furthermore, an examination of the curriculum also provided proof of the information presented during the training.</p> <p data-bbox="252 1568 1372 1646">*115.34 (c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p data-bbox="252 1702 1484 1859">The auditor was provided a training log on indicated the staff members trained to conduct sexual abuse investigations. The log indicated names of those investigators trained, facilities where the individual was assigned, and the dates of the training. There were four investigators from the CCI on the log including the individual that the audit team interviewed.</p> <p data-bbox="252 1915 502 1948">SUMMARY 115.34</p> <p data-bbox="252 1960 1308 1993">A determination of MEETS STANDARDS was assigned for the following reasons:</p> <ul data-bbox="252 2004 1476 2161" style="list-style-type: none"> <li data-bbox="252 2004 1476 2072">>The agency has developed policy in Executive Directive #72 supporting the standard despite no affirmative requirement to do so. <li data-bbox="252 2083 1476 2161">>The investigator interviewed at the facility had been trained and received a certificate documenting the training.

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

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

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

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

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

SUMMARY 115.35

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

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

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.41 (a) All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XII, A states, "Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, and again upon transfer to another facility, for the risk of being sexually abused by other offenders or sexually abusive toward other offenders." Screening is performed by the Psychological Services Unit at CCI. The auditors interviewed one staff members who had responsibility for screening inmates entering CCI. The staff member reported that the inmates are interviewed within 72 hours of arrival at the facility. The audit team learned that the Wisconsin had recently implemented a computerized system for conducting screenings. The program was capable of providing a list of inmates recently received into CCI with their original screening date and a 30 day due date. Most of the inmates questioned about screening specifically recall the process and that it took place shortly after arriving at the facility.</p> <p>*115.41 (b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive 72, section XII, A states, "Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, for risk of being sexually abused by other offenders or sexually abusive to other offenders." The audit team learned that the Wisconsin had recently implemented a computerized system for conducting screenings. The inmates confirmed that initial screening occurred shortly after arrival at CCI.</p> <p>*115.41 (c) Such assessments shall be conducted using an objective screening instrument.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, section XII, A states, "The objective screening instrument shall include, at a minimum, the following criteria." A blank copy of the screening assessment was provided as evidence that the screening process had been developed and was in place. However, the agency has developed an online assessment tool that is displacing the paper system. The screening assessment takes into consideration those items required in 114.41 (d).</p> <p>*115.41 (d) The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10)</p>

Whether the inmate is detained solely for civil immigration purposes.

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

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

A review of a blank form used for screening. The form contained the above listed factors as criteria for evaluation of risk. The staff members interviewed regarding the screening process confirmed that the form used for screening and presented to the auditors was the same form used to conduct the screening of inmates. The agency now has an automated version of its screening form.

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

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

Copies of the screening instrument developed by the Department of Corrections clearly indicate that prior acts of sexual violence and abuse are considered during the assessment. A review of blank forms and completed forms indicates that the forms are identical and that they contain the evaluation criteria required in this provision. The automated version of the screening tool also meets these qualifications. The staff member interviewed regarding the screening process confirmed that he is using the automated system for screening. The program was capable of providing a list of inmates recently received into CCI with their original screening date and a 30 day due date.

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

The agency has adopted policy that complies with this standard. Executive Directive 72,

Section XII, D states, "In addition to the initial screening, within 30 days of arrival, the facility shall reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening." The audit team learned that the Wisconsin had recently implemented a computerized system for conducting screenings. The program was capable of providing a list of inmates recently received into CCI with their original screening date and a 30 day due date. Inmate interviews indicated that only two inmates recalled a second screening at CCI. The Pre-audit questionnaire indicated that only 36% of the inmates entering the facility in the past year received a second screening. The staff member performing screening did not confirm that the second assessment was routinely occurring.

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

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XII, D states, "Thereafter, an offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness." The PREA Compliance Manager was interviewed regarding this standard and he advised that new information would be used to update an inmate risk assessment. The PREA Compliance Manager provided an example when such new information was used to update an inmate's status.

*115.41 (h) Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

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

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

*115.41 (i) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

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

The screening is done through an online system and access to the information is limited to those who have a need to know. The PREA Coordinator advised that the screening system

has rules of access that control dissemination of screening information. She also advised that the system can be audited to monitor usage.

SUMMARY 115.41

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

An interim report was provided to the facility that indicated that this standard was deficient for the following reasons:

- >Inmates that clearly remember the first screening at CCI reported no second screening or review of such initial screening.
- >The facility reported statistics that only 36% of the inmates had received a 30 day review of the initial screening.
- >A staff member that should be familiar with the screening process failed to confirm that the 30 day review was consistently being accomplished.

CORRECTIVE ACTION

The facility must assure that it complies with the requirements of 115.41(f) regarding the 30-day reassessment of its initial risk screening. The agency is able to track its assessment efforts through an automated system. At the end of the 180-day corrective action period the facility shall present the system generated report that indicates the dates of admission screening at CCI.

The facility began its 180 day corrective action period upon receipt of the interim report. This auditor is familiar with WIDOC's agency wide system for tracking screening as it is used in other agency facilities. For the months of July through September 2018 CCI produced a report indicating that the thirty day re-assessments were being completed within the 30 day period at a rate of 62%. During the final three months of the CAP the re-assessments were being completed within the 30 day period at a rate of 95%. Additionally, the average length in days of the overdue assessments fell from 13.65 days during the first three months of corrective action to only 6.0 days during the final three months. Given the marked improvement the auditor felt that the facility has shown substantial compliance with the standard.

Partial compliance with the standard was previously demonstrated as follows:

- >The agency has developed policy in Executive Directive #72 that is compliant with all components this standard.
- >A screening tool has been developed and has been placed into use. The tool meets the requirements of the standard.
- >Inmates entering the facility are screened upon entry into the facility.
- >Staff members and inmates confirm that the screening process is currently in place.
- >There is no indication that any inmates have ever been disciplined for refusing to answer questions related to screening.
- >Access to the information on the screening information is controlled by the PREA Compliance Manager.

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

shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

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

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

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

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

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

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

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

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

Section XIII, E states, "Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders." Transgender inmates confirmed this during the interview process.

*115.42 (g) The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIII, E states, "Lesbian, gay, bisexual, transgender or intersex offenders shall not be placed in dedicated facilities, wings or units solely on the basis of such identification or status." Through observation of facility operations and interviews with staff members and inmates there was no indication that the facility was operating contrary to its stated policy. Interviews with one bisexual and two gay inmates indicated that there was not any single housing unit designated for individuals that are gay, bisexual, transgender or intersex.

SUMMARY 115.42

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

- >The agency has adopted written policy in Executive Directive #72 that complies with the standard even though the standard has no affirmative requirement to do so.
- >The agency uses the information collected to assist in making housing decisions; however, the nature of the facility and the high level of internal security provides for a safe environment.
- >CCI has no dedicated housing units for LGBTI inmates.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.43 (c) The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIII, E states, "Involuntary separation from the general population shall only be until alternative means of separation from likely abusers can be arranged and should not ordinarily exceed 30 calendar days." As previously mentioned, the CCI has been avoiding the use of its restrictive housing unit to protect inmates that are at risk for sexual abuse. The facility makes use of its single cells and well supervised environment to protect its inmates.</p> <p>*115.43 (d) If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged.</p> <p>Restricted housing at CCI is primarily used for behavioral issues. Interviews with staff members working the restrictive housing unit confirmed this during the interview process.</p> <p>*115.43 (e) Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive 72, Section XIII, E states, "Every 30 days, the facility shall review the offender's circumstances to determine whether there is a continuing need for separation from the general population and document accordingly." The agency has developed a form to be used for such review, if needed.</p> <p>SUMMARY 115.43 A determination of MEETS STANDARDS was assigned for the following reasons: >The agency has adopted written policy in Executive Directive #72 that complies with the standard even though the standard has no affirmative requirement to do so. >CCI has not been using restrictive housing as a means of protecting inmates from sexual abuse preferring to use other methods. >If in the unlikely event an inmate were to be placed in restrictive housing for reasons of protective custody the agency has a policy and a form for monitoring such placement.</p>

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

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

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

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

- a. Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC;
- b. Any incidents of retaliation against offenders or employees who reported such an incident; and/or
- c. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation."

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

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

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

Twelve officers were interviewed regarding this standard.

SUMMARY 115.51

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

- >The agency has adopted policy that is compliance with the standard in Executive Directive #72, Section XIV, even though the standard has no affirmative requirement to have such a written policy.
- >Interviewed staff members uniformly reported that they would take all PREA complaints regardless of the source or nature of the information.
- >The agency provides to inmates two different hotline numbers for inmates to report incidents, one of those numbers reports to a law enforcement agency outside of the DOC.
- >Staff members reported during interviews that they could make private complaints to supervisors or management.

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

*115.52 (e) (1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

N/A

*115.52 (f) (1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

N/A

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

N/A

SUMMARY 115.52

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

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

115.53	Inmate access to outside confidential support services
	<p data-bbox="252 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1468 616">*115.53 (a) The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.</p> <p data-bbox="252 660 1484 1086">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 5 states, "Thereafter, the facility shall provide offenders with access to outside victim advocates, with whom the DOC shall maintain or attempt to enter into memoranda of understanding with, for emotional support services related to sexual abuse. Access includes giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to offenders of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."</p> <p data-bbox="252 1131 1484 1601">The CCI refers its inmates to Hope House of South Central Wisconsin which provides free, confidential support for victims of sexual assault and domestic violence. CCI has entered into a memorandum of understanding between the CCI and Hope house providing an outline of responsibilities for both the CCI and Hope House. Section C of the agreement provides guidelines for privacy, confidentiality, and exchange of information. Information regarding Hope House has been distributed to the inmates at CCI. A copy of that notice has been retained by the audit team. Despite the fact that information regarding this standard had been distributed to inmates and posters are clearly displayed in the facility nearly two-thirds of the inmates interviewed reported being unaware of the services provided. Even though the inmate response was disappointing, the audit team felt that the facility had made a proper effort to provide the required information</p> <p data-bbox="252 1646 1484 1769">*115.53 (b) The facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p data-bbox="252 1814 1476 2072">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 5 states, "...The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to offenders of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."</p> <p data-bbox="252 2116 1292 2150">The facility provides specific information on a poster regarding the monitoring of</p>

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

*115.53 (c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

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

SUMMARY 115.53

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

- >The agency has adopted policy in support of this standard in its Executive Directive #72, Section XVI. Written policy has been provided despite no affirmative requirement to do so.
- >Inmates have been provided access to a community sexual assault advocacy resource.
- >A written agreement was provided identifying Hope House of South Central Wisconsin as the local service provider.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.54 (a) The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>The agency has provided instructions to the community on its website explaining how third party reports can be made on behalf of an inmate. The audit team has examined the website.</p> <p>The website URL is: https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</p> <p>SUMMARY 115.54</p> <p>A determination of MEETS STANDARDS was assigned for the following reasons:</p> <ul style="list-style-type: none"> >The agency publishes information on its website regarding third-party reports.

115.61	Staff and agency reporting duties
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 528">*115.61 (a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="252 584 1410 658">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIV, C, 1 states as follows:</p> <ol data-bbox="252 669 1458 1043" style="list-style-type: none"> 1. Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports [§115.51(c), §115.351(c)]; and immediately report [§115.61(a), §115.361(a)]: <ol style="list-style-type: none"> a. Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC; b. Any incidents of retaliation against offenders or employees who reported such an incident; and/or c. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p data-bbox="252 1099 1474 1301">The audit team interviewed medical and mental health staff assigned to HSU and PSU. These staff members knew that they were required to report any suspected or actual cases of sex misconduct. Furthermore, all three staff members stated that she had, in fact, made reports in the past. All ten of the random officers interviewed confirmed that the agency requires them to report all incidents and suspicions regarding sexual misconduct in their facility.</p> <p data-bbox="252 1357 1474 1514">*115.61 (b) Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="252 1570 1474 1906">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIV, C, 5 states, “Employees shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators, and designated officials. Such information shall be limited to information necessary to make treatment, investigation, and other security and management decisions.” Interviews with staff members on all shifts indicate they have been trained on all reporting policies. There were no indications that confidentiality had been breached by any staff in the facility. There were no complaints from any inmates interviewed that confidentiality had been breached.</p> <p data-bbox="252 1962 1474 2119">*115.61 (c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.</p>

The agency has adopted policy to support this standard. Executive Directive #72, Section XIV, C, 6 states' "Medical and mental health practitioners shall be required to report sexual abuse and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services." The interview with the Health Services Unit staff member indicated that the inmates are informed of the health care practitioner's duty to report. The agency provided a copy of form DOC1023 – LIMITS OF CONFIDENTIALITY OF HEALTH INFORMATION. This form indicates the provider's duty to report and is signed by the inmate. The original document is maintained by the agency and a copy is given to the patient.

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

There are no youthful inmates in the CCI.

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

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIV, C, 1 states as follows: 2. Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports [§115.51(c), §115.351(c)]; and immediately report [§115.61(a), §115.361(a)]: d. Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC; e. Any incidents of retaliation against offenders or employees who reported such an incident; and/or f. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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

SUMMARY 115.61

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

- >The agency has adopted the required policy to meet this standard in Executive Directive #72,Section XIV.
- >Interviewed staff members confirm knowledge of the reporting policy.
- >Confidentiality is maintained.
- >Designated investigators receive all complaints of sexual misconduct.

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

115.63	Reporting to other confinement facilities
	<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 1469 448">115.63 (a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p data-bbox="248 499 1458 790">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, C, 8 states, “ Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred. In the event the alleged victim is a juvenile, facility employees shall also notify the appropriate investigative agency. All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”</p> <p data-bbox="248 842 1458 916">115.63 (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="248 967 1458 1131">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, C, 8 states, “ Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred.”</p> <p data-bbox="248 1182 1238 1218">115.63 (c) The agency shall document that it has provided such notification.</p> <p data-bbox="248 1270 1434 1388">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, C, 8 states, “All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”</p> <p data-bbox="248 1440 1449 1514">115.63 (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="248 1568 1458 1859">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, C, 8 states, “ Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred. In the event the alleged victim is a juvenile, facility employees shall also notify the appropriate investigative agency. All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”</p> <p data-bbox="248 1910 1458 2114">The facility indicated that one such notification had been received and the case had been investigated. The case was listed as 3951 and it appeared on the summary of investigations provided by CCI. The incident was determined to be "unsubstantiated". The Warden stated that his facility would investigate the inmate’s complaint to the extent possible and notification of their findings would be sent to the facility where the incident was to have occurred.</p>

SUMMARY 115.63

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

- >The agency has developed policy to support the standard.
- >The PREA Compliance Manager/Security Director confirmed that he makes the notification on behalf of the warden in the time span specified.
- >The facility initiates an investigation to document the report and subsequent notification.
- >A copy of the notification documentation was provided to the audit team.
- >Documentation was provided that indicated that received notifications were investigated.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64 (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, A, 1 states, "If the first employee responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, then notify security staff."</p> <p>The audit team examined the training records that indicated that all employees must take the same online PREA training. A search of the CCI training records indicated that non-custody staff at all levels had completed training which includes information related to this standard. During the facility tour the auditor asked non-custodial staff to explain their response to an incident in progress and both responded that they would call for help and protect evidence.</p> <p>SUMMARY 115.64</p> <p>A determination of MEETS STANDARDS was assigned for the following reasons:</p> <ul style="list-style-type: none"> >The agency has developed policy in Executive Directive #72 in support of the standard. >The security staff clearly had been trained in responding to cases of sexual assault. >When interviewed, security staff responded positively to the questions relating to first responder duties. >Non-security staff members have been trained regarding their responsibilities and responded to related questions appropriately.

115.65	Coordinated response
	<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 1449 450">115.65 (a) The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="252 499 1469 577">In response to this standard the facility the facility responded that it did not have one and only a template was available.</p> <p data-bbox="252 627 497 660">SUMMARY 115.65</p> <p data-bbox="252 710 1481 788">The interim report that was provided to the facility indicated that this standard was deficient for the following reason:</p> <p data-bbox="252 797 967 831">>The facility did not provide a complete plan as require</p> <p data-bbox="252 887 558 920">CORRECTIVE ACTION</p> <p data-bbox="252 969 1477 1048">The facility must develop a plan that meets agency and PREA standards making it available to the staff and management at CCI.</p> <p data-bbox="252 1097 1469 1220">The facility began its corrective action period after the receipt of its interim report. The facility provided a complete plan that was developed in accord with agency policy and was compliant with the standard.</p>

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

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67 (a) The agency shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVIII, A, states, “Each facility shall designate an employee(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected.” The audit team interviewed (documented) the staff member at the CCI designated to monitor retaliation. This individual was familiar with policies regarding retaliation.</p> <p>115.67 (b) The agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVIII, B, states, “For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who were reported to have experienced sexual abuse to determine if retaliation occurred. For offenders, such monitoring shall include periodic status checks. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need.”</p> <p>The individual designated to monitor retaliation was familiar with the standard and familiar with strategies used to protect individuals reporting sexual misconduct. However, the staff member stated that retaliation monitoring was not routinely occurring and there would be no documentation to support compliance with the standard.</p> <p>115.67 (c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVIII, B, states, “For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the</p>

offender(s) or employee(s) who reported the sexual abuse and the offender(s) who were reported to have experienced sexual abuse to determine if retaliation occurred. For offenders, such monitoring shall include periodic status checks. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need.”

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

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

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

As previously indicated, retaliation monitoring was not occurring at CCI.

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

As previously indicated, retaliation monitoring was not occurring at CCI.

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

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

SUMMARY 115.67

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

An interim report was provided to the facility indicating that this standard was not met for the following reasons:

- > The agency member that was now assigned to monitor retaliation advised that retaliation monitoring was not occurring.
- > There was no documentation provided to indicate any monitoring beyond the initial contact with the victim.

CORRECTIVE ACTION

The audit team learned that the agency has already developed form DOC-2767 to help the facility monitor retaliation. The CCI should use the forms as designed and continue to use the

form beyond the initial contact date, when necessary. If the facility has evidence of long-term monitoring of past sexual abuse cases, the documentation should be presented to the audit team for each qualifying event occurring during the past year when compared to the investigation log provided. Absent documentation for qualifying cases from the past year the CCI shall monitor and provide appropriate documentation for each case occurring during the next six months.

Upon receipt of the interim report the facility initiated a corrective action period. The facility began to identify victims of sexual abuse and initiated the form # DOC-2767, as required by agency policy. The form provided a vehicle for tracking the monitoring of retaliation. At the end of the corrective action period the facility provided completed tracking forms documenting it compliance with the standard.

Partial compliance with the standard has been demonstrated as follows:

- >The agency has adopted policy in Executive Directive #72 that is compliant with the standard.
- >The agency has designated a staff member to monitor retaliation.

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

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

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

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

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

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

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

The investigative staff member interviewed was aware of the policy and confirmed that they followed the policy. The audit team all six completed investigations from the previous year for further review. The audit team avoided cases that were still open. All of the investigations appeared to be thorough, timely, and objective. When asked about the timeliness of investigations the interviewed investigator stated that investigations are initiated as quickly as possible, but some prioritization is done so that more serious cases get prompt attention.

The audit team, based on its experience with facilities with similar size and security level, became concerned with the small number of investigations available for review. The team began an examination of a PREA complaint log that was maintained for the facility. The PREA Compliance Manager explained that due to a large number of complaints that are reported as PREA incidents, but then turn out to be some other complaint, the facility interviews the reporting inmate to determine if the his complaint meets the requirements of a PREA investigation. A tracking form was completed on each complaint and the audit team requested copies of those forms. Upon reviewing these forms it was discovered that the facility was conducting investigations, but not reporting them as such. Interviews were being conducted with victims, witnesses and suspects. Video tape was also being reviewed. In some cases dispositions were provided. However, the incidents were not being recorded as investigations and often key elements of a complete PREA investigation were missing. (See 115.22 for further information). Incidents that clearly should have been reported to the agency as PREA investigations were not being given full investigations.

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

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

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

*115.71 (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, D states, "Investigators shall preserve and/or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."

The audit team interviewed one investigator regarding the facility's investigative methods as they relate to this standard. The investigator stated he would review evidence, conduct interviews, and review video camera recordings. He said that he would be responsible for gathering written statements, video evidence and collecting physical evidence. In some cases he would secure the scene for the Columbia County Sheriff's Department. The warden confirmed that the Columbia County Sheriff's Department is the law enforcement agency responsible for investigating sexual misconduct complaints that could result in criminal prosecution.

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

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

*115.71 (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph

examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

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

The investigator interviewed for this audit requirement stated that he would not pre-judge any evidence or testimony. He stated that his determinations would be based on evidence, witnesses, and history. He further stated that he would not require an inmate to take a polygraph exam as a condition of taking the complaint and investigating. There was no indication in any of the reviewed reports that polygraph examinations were ever used.

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

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

Since criminal cases are handled by the Columbia County Sheriff's Office, all of the reports submitted by CCI investigators are administrative. According to the investigators interviewed, all pertinent information is included in the report including staff actions that would have contributed to abuse. If the Security Director determined that staff actions or failures contributed to an incident a separate investigation would be initiated.

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

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

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

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

for prosecution.

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

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

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

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

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

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

The interview with the investigator confirmed that the investigation would continue. If the indicated if the case had been referred to the Sheriff's Office because of criminal allegations the criminal investigation would continue. The investigator stated that he would attempt to continue the administrative investigation.

*115.71 (k) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
Auditor is not required to audit this provision.

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

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

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

SUMMARY 115.71

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

An interim report was issued for the facility indicating CCI failed to meet the requirements set forth in 115.71(a):

>The facility is not completing investigations or recording incidents that qualify as investigation even though many of the steps take by staff members clearly indicate that an investigation has been initiated.

CORRECTIVE ACTION

The facility must review each reported incident from 2017 and 2018 to determine if an investigation was conducted or should have been conducted. For those cases that were investigated or needed to be investigated the facility must report those cases as such, provide a disposition and notify the inmate of the results of the investigation. Continuing for the next 180 days the facility must conduct investigations as required by this standard. The audit team will review the complaint log, tracking forms and investigations to determine if the required investigations are being conducted.

For the six month corrective action period the agency maintained detailed statistics on incident reports originating at CCI. During the CAP 104 calls originated from CCI with 23 meeting the definition of a suspected incident of sexual abuse or harassment. The facility initiated investigations on all twenty-three of those incidents, assigning an investigation number as required. The 23 investigations during the six month CAP was more than double the number of investigations conducted during the one year audit period. Extrapolating these numbers to a full year CCI will be investigating approximately 300% more reports during this subsequent months. The audit team believes that this number more closely represents the number of investigations expected for a facility of this size and security level.

The facility also demonstrated compliance as follows:

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

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

>An interview with investigators at CCI confirmed compliance to the standard and agency policy.

>The Columbia County Sheriff's Department conducts criminal investigations in accordance with its rules and regulations regarding criminal investigations and prosecutions in Columbia County.

>The warden also confirmed the relationship between the CCI and the Columbia County Sheriff's Department

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.72 (a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, G states, "The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated." An interview with two of the CCI investigators indicated that they were familiar with this provision and they complied with related agency policy. A review of administrative reports maintained at the CCI revealed no deviations from stated policy.</p> <p>SUMMARY 115.72</p> <p>A determination of MEETS STANDARDS was assigned for the following reasons:</p> <ul style="list-style-type: none"> >The agency has developed policy in it Executive Directive #72 supporting the standard. >The CCI investigator confirmed compliance with the policy. >A review of the investigative reports revealed no deviations from the policy.

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

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

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

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

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

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

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

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

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

Auditor is not required to audit this provision.

SUMMARY 115.73

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

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

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

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.76 (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p>
	<p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 1 states, "Staff members who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions up to and including termination." There were no substantiated cases of sexual abuse or harassment during the past year.</p>
	<p>*115.76 (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p>
	<p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 3 states, "Termination is the presumptive sanction for a staff member who engaged in sexual abuse. All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies."</p>
	<p>*115.76 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p>
	<p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 2 states, "Sanctions shall be commensurate with the nature and circumstances of the violation, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories."</p>
	<p>*115.76 (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p>
	<p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 3 states, "Termination is the presumptive sanction for a staff member who engaged in sexual abuse. All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies."</p>
	<p>SUMMARY 115.76 A determination of MEETS STANDARDS was assigned for the following reasons: >The agency has developed policy in Executive Directive #72 that is compliant with the</p>

standard.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.77 (a) Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 4 states, “Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors.” The warden in his interview stated possible criminal cases involving contractors or volunteers would be pursued by the Columbia County Sheriff’s Department in conjunction his investigative staff. Relevant licensing bodies would be notified per Department policy.</p> <p>*115.77 (b) The facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, A, 4 states, “Appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors.” During the interview with the warden he elaborated on this standard stating that contractors or volunteers found to be engaging in any form of sexual misconduct would be banned from the facility. The facility has not had any cases involving contractors or volunteers during the past year.</p> <p>SUMMARY 115.77 A determination of MEETS STANDARDS was assigned for the following reasons: >The agency has adopted policy in support of the standard. >The interview with the warden supported the agency policy.</p>

115.78	Disciplinary sanctions for inmates
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>*115.78 (a) Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, B, 1 states, "Offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process." The agency provided a comprehensive inmate discipline manual entitled RULES OF DEPARTMENT OF CORRECTIONS, DIVISION OF ADULT INSTITUTIONS, DOC 303 RELATING TO DISCIPLINE, CODE OF INMATE OFFENSES AND DISCIPLINARY PROCEDURES. The interview with the Warden confirmed that the CCI uses the aforementioned code when administering inmate discipline.</p> <p>*115.78 (b) Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, B, 1 states, "Sanctions shall be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories." During the interview the warden stated that there were guidelines in place to control sanctions along with a mitigation process.</p> <p>*115.78 (c) The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, B, 3 states, "The disciplinary process shall consider whether a perpetrating offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." The warden confirmed that the inmate's mental state would be considered when imposing sanctions. There were too few substantiated cases over the last three years to make any meaningful conclusions.</p> <p>*115.78 (d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XIX, B, 4 states, "The facility shall consider requiring perpetrating offenders to participate in interventions, such as therapy or counseling, to address and correct underlying</p>	

reasons or motivations for the abuse. For juveniles, the DOC may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to general programming or education.” The interview with the mental health staff member indicated that such interventions are offered to the inmate and such treatment is encouraged to the extent that it is felt beneficial to the inmate.

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

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

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

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

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

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

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

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

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

SUMMARY 115.78

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

- >The agency has adopted policy in Executive Directive #72 that is compliant with this standard.
- >Interviews with staff support the standard.
- >The agency has a written policy regarding inmate discipline.

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

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

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

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

*115.81 (e) Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

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

SUMMARY 115.81

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

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

115.82	Access to emergency medical and mental health services
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>*115.82 (a) Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 1 states, "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment." Specific and detailed procedures support this directive can be found in Division of Adult Institution Policies & Procedures, DAI Policy #500.30.22, #500.30.11, and #500.30.19. The interview with the nurse assigned to HSU (see 115.35) continued and she stated that inmates are provided the medical care indicated in the standard.</p> <p>*115.82 (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>The agency has policy that complies with this standard. The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, states, "In the event that no qualified medical or mental health practitioners are on duty at the time of a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health employees. The first responders interviewed stated that they were aware of their responsibility to notify medical.</p> <p>The facility has policies in place for the notification of medical personnel when needed and not immediately available. These notifications are in place for all situations, not just incidents of sexual assault.</p> <p>*115.82 (c) Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 3 states, "The DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted disease prophylaxis." The staff member from HSU stated that the inmate's at CCI are treated for suspected exposure to sexually transmitted diseases. Since this an all-male facility the emergency contraception provision does not apply.</p> <p>*115.82 (d) Treatment services shall be provided to the victim without financial cost and</p>	

regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

SUMMARY 115.82

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

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

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<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 1461 450">*115.83 (a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p data-bbox="252 499 1469 875">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, B, 6 states, “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.” Interviews with staff members assigned to the Health Services Unit and the Mental Health Unit confirmed that such services are provided. Written materials provided to the inmates indicate that such services are available.</p> <p data-bbox="252 925 1477 1048">*115.83 (b) The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p data-bbox="252 1097 1477 1391">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, B, 6 states, “The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.” Interviews with staff members assigned to the Health Services Unit and the Mental Health Unit confirmed that such services are provided. Written materials provided to the inmates indicate that such services are available.</p> <p data-bbox="252 1440 1414 1518">*115.83 (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="252 1568 1477 1906">The agency has adopted policy consistent with this standard. The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVII, B, 2 states, “All medical and mental health treatment services shall be provided..., and in manner consistent with the community level of care.” The HSU nurse interviewed (see 115.35) stated that she felt that the care provided inmates was equal to that provided to the community. The psychologist interviewed (see 115.35) stated that he felt that the care provided inmates was equal to that provided to the community. This is further supported by the practice of providing sexual assault treatment at the local hospital that also serves the public.</p> <p data-bbox="252 1955 1461 2033">*115.83 (d) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p data-bbox="252 2083 906 2116">CCI is a male facility; this standard does not apply.</p>

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

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

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

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 7 states, "Victims of sexual abuse shall be offered tests for sexually transmitted infections. Victims of sexually abusive vaginal penetration shall be offered pregnancy tests, in addition to timely and comprehensive information about and timely access to lawful pregnancy-related medical services. Medical staff members confirm that this treatment is provided. Additionally, inmates are transported to an outside medical facility for the forensic exam. Such tests are routine at facilities conducting such examinations.

*115.83 (g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

*115.83 (h) All prisons attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XVI, B, 2 states, "Further, facilities shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." The interviewed psychologist (see 115.35) stated that such evaluations are conducted and treatment begun within two weeks of learning that an inmate has a history of sexual abuse.

SUMMARY 115.83

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

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

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

>Inmates do not pay for any medical services.

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

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.86 (a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XX, A, states “All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded.” Additionally, the facility has also developed Facility Procedure #: 900.116.02 that describes in detail how the review should be accomplished. The warden confirmed during his interview that reviews of incidents are completed. The warden is part of the review team and personally participates in the reviews.</p> <p>*115.86 (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XX, A, states “All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded.” Facility Procedure #: 900.116.02 also supports the standard. According to the PREA Compliance Manager, the case review occurs within thirty days and usually within a week. The Warden also confirmed that the review is completed in a timely manner.</p> <p>*115.86 (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XX, A, states, “The team shall consist of upper level management officials with input from supervisors, investigators and medical and mental health practitioners.” Facility Procedure #: 900.116.02 provides a list of individuals who make up the review team. The team includes: Warden, Deputy Warden, PREA Compliance Manager, PREA Investigator, Victim Support Coordinator, HSU Nursing Supervisor – if applicable, and the PSU Supervisor – if applicable. The team will receive input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>115.86 (d) The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6)</p>

Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

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

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees; and
6. Prepare a report of its findings, including but not necessarily limited to determinations made in the above items, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager."

While policy has been in place regarding the review, the facility responded in the Pre-Audit Questionnaire that this process was not being done.

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

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XX, A, states, "The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so." During the interview process, the PREA Compliance Manager was questioned regarding the operation of the incident review team. The PREA Compliance Manager, a member of the review team, would be responsible for implementing change and documenting as required. The facility uses a standard format to document reviews. Copies of two recent reviews have been retained as evidence of compliance.

SUMMARY 115.86

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

An interim report was issued for the facility indicating CCI failed to meet the requirements set forth in 115.86(a) :

>The facility clearly stated that this process was not being completed.

CORRECTIVE ACTION

The facility must develop its review team as indicated by agency policy and begin reviewing sex abuse investigations that have dispositions of founded or unsubstantiated. The review

must be completed within 30 days of the completion of the investigation and documented on the agency form developed for that purpose. Within 30 days of this report the facility will review qualified reports from the last twelve months prior to the audit and then continue the process until the end of the corrective action period. The facility will provide copies of all completed review forms.

The facility has begun reviewing investigations as required. The Agency uses form DOC-2863, Sexual Abuse Incident Review Form (SAIR) to document the process. The facility performed reviews of old cases going back to 2017. The facility continued to review the new cases through the corrective action period.

Partial compliance with the standard was demonstrated as follows:

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

115.87	Data collection
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1398 443">115.87 (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="252 499 1453 913">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” A review of the agency’s website supports compliance with the standard.</p> <p data-bbox="252 969 1374 1043">*115.87 (b) The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="252 1099 1445 1346">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” The agency has posted data for the years 2014 through 2016.</p> <p data-bbox="252 1402 1477 1518">*115.87 (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="252 1574 1445 1861">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” A review of the agency’s website reveals reports have been posted as required.</p> <p data-bbox="252 1917 496 1951">115.87 SUMMARY</p> <p data-bbox="252 1962 1302 1995">A determination of MEETS STANDARDS was assigned for the following reasons:</p> <ul data-bbox="252 2007 1046 2074" style="list-style-type: none"> >The agency has adopted policy compliant with the standard. >Compliant reports appear on the agency website.

115.88	Data review for corrective action
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1455 533">*115.88 (a) The agency shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p data-bbox="252 584 1477 831">The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 2, states, “The data collected and aggregated shall be analyzed to assess and improve effectiveness of the DOC’s sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility as well as the DOC as a whole.”</p> <p data-bbox="252 882 1474 1173">The facility provided a copy of the agency’s 2014 report. The 2015 report also is available on the agency’s website. The report provides the required information as indicated by the standard. The agency head designee during the interview indicated that the information in the annual report is used to improve the agency’s response to sexual misconduct. The PREA Coordinator addressed this standard stating that all investigations are tracked in the central PREA Office, where they are securely maintained. An office staff member has been given the task of data analysis providing information to management.</p> <p data-bbox="252 1225 1471 1346">*115.88 (b) Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.</p> <p data-bbox="252 1397 1465 1518">The agency’s website was examined and found to have detailed reports covering years 2014 through 2016. The reports contained the comparison data required, as well as other data required by the standard, if necessary.</p> <p data-bbox="252 1570 1426 1646">*115.88 (c) The agency’s report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.</p> <p data-bbox="252 1697 1465 1774">The agency’s website was examined and found to have detailed reports covering years 2014 through 2016. The reports have been approved by the agency head.</p> <p data-bbox="252 1825 1468 1946">*115.88 (d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p data-bbox="252 1998 1465 2119">The agency’s website was examined and found to have detailed reports covering years 2014 through 2016. No information has been redacted from these reports. The PREA Coordinator stated during her interview that identifying data would be redacted, if included in the report.</p>

115.88 SUMMARY

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

- >The agency has developed policy which supports the standard in Executive Directive #72, Section XXI, though no written policy is required by the standard.
- >The agency has produced comprehensive reports for the years 2014 and 1015.
- >The reports have been posted on the agency’s website without redactions.
- >Interviews with staff involved in the reporting process confirm that the reports are used for the intended purpose.
- >The reports have been signed by the agency head.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89 (a) The agency shall ensure that data collected pursuant to § 115.87 are securely retained.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “All data shall be securely retained and maintained for at least 10 years after the date of initial collection.” The PREA Coordinator advised that the investigations and associated data are store securely in the electronic file at the PREA Office.</p> <p>*115.89 (b) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” The agency maintains a public website with a web address of http://doc.wi.gov/About/DOCOverview/Office-of-the-Secretary/Prison-Rape-Elimination-Act-Unit. The site contained reports for 2014 through 2016.</p> <p>*115.89 (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p>The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 1, states, “This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually.” The reports from 2014 through 2016 were examined and found</p>

to be free of personal identifiers.

*115.89 (d) The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

The agency has adopted policy that complies with this standard. Executive Directive #72, Section XXI, A, 3, states, "All data shall be securely retained and maintained for at least 10 years after the date of initial collection."

The agency began reporting data for the year 2014 and is continuing the practice. The agency has indicated its commitment to maintaining data for ten years and as of this point in time complying with the standard.

115.89 SUMMARY

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

- >The agency has developed policy that supports the standard.
- >The agency has begun posting its aggregate data to its website as required.
- >No personal identifiers have been posted on the website.
- >The agency is progressing toward maintaining its data for at least ten years.

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

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>*115.403 (f) The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>The website was examined and found to display all previous audits. Discussion with the PREA Coordinator indicate this is routine procedure.</p> <p>115.403 SUMMARY A determination of MEETS STANDARD was assigned for the following reasons: >The agency has been routinely complying with the standard. Verified by observation of the website.</p>

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	no
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	no

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?	no
	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.)	yes

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.)	na

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.)	na

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?	no
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	no

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?	no
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	no

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?	no
	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?	no
	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?	no

115.33 (c)	Inmate education	
	Have all inmates received such education?	no
	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?	no

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?	no

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?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	no
	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?	no
	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?	no
	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?	no
	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?	no
	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?	no
	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?	no
	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?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	no

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?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	no

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no

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?	no

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?	no
	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?	no
	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?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	no
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	no
	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?	no

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.401 (b)	Frequency and scope of audits	
	During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?	yes

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

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

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

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

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