

# PREA Facility Audit Report: Final

**Name of Facility:** Milwaukee Secure Detention Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 07/25/2018

**Date Final Report Submitted:** 02/27/2019

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"/>
<b>Auditor Full Name as Signed:</b> D. Will Weir	<b>Date of Signature:</b> 02/27/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Weir, Will
<b>Address:</b>	
<b>Email:</b>	prea.america@gmail.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	06/18/2018
<b>End Date of On-Site Audit:</b>	06/19/2018

FACILITY INFORMATION	
<b>Facility name:</b>	Milwaukee Secure Detention Facility
<b>Facility physical address:</b>	1015 North 10th Street, Milwaukee, Wisconsin - 53205
<b>Facility Phone</b>	414-212-3535
<b>Facility mailing address:</b>	P.O. Box 05740, Milwaukee, Wisconsin - 53205-0740
<b>The facility is:</b>	<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
<b>Facility Type:</b>	<input checked="" type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
<b>Name:</b>	Robert Miller	<b>Title:</b>	Security Director
<b>Email Address:</b>	RobertD.Miller@wisconsin.gov	<b>Telephone Number:</b>	414-212-4945

Warden/Superintendent			
<b>Name:</b>	Ronald Malone	<b>Title:</b>	Warden
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Facility PREA Compliance Manager			
<b>Name:</b>		<b>Email Address:</b>	
<b>Name:</b>	Cheryl Frey	<b>Email Address:</b>	cheryl.frey@wisconsin.gov

Facility Health Service Administrator			
<b>Name:</b>	Mary Jo Trunnell	<b>Title:</b>	HSU Manager
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Facility Characteristics		
<b>Designed facility capacity:</b>	1040	
<b>Current population of facility:</b>	1070	
<b>Age Range</b>	Adults: 18-71	Youthful Residents: NA
<b>Facility security level/inmate custody levels:</b>	Medium	
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	371	

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

Agency Chief Executive Officer Information:			
<b>Name:</b>	Kevin Carr	<b>Title:</b>	Secretary
<b>Email Address:</b>	Kevin.Carr@wisconsin.gov	<b>Telephone Number:</b>	(608) 240-5065

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Leigha Weber	<b>Email Address:</b>	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 on-site PREA Audit of Milwaukee Secure Detention Facility (MSDF) was conducted June 18 and 19, 2018. The notices of the audit were posted six weeks in advance in various locations in the facility. Emailed photos of the posted notices provided proof of the postings. The date of the email verified the minimum posting requirements of six weeks, along with observations of the postings during the physical plant tour.

The audit team consisted of PREA America DOJ Certified PREA Auditor Will Weir, MCJ, and PREA America Project Manager Tom Kovach, who assisted with interviews. Interview selection was based on inclusive demographics, gender, and housing units for both staff and inmates. Staff selection included staff who served on all three shifts. Once these factors were included, the selection was based on purely random selection from the relevant lists. The on-site audit had been preceded by a Pre-Audit Process in which the audit team had reviewed documents and provided early feedback to the PREA Coordinator and the facility administrators. Examples of documentation were reviewed in their entirety and cross-checked with observations on-site and interviews. Some agency interviews had been conducted by phone during the Pre-Audit process. The on-site audit started with an introductory briefing and the selection of inmates and staff from rosters. Both members of the audit team received an abbreviated facility tour and explanation, but Mr. Kovach received a complete tour (site review) of the facility and overview of the supervision and monitoring systems. The site review included obtaining and studying the facility diagram of the physical plant and observing staff and inmates and their supervision and movement, along with casual conversations to ascertain if observations reflected "normal" supervision and movement. Random checks were made to ensure that doors intended to be secured were locked. Random checks for functionality of PREA Hotline phones were made. All housing units and bathroom facilities were inspected for compliance with cross-gender supervision. For areas with cameras, this inspection included a camera review. All areas of the physical plants were observed, with attention especially focused on areas that are statistically high-risk for sexual abuse. PREA Postings, including third-party reporting postings, in the visitation area were checked. During the tour, the audit team confirmed the availability of First Responder Duties to staff. Blind spots were identified, and procedures for checking them were verified.

While Mr. Kovach completed the tour, Mr. Weir began interviews. Interviews continued throughout the day and through the following day. Briefings and document reviews occurred throughout the on-site audit to clarify concerns that arose and identify answers to questions. An exit briefing occurred when the on-site audit ended. The audit team requested additional documentation and information, and provided an update on the progress of the audit up to that point. Facility and agency strengths were discussed as well as areas for improvement.

The Interim Report was sent to the PREA Coordinator on 07-27-2018. The jointly developed Corrective Action Plan (CAP) was finalized 08-27-2018. Out of 45 standards, 12 did not meet standards, 33 met

standards, and none exceeded standards.

## 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.

MSDF is a high-rise, medium-security correctional facility located in downtown Milwaukee. The facility opened its doors to inmates on October 8, 2001, and initially housed only Division of Community Corrections (DCC) inmates who had violated their community supervision. In December of 2001, MSDF became a Division of Adult Institutions (DAI) facility and began housing DAI inmates. Although it is an adult institution, MSDF functions similarly like a jail facility. Unlike other WIDOC institutions, MSDF accepts offenders on a 24-hour-a-day basis, and has an intake booking/objective classification process closely resembling that of a county jail. MSDF continues to house offenders on DCC probation and parole holds, pending investigation of the alleged violation. During this time, offenders can be placed into Alternatives to Revocation (ATR) programming and/or appropriate treatment. Following this placement, some offenders may return to the community, while others may have their probation/parole revoked and sentenced to a period of confinement. The facility has a capacity of 1,040 offenders, with most beds designated for adult males, and

42 beds for adult females. The average stay for offenders in ATR programming ranges from 60 to 90 days. Additionally, MSDF houses DAI inmates who are released to the Milwaukee area and who are within a year of release, and inmates from nearby correctional centers who are placed in Temporary Lockup status.

The nine floors each have separate housing units. The administration and intake departments are on separate floors. The remaining floors contain two to four units per floor. Cameras can be monitored by main control. Each floor has a control room that is situated to observe the inmates. Medical Mental Health units and staff offices are on most floors well. Each unit has two floors and a day room. Showers are separate from the cells, which are multiple occupancy. Segregation and observation cells are individual occupancy.

## 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	45
<b>Number of standards not met:</b>	0

The following are the CAP standards. All were resolved during the 180-day CAP. For more information about each numbered standard, refer to the body of this report under the narrative section for each PREA Standard, by number.

#### 115.12 Contracting with other entities for the confinement of inmates.

The Wisconsin Department of Corrections (WIDOC) contracts with outside entities for the confinement of its inmates. WIDOC had provided contracts and follow-up letters encouraging PREA Compliance. However, a review of the contracts and interviews with contract monitors indicated the contract language did not allow for full verification and inspection for compliance. Also, most of the agencies contracting with WIDOC for the confinement of inmates are not compliant with the PREA standards and had not committed to a date when they would become compliant.

Corrective Action: The jointly developed CAP required the agency to do the following: “Resubmit contract language excerpt, which requires contractors to be in full compliance and allows for the agency to conduct contract monitoring. Also, change the policy to require full PREA compliance for contractors (exception provided in the standard for emergencies). Keep audit team updated, in real time, regarding all contract facilities where inmates are held or can be held. Provide current contracts for all facilities. . . Provide auditors with whichever is most current/applicable for each contractor for the confinement of DOC inmates: A completed PREA Audit Final Report; the contractor’s PREA auditor MOU/contract; or Letter of Commitment from facility, with due-by date commitments.” The following documentation was provided verifying compliance with the CAP: Contractor Compliance Review Overview; Jefferson County Letter of Commitment; Juneau County Letter of Commitment; Juneau County Auditor MOU; Milwaukee HOC Letter of Commitment; Ozaukee County Letter of Commitment; Ozaukee County Auditor MOU; Sauk County Final Audit Report; Vernon County Letter of Commitment; and Vilas County Final Audit Report. Renewed contracts contain the improved contract language.

#### 115.15 Limits to cross-gender viewing and searches.

None of the staff interviewed remembered receiving appropriate training on conducting searches of transgender inmates or cross-gender searches. Half of the 42 inmates interviewed stated staff could see them fully nude in the shower. A showering inmate’s genitals were observed during the audit tour from far outside the shower area. Cross-gender staff usually do not announce their presence, but instead rely on a blue light that should be illuminated during cross-gender supervision. Fifteen inmates stated the facility

did not inform them what the blue light signified. One blue light was broken during the audit tour.

Corrective Action: The jointly developed CAP required that cross-gender and transgender search training briefs be provided and posted. This was completed, and documentation of training briefs were provided along with photos of postings. The CAP also required MSDF to circulate a search policy acknowledgment form to all staff. This was completed, and signatures were provided to the audit team as evidence of understanding. The CAP required MSDF to install privacy curtains with fuller coverage and provide pictures to the audit team, which was completed. The CAP required education regarding the blue light during inmate education. Verification of this, along with notification of the blue light's meaning for current inmates, was provided to the audit team. MSDF modified their security checklist to include "blue lights" to ensure lights are in working order and provided this checklist.

#### 115.22 Policies to ensure referrals of allegations for investigations.

In the paperwork provided for the auditor's review, the facility did not show that full investigations of all allegations that emerge during investigations occur. In other words, a review of the paperwork indicated that sometimes the facility initiated an investigation--which revealed additional allegations or suspicions of sexual abuse or harassment, or staff failures to protect or report incidents—but these allegations apparently did not trigger another investigation or other administrative process to address possible PREA policy violations. Moreover, the audit team was concerned that some allegations were not investigated solely because complaints were submitted on the wrong form. For example, several replies to inmates stated, in part, some version of: "You need to submit your complaint on the correct version of the DOC 400 form. Only forms with revision dates of 10/2016 are acceptable. . . ."

Corrective Action: The jointly developed CAP required MSDF to do the following: 1) Issue "memo to investigators reminding them to clearly document follow-up actions after receiving new/additional information of sexual abuse/sexual harassment/failure to protect. Review all investigations conducted in past 12 months to assure all allegations disclosed during investigations have been investigated. Require investigators to receive any other additional training or re-training they need, and provide these training certificates/sign-ins to the audit team." 2) "Provide written direction to ICE [Institution Complaint Examiners] that all sexual abuse/harassment reports must be accepted and routed to facility leadership for review and action even if the report is not documented on the proper form....Require any ICE, or other administrator involved in assigning investigations and/or finalizing investigative findings/reports, to have the appropriate level of training regarding sexual abuse and sexual abuse investigations to be able to perform these duties." Documentation provided to show compliance with the CAP included: Refresher Training Presentation; Investigations Better Practice Checklist; PREA Investigations Refresher Training Sign-in Logs; and Inmate Complaint Communication re: Institution Complaint Examiners dated 08-05-2018 and 11-02-18.

#### 115.33 Inmate education.

Prior to the on-site audit, the audit team received considerable information regarding inmate education. The policies and curricula all seemed to indicate full compliance with the standard, and inmate training is documented online. The audit team asked for verification (which was provided) regarding the first 10 inmates admitted in April 2018. But after seven inmates said they received no PREA education, the audit team conducted further research. The team discovered that according to the PREA Compliance Manager, inmates returning to the facility (usually on new charges or violations) did not always receive the required PREA education.

Corrective Action: The jointly developed CAP required the facility to do the following: "Play the inmate education video in intake area. Distribute modified handbook to each inmate during intake and obtain signature indicating receipt of information in WICS. Provide comprehensive education to inmates on housing units within 30 days of admission." To verify completion of these CAP items, the facility provided

the Inmate ID Card (with Zero Tolerance notice and reporting instructions imprinted on the back); MSDF Modified Inmate Handbook; Inmate Education Script; and 14 inmate acknowledgements randomly selected by audit team.

#### 115.41 Screening for risk of victimization and abusiveness.

The facility's documentation showed that screenings occurred within 72 hours of admission and that one reassessment occurred if the inmates stayed longer than 30 days. But the facility did not show that other necessary reassessments occurred. For example, reassessments must occur when additional information is received regarding mental, physical, or developmental disabilities. Inmates aged 18- to 19-years old may turn out to be more (or less) vulnerable than they first appeared, as new information surfaces. As other inmates and staff become aware of an inmate's LGBTI status, the inmate's vulnerability, or perception of vulnerability, may change. Certainly, when allegations of sexual abuse are received, reassessments should be completed. In at least one case, no reassessment appeared to have occurred, even when an allegation was substantiated.

Corrective Action: The facility provided documentation of their practice of tracking inmates with risk factors in their system, along with improvements that have been made to help assure compliance. The auditor was provided with verification that inmates were reassessed after a Sexual Abuse Incident Review (SAIR). The facility issued a comprehensive training brief to all staff regarding transgender inmates including definitions, policy references, what to do if someone identifies as transgender or intersex, and specifics regarding screenings, reassessments, placement, support, property, showering, and searches.

#### 115.42 Use of screening information.

Information received by the audit team indicated the scope of the challenge faced by MSDF, with such an immensely diverse inmate population, to consider all risk factors when making placement decisions. The overwhelming majority of the information received and reviewed by the audit team indicated that staff performed difficult work day and night to make appropriate decisions about inmates to ensure their safety. However, the Interim Report did not find the facility to be in full compliance with this standard. Not all screening and reassessment information was being used to protect those with risk factors. Also, when staff and other inmates can see into showers, the ability for transgender and intersex inmates to shower separately from other inmates is compromised.

Corrective Action: The facility provided documentation of tracking inmates with risk factors in their system, along with improvements. The auditor was provided with verification that everyone was reassessed after a Sexual Abuse Incident Review (SAIR). The privacy issues were also resolved as they resolved cross-gender supervision issues under Standard 115.15. Risk of victimization or risk of abusiveness is entered electronically in the agency's inmate record system. Placement conflicts trigger an automated alert.

#### 115.65 Coordinated response.

The Coordinated Response Plan has not yet been provided to the audit team.

Corrective Action: The facility and agency developed and implemented a CRP during the CAP and provided it to the audit team. The plan coordinates actions among staff First Responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse.

#### 115.67 Agency protection against retaliation.

According to interviews, the Social Worker/Victim Services Coordinator monitors inmate reporters/victims for retaliation, and the Security Director/PREA Compliance Manager monitors staff, witnesses, and other

reporting persons for retaliation. However, the facility did not provide verification of this activity.

Retaliation monitoring is required by policy, and forms exist to document such monitoring. Inmates who were interviewed and who claimed to report incidents (as witnesses or victims) did not indicate that this standard was followed. When retaliation was alleged in investigative interviews or reports, the auditor could not identify sufficient evidence that the retaliation was investigated.

Corrective Action: The CAP stated: "VSC shall document retaliation monitoring on DOC-2767. Retaliation monitoring shall begin at the time the allegation is reported and last for at least 90 days. Conduct and document a status check at least once every 30 days. Discuss reported retaliation and identify a solution with PCM/Security Director and/or M-Team. Provide retaliation monitoring completed during August through November 2018 for auditor to review." This was provided to the auditor.

#### 115.71 Criminal and administrative agency investigations.

The auditor received documentation of allegations and suspicions of sexual abuse and harassment and documents of investigations. Not all allegations appeared to be fully investigated, including allegations that emerged in the course of investigations.

Corrective Action: The goals of the CAP regarding this item required some groundwork before moving forward with full compliance with all parts of the standard. Investigations did not appear to become fully compliant until November 2018 after the PREA Office closely reviewed prior investigations, the investigator retraining was completed, and a best practices checklist was implemented. The PREA Coordinator explains that: the "PREA Office also underwent a transformation in December – we are now staffed to review incoming investigations in a more robust manner. In addition, we recently rolled out our new allegation and tracking database, which will greatly enhance transparency, communication, and, ultimately, the quality of investigations." The audit team was provided with the following documentation of completion of the CAP: Productive Interviewing Techniques training; investigations completed since July that show quality improvement processes being implemented and one fully compliant investigation; Sexual Abuse and Sexual Harassment Investigations Checklist; Class Training Records with signatures; emails regarding specific details of quality improvements such as the improved wording of forms and instructions; and the Allegation Identification and Investigation Process Guide.

#### 115.86 Sexual abuse incident reviews.

There was no Incident Review Team in place at the facility, and the reviews required in this standard were not completed.

Corrective Action: The CAP stated: "Conduct sexual abuse incident reviews using DOC-2863, following all substantiated and unsubstantiated sexual abuse allegations within 30 days of the close of the investigation. Review team must include facility leadership, with input from supervisors, investigators and medical/mental health." Four of these reviews were completed as required, reviewed by the PREA Office, and provided for the auditor to review.

#### 115.87 Data collection.

Since 115.87(d) requires the inclusion of data from Sexual Abuse Incident Reviews, the facility could not show compliance with this standard until it was compliant with 115.86.

Corrective Action: In addition to providing documentation of the completed Incident Reviews, the agency provided completed Survey of Sexual Victimization (SSV) Incident Reports for 2016 and the SSV Summary Report for 2016. Although the agency is late in compiling data into reports for 2017, they have demonstrated their data collection systems are adequate for the task, and they have routinely complied with these requirements in the past. Also, the agency has implemented improvements in data collection regarding allegations and investigations.

115.88 Data review for corrective action.

The agency could not show compliance with this standard until the data were available from § 115.86 and 115.87, as the wording of these standards make explicitly clear.

Corrective Action: In addition to providing documentation of the completed Incident Reviews, the agency provided completed Survey of Sexual Victimization (SSV) Incident Reports for 2016 and the SSV Summary Report for 2016. Although the agency is late in compiling data into reports for 2017, they have demonstrated their data collection systems are adequate for the task, and they have routinely complied with these requirements in the past. Also, the agency has implemented improvements in data collection regarding allegations and investigations.

## **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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Milwaukee Secure Detention Facility (MSDF) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, and a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. The agency employs and designates an upper-level, agency-wide PREA coordinator, who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the facility. The agency PREA Coordinator is Leigha Weber. She serves on the Secretary of WIDOC's Management Team. MSDF has a named PREA Compliance Manager. Robert Miller, the Security Director, is the PCM, and Cheryl Frey, Corrections Program Supervisor, provides assistance.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided into the following types: interviews conducted, including those with the administrators and PREA Coordinator; review of policy (Executive Directive #72); review of the Organizational Chart; and other Pre-Audit Questionnaire documentation.</p>

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided contracts as well as follow-up letters encouraging PREA compliance. However, a review of the contracts and interviews with contract monitors indicated the contract language did not allow for full verification and inspection for compliance. Also, most of the agencies WIDOC contracts with for the confinement of inmates are not compliant with the PREA standards and have not committed to a date when they will be compliant. The Description of Non-Compliance in the CAP is important to add here for further understanding. “Contract language for facilities that contract for the confinement of DAI inmates does not appear to include a provision for contract monitoring. Contractors have not been audited in Cycle 2. DAI Policy #: 410.00.01 PREA Compliance Review of Contracted Facilities allows facilities to pass DOC review with ‘Satisfactory’ finding if they show improvement rather than full compliance. All but one of the contracts provided to the audit team during the Pre-Audit process have expired. The one current contract expires in September 2018.”</p> <p>Corrective Action: The jointly developed CAP required the agency to do the following: “Resubmit contract language excerpt, which requires contractors to be in full compliance and allows for the agency to conduct contract monitoring. Also, change the policy to require full PREA compliance for contractors (exception provided in the standard for emergencies). Keep audit team updated, in real time, regarding all contract facilities where inmates are held or can be held. Provide current contracts for all facilities. . . Provide auditors with whichever is most current/applicable for each contractor for the confinement of DOC inmates: A completed PREA Audit Final Report; the contractor’s PREA auditor MOU/contract; or Letter of Commitment from facility, with due-by date commitments.” The following documentation was provided verifying compliance with the CAP: Contractor Compliance Review Overview; Jefferson County Letter of Commitment; Juneau County Letter of Commitment; Juneau County Auditor MOU; Milwaukee HOC Letter of Commitment; Ozaukee County Letter of Commitment; Ozaukee County Auditor MOU; Sauk County Final Audit Report; Vernon County Letter of Commitment; and Vilas County Final Audit Report. Renewed contracts contain the improved contract language.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the agency has shown compliance with this standard. This evidence is divided as follows: The CAP verifications described above; DAI Policy 410.00.01 (updated 04-01-2018); 11 sets of documentation regarding each contract facility; PREA Compliance Summaries; and Contract Compliance Review Reports.</p>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates against abuse. Each time the facility does not comply with the staffing plan, the facility documents and justifies all deviations from the staffing plan. The staffing plan has been reviewed at least annually to see whether adjustments are needed. The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds, which cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: The MSDF staffing plan; the staffing plan review; daily shift reports; unannounced rounds log; and interviews with the PREA Coordinator (along with email clarifications). DAI Policy 300.00.43, Chapter 300 Administrative: Institution Administrative Duty Coverage was reviewed. Interviews with supervisors, staff, and inmates also indicated compliance.</p>

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility does not house inmates who are under the age of 18. This was verified by interviews and documentation reviews.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: Jail schematic; site review; population reports; policy (Executive Directive 72, Section XIII. C.; and DAI Policy 302.00.20, updated 03-01-2018, Chapter 302, regarding the placement of juveniles); and December 19, 2016 letter from the Administrator of the Division of Adult Institutions stating that from that date forward all youthful inmates will be housed within the Division of Juvenile Corrections.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the audit, none of the staff interviewed remembered getting appropriate training on conducting cross-gender searches and conducting searches of transgender inmates. Half of the 42 inmates interviewed stated staff can see them fully nude in the shower. A showering inmate's genitals were observed during the audit tour, from well outside the shower area. Cross-gender staff usually do not announce their presence but rely on a blue light that is to be turned on when there is cross-gender supervision. Fifteen inmates stated the facility did not inform them what the blue light signified. One blue light was burned out during the audit tour.</p> <p>Corrective Action: The jointly developed CAP required that cross-gender and transgender search training briefs be provided and posted. This was completed, and documentation of training briefs were provided along with photos of postings. The CAP also required MSDF to circulate a search policy acknowledgment form to all staff. This was completed, and signatures were provided to the audit team as evidence of understanding. The CAP required MSDF to install privacy curtains with fuller coverage and provide pictures to the audit team, which was completed. The CAP required education regarding the blue light during inmate education. Verification of this, along with notification of the blue light's meaning for current inmates, was provided to the audit team. MSDF modified their security checklist to include "blue lights" to ensure lights are in working order and provided this checklist.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: interviews of random staff and inmates; interview with the Executive Director of FORGE; interviews with agency and facility administrators; training logs and curriculum; policies; site review; and items listed above to complete the CAP. Policies regarding this standard can be found in Executive Order 72, Section IX &amp; X; DAI Policy 306.17.02, Chapter 306 Security: Searches of Inmates; and DAI Policy 500.70.27, Chapter 500 Health Services: Transgender Inmates. Training reviewed included the Introduction to Body Searches and the Unit Manager Orientation.</p>

<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Numerous inmates at MSDF have disabilities, limited English proficiency, and/or impairments. Of the targeted interviews of these populations, the audit team received a wide variety of responses regarding how satisfied inmates are with how the facility communicates with them, responds to their needs, and keeps them safe. However, when asked very specifically regarding whether the agency takes appropriate steps to ensure they 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, they usually provided affirmative responses. The audit team verified that the policies and services are in place at MSDF to assist inmates with disabilities and those with limited English proficiency during the booking process, PREA Education, and during responses to sexual abuse and harassment allegations.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. Relevant policies include Executive Directive 72, sections V, XI and XVI; DAI Policy 300.00.35 Chapter 300 Administrative: Americans with Disabilities Act; and DAI Policy 300.00.61 Chapter 300 Administrative: Language Assistance for Limited English Proficiency (LEP) Inmates. Also reviewed were the Language Translation/Interpretation Services Contract, the Inmate Handbook, and posters observed during the site tour. Also considered were the interviews with inmates with disabilities and interviews with random staff.</p>

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>WIDOC policy prohibits hiring or promoting anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who may have contact with inmates, and who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 has been civilly or administratively adjudicated to have engaged in any of these activities. Any incidents of sexual harassment must be considered in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. Policy also requires that before MSDF hires any new employees who may have contact with inmates, it conducts criminal background record checks and, consistent with federal, state, and local law, makes 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. Criminal background record checks are conducted at least every five years. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. In the past 12 months there have been 12 contracts where criminal background record checks were conducted.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. The audit team reviewed the Background Check Policy (Executive Directive 72: Section VI. A. 1) and conducted interviews with the PREA Coordinator and Human Resources. The audit team had the files of several employees, volunteers, and contractors pulled and found them to be in compliance with the minimum requirements of this standard. In addition, the team interviewed several administrators involved in the process.</p>

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>MSDF has not acquired a new facility or made a substantial expansion or modification to existing facilities since the previous audit. A total of 151 cameras have been installed since September of 2016. Thirty-three additional cameras are scheduled for installation.</p> <p>Analysis: Interviews with administrators, the audit tour, and reviews of documentation, such as staffing plans and policies, indicate compliance with this standard.</p>

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has provided verification of progress toward a Memorandum of Understanding for outside advocacy and has provided verification of staff being trained as advocates. Forensic exams are conducted by Aurora Sinai Medical Center SANE's, who offer access and referral services for advocates and follow-up care at the community level of care, as verified by the audit team. Criminal investigations are completed by the Milwaukee Police Department.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: DAI Policy 306.00.14, Chapter 306 Security: Protection, Gathering and Preservation of Evidence; DAI Policy 500.30.19, Chapter 500 Health Services: Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse; and interviews with the PREA Coordinator and with administrators. Agency policies are based on Standards for Health Services in Prisons (2014 ed), Chicago, Illinois: National Commission on Correctional Health Care. Policies reviewed also include Executive Directive 72 Section XVI. The auditor also reviewed the WIDOC Victim Services Coordinator Sexual Abuse and Sexual Harassment in Confinement Reference Guide as well as training provided to medical staff. The only SANE exam conducted during the past 12 months involved an inmate who alleged abuse at another facility, and this report seemed to be handled appropriately.</p>

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>By the time of the Interim Report, the facility had not shown that all allegations that emerge in the course of investigations are fully investigated. Documentation indicated that sometimes the facility initiates an investigation then interviews indicate additional allegations or suspicions of sexual abuse or harassment, or of staff failures to protect or take reports, but these allegations do not appear to trigger another investigation or other administrative process to address possible violations of PREA policies. Also, the audit team had concerns that some allegations may have been declined due to being on the wrong form. For example, several replies to inmates state, in part, some version of: “You need to submit your complaint on the correct version of the DOC 400 form. Only forms with revision dates of 10/2016 are acceptable. . . .”</p> <p>Corrective Action: The jointly developed CAP required MSDF to do the following: 1) Issue “memo to investigators reminding them to clearly document follow-up actions after receiving new/additional information of sexual abuse/sexual harassment/failure to protect. Review all investigations conducted in past 12 months to assure all allegations disclosed during investigations have been investigated. Require investigators to receive any other additional training or re-training they need, and provide these training certificates/sign-ins to the audit team.” 2) “Provide written direction to ICE [Institution Complaint Examiners] that all sexual abuse/harassment reports must be accepted and routed to facility leadership for review and action even if the report is not documented on the proper form....Require any ICE, or other administrator involved in assigning investigations and/or finalizing investigative findings/reports, to have the appropriate level of training regarding sexual abuse and sexual abuse investigations to be able to perform these duties.” Documentation provided to show compliance with the CAP included: Refresher Training Presentation; Investigations Better Practice Checklist; PREA Investigations Refresher Training Sign-in Logs; and Inmate Complaint Communication re: Institution Complaint Examiners dated 08-05-2018 and 11-02-18.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: Materials described above to comply with CAP; website; interviews with the PREA Coordinator and investigative staff; Executive Directive 72, Section XVII; DAI Policy 303.00.05; log of investigations; review of 12 investigations (of 16).</p>

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Five employees had not received their required PREA training at the time of the on-site audit, but the audit team received verification of their completion of the training within the 30 days after the on-site audit. Interviews with staff indicated they have retained most of the training they have received. When new policies/directives regarding sexual abuse and sexual harassment are released, all employees who may have contact with inmates are informed using established WIDOC training protocols called “myDOC,” “PREA PAGE,” email notifications, and/or via classroom training.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: Interviews with random employees; training policy (Executive Directive 72, Section XI) and curriculum; training records/logs; and employee training acknowledgements.</p>

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All volunteers and contractors who have contact with inmates are trained as required by this standard. They have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed about how to report such incidents. The agency maintains documentation confirming that volunteers and contractors who have contact with inmates understand the training they have received.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: Interviews with administrators who manage and supervise contractors; review of the training curriculum and acknowledgement documentation; and review of random files of volunteers and contractors. The audit team reviewed Sexual Abuse and Sexual Harassment In Confinement: A Guide for Volunteers and Contractors; and Volunteer Training, with Volunteer Training Acknowledgements; DAI Volunteer Orientation Manual; and DAI Volunteer, Pastoral Visitor, Program Guest &amp; Intern Orientation.</p>

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Prior to the on-site audit, the audit team received considerable information regarding inmate education. The policies and curricula all seem to indicate full compliance with the standard, and documentation is done on-line as inmates are trained. The audit team asked for verification (which was provided) regarding the first 10 inmates admitted in April 2018. But the audit team did further research after seven inmates said they received no PREA education. As it turns out, according to the PREA Compliance Manager, inmates returning to the facility, usually on new charges or violations after being released, were not always given the PREA education. Several administrators explained that, due to the massive number of admissions, they also stopped providing Inmate Handbooks during booking and instead made them available in the library and other locations. The Interim Report indicated the facility still needed to show that every inmate receives the required education within required time frames. Also, as mentioned in 115.15, the facility needed to make sure to educate inmates about how to know whether they are being supervised by someone of the opposite gender.</p> <p>Corrective Action: The jointly developed CAP required the facility to do the following: “Play the inmate education video in intake area. Distribute modified handbook to each inmate during intake and obtain signature indicating receipt of information in WICS. Provide comprehensive education to inmates on housing units within 30 days of admission.” To verify completion of these CAP items, the facility provided the Inmate ID Card (with Zero Tolerance notice and reporting instructions imprinted on the back); MSDF Modified Inmate Handbook; Inmate Education Script; and 14 inmate acknowledgements randomly selected by audit team.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: Site review; interviews with staff and inmates; and logs of inmate education and examples of acknowledgements. Policy includes WIDOC PREA Education Facilitator Guide; and Executive Directive 72 Section XI.</p>

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency performs its own administrative investigations and investigators have received training on conducting such investigations in confinement settings. Specialized training includes 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. The agency has documented the training and it was reviewed by the audit team. The agency provided the training curriculum and their list of 328 investigators.</p> <p>Analysis: Through a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. The audit team reviewed Training Policy (Executive Directive 72, Section XI) and the Sexual Abuse and Sexual Harassment Investigations Training curriculum. In addition, the auditor was able to review investigations and interview investigators.</p>

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. All medical and mental health care practitioners who work regularly at this facility received the training required by agency policy and the training is documented, but they do not conduct forensic medical exams. There are 60 medical and mental health care practitioners who work at MSDF.</p> <p>Analysis: Through a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. The audit team reviewed Training Policy (Executive Directive 72, Section XI); the Healthcare Module (PREA for Healthcare Workers); and logs of medical and mental health care practitioners who completed the training. In addition, the audit team interviewed a random selection of medical and mental health staff.</p>

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has shown that screenings are completed within 72 hours of admission and that one reassessment is completed if the inmates stays longer than 30 days. The problem at the time of the Interim Report, was that the facility did not show that it completes other needed reassessments. For example, reassessments must be completed when additional information is received regarding mental, physical, or developmental disabilities. Inmates aged 18 and 19 years old may turn out to be more (or less) vulnerable than they first appeared, as new information is learned. As other inmates and staff become aware of an inmate’s LGBTI status, their vulnerability or perception of vulnerability may change. Certainly, when allegations of sexual abuse are received, reassessments should be completed. In at least one case, no reassessment appeared to have been completed even when an allegation was substantiated.</p> <p>Corrective Action: The facility provided documentation of their practice of tracking inmates with risk factors in their system, along with improvements that have been made to help assure compliance. The auditor was provided with verification that inmates were reassessed after a Sexual Abuse Incident Review (SAIR). The facility issued a comprehensive training brief to all staff regarding transgender inmates including definitions, policy references, what to do if someone identifies as transgender or intersex, and specifics regarding screenings, reassessments, placement, support, property, showering, and searches.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. Policies regarding this standard are found in Executive Directive 72, Section XII and DAI Policy 410.30.01, Chapter 410 PREA: Screening for Risk of Sexual Abusiveness and Sexual Victimization. The auditor reviewed 10 randomly selected screenings and reassessments. With the updated SAIR instrument, the improved tracking of inmates with risk factors, adequate privacy for showers, policy consistent with this standard, and the content of interviews conducted with inmates and staff, the facility has been able to show compliance.</p>

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Information received by the audit team indicated the scope of the challenge faced by MSDF, with such an incredibly diverse inmate population, to consider all risk factors when making placement decisions. The overwhelming majority of the information received and reviewed by the audit team indicated that difficult work is done day and night to make appropriate decisions about inmates that will help keep them safe. Certainly, complicated examples of the structure in place to handle violent inmates include the Internal Classification System, COMPAS assessments, and 60-Day Re-Classification Reviews, which consider conduct reports and dynamics within the facility, as well as historical information. Numerous issues raised in this PREA Standard are dominant in the facility’s efforts. Although most LGBTI inmates interviewed did not express overt violations of this standard and related policies, they reported some ridicule by inmates and insensitivity by a minority of staff. Information received by the audit team indicated that due to the way some transgender inmates have been treated, LGBTI inmates typically feel that they just have to "sit it out" and try to keep a low profile. The inmates said that assumptions are made about anyone who associates with them or calls them by preferred gender terms, increasing the inmates’ isolating behavior and tendencies not to “speak up.” The most easily quantifiable issue on the minds of many inmates is the lack of privacy. One female staffer in 4A reportedly called over to 4B (North) to explain that she could see a male inmate showering, despite the curtain. Some inmates feel less safe when they can be seen in showers and report feeling “damned if they do, and damned if they don’t,” because they cannot violate hygiene rules. Others feel they can reduce the problem somewhat by keeping their underwear on. Several inmates indicated concerns about younger inmates and those who are (or are perceived to be) LGBTI being harassed and bullied, although the staff and other inmates typically try to protect them. To summarize, the facility was required to complete corrective action regarding this standard due to two main concerns: 1) Even when screenings and reassessments were completed appropriately, not all screening and reassessment information was being used to protect those with risk factors. 2) When staff and other inmates can see into showers, the ability for transgender and intersex inmates to shower separately from other inmates is compromised.</p> <p>Corrective Action: The facility provided documentation of tracking inmates with risk factors in their system, along with improvements. The auditor was provided with verification that everyone was reassessed after a Sexual Abuse Incident Review (SAIR). The privacy issues were also resolved as they resolved cross-gender supervision issues under Standard 115.15. Risk of victimization or risk of abusiveness is entered electronically in the agency’s inmate record system. Placement conflicts trigger an automated alert.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. Policies regarding this standard are found in Executive Directive 72, Section XII &amp; XIII; DAI Policy 410.30.01, Chapter 410 PREA: Screening for Risk of Sexual Abusiveness and Sexual Victimization; DAI Policy 306.00.72, Chapter 306 Security: Screening for Risk of Sexual Abusiveness and Sexual Victimization; Chapter 306: Searches of Inmates; DAI Policy 500.70.27; and Chapter 500 Health Services: Transgender Inmates. The auditor reviewed 10 randomly selected screenings and reassessments. With the updated</p>

SAIR instrument, and the improved tracking of inmates with risk factors, and adequate privacy for showers by installing modified shower curtains, along with policy consistent with this standard, and the content of interviews conducted with inmates and staff, the facility has shown compliance with this standard.

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a policy prohibiting the placement of 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. A review of policy and documentation related to isolation, as well as interviews with inmates and staff, indicate the facility does not use segregation to protect victims of abuse. However, when they use restrictive housing, it must be reviewed at least every 30 days. Inmates who have been segregated for disciplinary reasons report being able to exercise their rights while there, meaning they can make complaints, seek medical care, receive mental health services and have access to attorneys and advocates.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. Policies reviewed include Executive Directive 72, Section XIII. A, B &amp; E; DAI Policy 306.00.72; and Chapter 306 Security: Screening for Risk of Abusiveness and Sexual Victimization. Interviews included interviews with inmates in segregated housing and with inmates who have been in segregated housing recently, although none have been there due to risk of sexual victimization. Administrators and staff who supervise segregated housing were also interviewed.</p>

<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Interim Report found the agency/facility in compliance with this standard, but documented a concern raised by the audit team. The documentation of several calls that came in through the 777 Hotline indicated that some callers can barely be heard by the staff trying to decipher the audible recordings. Parts of reports received through the 777 Hotline just could not be understood. Apparently, this has been a problem for a while, and there have been attempts to fix it. The PREA Coordinator states the telephone system is regularly monitored by WIDOC's phone provider, and there had not been any notable telecommunications barriers in the last 12 months. She states that calls that are difficult to hear or understand are a result of the caller not speaking slowly, clearly, or into the telephone. The auditor believes the agency has shown material compliance with 115.351. The PREA standards define "full compliance" as "compliance with all material requirements of each standard except for de minimis violations, or discrete and temporary violations during otherwise sustained periods of compliance." The PREA Coordinator states that the reporting system is a high priority for the PREA Office.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. In addition to testing the reporting system and reviewing 10 reports from inmates, the audit team observed notices in English and Spanish regarding how to make reports during the audit site tour. Also, the auditor found agency policies (Executive Directive 72, Section XIV) to be compliant with this standard. The auditor also reviewed the inmate handbook and interviewed random inmates and staff regarding this standard and whether there are barriers to reporting.</p>

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>MSDF has an administrative procedure for dealing with inmate grievances regarding sexual abuse. An inmate is allowed to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Inmates are not required to use an informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. An inmate may submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint, and it will not be referred to the staff member who is the subject of the complaint. A review of written policies, and an examination of procedures in place, indicates compliance with this standard. Investigative and grievance documentation indicate that any allegations of sexual abuse or harassment reported through the grievance system is diverted so that they go through the established PREA investigative processes. In addition, the response times and protocols for emergency grievances are consistent with this standard.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: Policies reviewed include Executive Directive 72, Sections XV &amp; XVI. In the past 12 months, 11 grievances were filed that alleged sexual abuse. Three of these were reviewed by the auditor. The complaints were routed to facility leadership for review and action, and the administrative complaint process stopped when the administrative investigation process for sexual abuse/sexual harassment process proceeded as per agency protocol. Random inmates also were interviewed, as well as inmates who have filed grievances.</p>

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p data-bbox="252 168 893 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 518 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1468 616">The audit team has verified that inmates receive information regarding advocacy and that the agency is working on an MOU with the Milwaukee Sexual Assault Treatment Center. Inmates interviewed who have been alleged victims of sexual abuse usually indicated that advocacy services were offered to them at some point, as required by policy and in investigative checklists. Access to outside victim advocates and reporting methods and forms are available at <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a>. No inmates are detained solely for civil immigration purposes.</p> <p data-bbox="252 660 1468 1131"><b>Analysis:</b> By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: In addition to interviewing inmates who were alleged victims of abuse, the auditor reviewed agency policies such as Executive Directive 72, Section XVI. Also reviewed: the Inmate Handbook (Sexual Abuse and Sexual Harassment Prevention and Intervention: A Recourse for Inmates); Notices placed throughout the facility giving the Crisis Hotline (920-926-5395) and address (21 South Marr Street; Fond Du Lac, WI 54935) and informing inmates that they can get help even if they choose not to report; and the handout “Sexual Abuse in Confinement: A Resource for Offenders” providing details regarding confidential access to advocates. Also, the audit team reviewed documentation of the agency’s attempts to obtain an MOU with Milwaukee Sexual Assault Treatment Center.</p>

<b>115.54</b>	<b>Third-party reporting</b>
	<p data-bbox="252 1332 893 1366"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1411 518 1444"><b>Auditor Discussion</b></p> <p data-bbox="252 1489 1468 1691">The agency provides methods to receive third-party reports of inmate sexual abuse or sexual harassment. The methods for reporting are available on the agency website. In addition, there are postings in the visitation areas of the facility. Within two weeks after the on-site audit, additional bi-lingual posters with third-party reporting instructions, were put up in areas where they can be seen by visitors. The audit team was provided photos of these postings.</p> <p data-bbox="252 1736 1468 1870"><b>Analysis:</b> By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: postings reviewed during the site review, a review of the agency website, and interviews with staff and inmates.</p>

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency requires all staff to report immediately and according to agency policy the following: any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any 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. Apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. The auditor reviewed Executive Directive 72, Section XIV; forms and methods used for reporting; and reports that have been made. The requirements of this standard are in policy and in the training reviewed by the auditor. Also, interviews indicate that staff understand their responsibilities and reporting methods. In addition, reporting has been shown to occur in practice.</p>

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>When the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate as required in WIDOC Executive Directive 72. In the past 12 months, there were no incidents where the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: Interviews with randomly selected staff indicate a commitment to take immediate action when there are indications of risk of imminent abuse. Policies consistent with this standard include Executive Directive 72, Section XVI. Interviews with Correctional Officers and administrators indicate a commitment to take immediate action when there are indications of risk of imminent abuse. Inmates usually indicated they feel staff will take steps to protect them.</p>

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the external facility, or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The facility documents that it has provided such notification within 72 hours of receiving the allegation. The agency policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards.</p> <p>Analysis: Through a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. Investigations reviewed, along with policies and training, indicate compliance with this standard. Policy relating to this standard is found in Executive Directive 72, Section XIV. The agency head, as well as facility administrators, state that they understand this policy and that it is followed.</p>

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Although some staff interviews indicated a lack of understanding of some of the First Responder duties, they claimed to appropriately remember to separate the aggressor from the victim and notify their superiors. They rely on supervisors who understand the duties (according to interviews of supervisors). In addition, during the CAP, regarding Standard 115.65, the staff received additional training on First Responder Duties. Most first responders interviewed did have a good understanding of these duties, which appear to be covered well in policy and in training materials. Also, investigative documentation indicates First Responder duties have been adhered to, and everyone is provided with an ID-sized First Responder list.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. In addition to the interviews and documentation described above, the auditor reviewed Executive Directive 72, Section XVI; Healthcare Staff First Responder Action Steps; and Non-Security Staff First Responder Action Steps.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>At the time of the Interim Report, the Coordinated Response Plan (CRP) had not yet been provided to the audit team.</p> <p>Corrective Action: The facility and agency developed and implemented a CRP during the CAP and provided it to the audit team. The plan coordinates actions among staff First Responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: The CRP implemented during the CAP; information from administrators and staff; and relevant training and policies.</p>

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has not entered into or renewed any collective bargaining agreement or other agreement since the last audit. This agency maintains the ability to protect inmates from contact with abusers.</p> <p>Analysis: Polices, Pre-Audit Questionnaire documentation, and interviews with administrators verify that there are no agreements in place that would pose a barrier to protecting inmate victims.</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to interviews conducted during the audit, the Social Worker/Victim Services Coordinator monitors whether inmate reporters/victims are retaliated against, and the Security Director/PREA Compliance Manager monitors whether staff have been retaliated against for reporting or cooperating with an investigation. However, the facility provided no verification of this activity. Retaliation monitoring is required in policy, and forms have been developed. Blank forms were provided to the auditor. Inmates who provided information to the auditor and stated they made reports, or were victims, indicated this standard is not followed. When retaliation is alleged in investigative interviews or reports, the auditor saw little indication it is investigated. The Interim Report indicated that the facility had not shown compliance with this standard.</p> <p>Corrective Action: The CAP stated: "VSC shall document retaliation monitoring on DOC-2767. Retaliation monitoring shall begin at the time the allegation is reported and last for at least 90 days. Conduct and document a status check at least once every 30 days. Discuss reported retaliation and identify a solution with PCM/Security Director and/or M-Team. Provide retaliation monitoring completed during August through November 2018 for auditor to review." This was provided to the auditor.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: Executive Directive 72, Section XVIII; documentation of three individuals monitored for retaliation; interviews with alleged victims; and interviews with administrators.</p>

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation reviewed appears to show that the facility does not use involuntary segregation to protect alleged victims, although policy allows for this as a last resort. Inmates who have been in protective custody, for whatever reason, state they do not lose their rights to file grievances, make PREA complaints, or see medical or mental health providers while there.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. The audit team reviewed Executive Directive 72, Section XVI, and related investigative documentation that described how alleged victims had been treated; and interviewed inmates and staff regarding practices. These interviews included the facility administrators, staff who supervise inmates who have been isolated, and medical and mental health staff. The policy, documentation of practice, and interviews suggesting that the policy is being followed indicate compliance with this standard.</p>



115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the audit, the auditor was provided with documentation of allegations and suspicions of sexual abuse and harassment, and with documents of investigations. Not all allegations appeared to be fully investigated, including allegations that emerge in the course of investigations. The Interim Report indicated the agency/facility had not shown compliance with this standard.</p> <p>Corrective Action: The goals of the CAP regarding this item required some groundwork before moving forward with full compliance with all parts of the standard. Investigations did not appear to become fully compliant until November 2018 after the PREA Office closely reviewed prior investigations, the investigator retraining was completed, and a best practices checklist was implemented. The PREA Coordinator explains that: the “PREA Office also underwent a transformation in December – we are now staffed to review incoming investigations in a more robust manner. In addition, we recently rolled out our new allegation and tracking database, which will greatly enhance transparency, communication, and, ultimately, the quality of investigations.” The audit team was provided with the following documentation of completion of the CAP: Productive Interviewing Techniques training; investigations completed since July that show quality improvement processes being implemented and one fully compliant investigation; Sexual Abuse and Sexual Harassment Investigations Checklist; Class Training Records with signatures; emails regarding specific details of quality improvements such as the improved wording of forms and instructions; and the Allegation Identification and Investigation Process Guide.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: Documentation described above to fulfill the requirements of the CAP; 12 investigations; investigations log; interviews with the PREA Coordinator, investigative staff, facility administrators, and inmates; review of policies such as Executive Directive 72, Section XVII; and the Pre-Audit Questionnaire.</p>

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. As required in policy (Executive Directive 72, Section XVII.G.), the investigative documentation reviewed and interviews conducted show compliance with this standard. The evidence reviewed (including interviews) is typically listed in the investigative reports, and the findings seem to be based on the preponderance of evidence.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>When investigations are completed, the agency appears to consistently follow this standard, according to documentation of notifications provided.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: reviews of investigations completed in the past 12 months (which includes documentation of notification of inmate victims) and interviews with the PREA Coordinator and with investigative staff. Policy related to this standard is found in Executive Directive 72, Section XVII.</p>

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed the agency policies and investigations, along with related documentation provided, and believes the agency and facility has shown compliance with this standard. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There have been no substantiated allegations against staff for violations of agency sexual abuse or sexual harassment policies within the 12 months prior to the onsite audit. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The agency head, as well as the PREA Coordinator and others interviewed, verify that 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, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: interviews as described above; review of selected investigations completed in the past 12 months; and policy relating to this standard found in Executive Directive 72: Section XIX. A &amp; XIV. C. 1.</p>

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor has reviewed the agency policy, which requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. In the 12 months prior to the onsite audit, contractors or volunteers have not been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates because there have been no substantiated allegations. The Deputy Warden indicated compliance with this standard in her interview.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: interviews as described above; reviews of selected investigations completed in the past 12 months; interviews with the PREA Coordinator and with investigative staff; and policy found in Executive Directive 72, Section XIX.</p>

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Inmates are subjected to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding, or criminal finding, that the inmate engaged in inmate-on-inmate sexual abuse. The agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between inmates but does not deem such activity to constitute sexual abuse, unless it determines that the activity is coerced.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. Compliance with this standard was verified through interviews with inmates, the PREA Coordinator and with investigative staff; a review of policies (Executive Directive 72, Section XIX); and a review of selected investigations, including investigations with substantiated findings regarding inmate-on-inmate sexual abuse.</p>

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to policies and documentation provided, inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are required to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The screenings provided to the audit team show that the screening completed pursuant to §115.41 triggers medical and mental health screenings when there is a history of abuse, and the system documents when those screenings are completed.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: Executive Directive 72, Section XII; review of screenings for risk of abusiveness and/or risk of victimization; interviews with staff who perform screenings; interviews with medical staff; and interviews with inmates who reported various risk factors.</p>

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Inmate victims of sexual abuse at MSDF receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: interviews with the nurse, First Responders, and facility administrator; review of Executive Directive 72, Section XVI. B. 2. Also, when alleged victims of abuse were interviewed, they usually indicated that they were offered care, but the auditor did not interview any inmates who had required emergency treatment for sexual abuse.</p>

<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p data-bbox="247 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="247 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="247 324 1484 918">According to documentation reviewed, the facility offers 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. The evaluation and treatment of such victims includes, 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. The facility provides such victims with medical and mental health services consistent with the community level of care. Inmates who are victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are 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. Providers in the community verify services are available. When alleged victims of sexual abuse were interviewed, they usually indicated that they had been offered care as required in this standard, but they indicated a lack of faith that the care offered was of the quality and quantity they would prefer.</p> <p data-bbox="247 963 1484 1131">Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: interviews with inmates, the nurse, and facility administrator; review of health services and psychological services forms; and review of policy found in Executive Directive 72, Section XVI. B.</p>

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="247 1332 901 1366"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="247 1411 526 1444"><b>Auditor Discussion</b></p> <p data-bbox="247 1489 1484 1568">At the time of the Interim Report, there was not currently an Incident Review Team in place at the facility, and the reviews required in this standard were not currently being completed.</p> <p data-bbox="247 1612 1484 1825">Corrective Action: The CAP stated: "Conduct sexual abuse incident reviews using DOC-2863, following all substantiated and unsubstantiated sexual abuse allegations within 30 days of the close of the investigation. Review team must include facility leadership, with input from supervisors, investigators and medical/mental health." Four of these reviews were completed as required, reviewed by the PREA Office, and provided for the auditor to review.</p> <p data-bbox="247 1870 1484 2083">Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: in addition to the documentation reviewed for the completion of the CAP as described above, the audit team reviewed the policy relating to Incident Reviews, Executive Directive 72, Section XX, and interviewed the Deputy Warden and other proposed members of the Incident Review Team.</p>

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Since 115.87(d) requires data from Sexual Abuse Incident Reviews to be included, the facility could not show compliance with this standard until it was compliant with 115.86. At the time of the Interim Report, data from these Incident Reviews were not available because these reviews had not been completed.</p> <p>Corrective Action: In addition to providing documentation of the completed Incident Reviews, the agency provided completed Survey of Sexual Victimization (SSV) Incident Reports for 2016 and the SSV Summary Report for 2016. Although the agency is late in compiling data into reports for 2017, they have demonstrated their data collection systems are adequate for the task, and they have routinely complied with these requirements in the past. Also, the agency has implemented improvements in data collection regarding allegations and investigations.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: interviews with administrators; data collection; and the agency's annual report for 2016. Policy compliant with this standard is found in Executive Directive 72, Section XXI.</p>

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency could not show compliance with this standard until the data were available from §115.86 and 115.87, as is made explicitly clear in the wording of these standards.</p> <p>Corrective Action: In addition to providing documentation of the completed Incident Reviews, the agency provided completed Survey of Sexual Victimization (SSV) Incident Reports for 2016 and the SSV Summary Report for 2016. Although the agency is late in compiling data into reports for 2017, they have demonstrated their data collection systems are adequate for the task, and they have routinely complied with these requirements in the past. Also, the agency has implemented improvements in data collection regarding allegations and investigations.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: interviews with administrators; corrective actions taken; and the published annual reports for 2015 and 2016.</p>

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy and procedure ensure that incident-based and aggregate data are securely retained, requiring that aggregated sexual abuse data be made readily available to the public, at least annually. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Verified policy and practice protect the retention of these data.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this standard. This evidence is divided as follows: interviews with administrators; the agency’s website; and the annual report. Also, the auditor reviewed Executive Directive 72, Section XXI.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Analysis: The agency is ensuring that each facility operated by the agency is audited at least once every three years.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Analysis: The agency has faithfully made audit reports available to the public on its website.</p>

## Appendix: Provision Findings

115.11 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Contracting with other entities for the confinement of inmates</b>	
	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)	<b>Contracting with other entities for the confinement of inmates</b>	
	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)	<b>Supervision and monitoring</b>	
	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

<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	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

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

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

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

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

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

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

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

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

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

115.15 (e)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	yes

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

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

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

115.17 (a)	<b>Hiring and promotion decisions</b>	
	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)	<b>Hiring and promotion decisions</b>	
	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

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

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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

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

<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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

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

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

115.22 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	<b>Volunteer and contractor training</b>	
	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)	<b>Volunteer and contractor training</b>	
	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

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

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

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

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

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

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

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

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

115.34 (b)	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	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

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

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

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

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

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

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

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

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

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

<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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

<b>115.42 (b)</b>	<b>Use of screening information</b>	
	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

<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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

<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	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

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	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

<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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

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

<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no

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

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

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

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

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

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

115.53 (a)	<b>Inmate access to outside confidential support services</b>	
	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)	<b>Inmate access to outside confidential support services</b>	
	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)	<b>Inmate access to outside confidential support services</b>	
	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)	<b>Third-party reporting</b>	
	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

<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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

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

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

<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	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

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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

<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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

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

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

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

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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

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

<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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

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

<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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

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

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

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

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Disciplinary sanctions for inmates</b>	
	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)	<b>Disciplinary sanctions for inmates</b>	
	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)	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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, 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

<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

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

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

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

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

<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

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

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

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

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

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

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

<b>115.87 (c)</b>	<b>Data collection</b>	
	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

<b>115.87 (d)</b>	<b>Data collection</b>	
	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

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

<b>115.87 (f)</b>	<b>Data collection</b>	
	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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

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

<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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

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

<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

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

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

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

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

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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