

# PREA Facility Audit Report: Final

**Name of Facility:** Oregon Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 12/18/2018

**Date Final Report Submitted:** 06/27/2019

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> Wendy J. Hart	<b>Date of Signature:</b> 06/27/2019

AUDITOR INFORMATION	
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<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	10/18/2018
<b>End Date of On-Site Audit:</b>	10/19/2018

FACILITY INFORMATION	
<b>Facility name:</b>	Oregon Correctional Center
<b>Facility physical address:</b>	5140 Highway M, Oregon, Wisconsin - 53707
<b>Facility Phone</b>	608-835-3233
<b>Facility mailing address:</b>	PO Box 25, Oregon, Wisconsin - 53575-0025
<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>	Troy Hermans	<b>Title:</b>	Superintendent
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Warden/Superintendent			
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Facility PREA Compliance Manager			
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Facility Health Service Administrator			
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Facility Characteristics			
<b>Designed facility capacity:</b>	88		
<b>Current population of facility:</b>	119		
<b>Age Range</b>	Adults: 20-69	Youthful Residents: 0	
<b>Facility security level/inmate custody levels:</b>	Minimum/Minimum Community		
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	24		

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
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Agency Chief Executive Officer Information:			
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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.

A PREA Audit of the Oregon Correctional Center (OCC), 5140 County Highway M, Oregon, WI, Wisconsin Department of Corrections (WIDOC), was conducted from October 18 through 19, 2018. The audit was conducted through a multi-state consortium that includes Michigan, Pennsylvania, Wisconsin and Maryland state correctional agencies. For this audit, the team members were provided through the Michigan Department of Corrections (MDOC). The team was comprised of DOJ-certified lead auditor Wendy Hart, with secondary auditors, DOJ-certified auditor Yvonne Gorton and Sergeant Pam Basal. A previous PREA audit was conducted for this facility on May 10, 2016, with a final report issued June 6, 2016, finding full compliance with the standards.

The Wisconsin Department of Corrections central office is located in Madison Wisconsin. Its Department of Adult Institutions (DAI) oversees both correctional institutions and correctional centers. Each correctional institution has a warden, and the Wisconsin Correctional Center System (WCCS) has a warden who oversees all 14 corrections centers. The warden's office is located in Madison, with each correctional center overseen by a superintendent who reports directly to the WCCS warden.

Leigha Weber, the WIDOC PREA Director, (agency PREA Coordinator) requested the specific dates for facilities to be audited the 3rd year of the second audit cycle on June 27, 2018. This auditor was assigned the audit on Friday, August 17th. The WIDOC PREA Director received confirmation of the scheduled audit and auditor early the week of August 21, 2018 and was able to initiate the Online Audit System Pre-Audit Questionnaire immediately. The completed Pre-Audit Questionnaire (PAQ) was released to the auditor on September 21, 2018, following coordination between the auditor, facility PREA Compliance Manager and the agency PREA Director. This allowed three weeks for the audit team to review the information provided in the PAQ.

### **Pre-Onsite Audit Phase**

Prior to the onsite review, the lead auditor communicated by telephone and e-mail with the PREA Director (agency PREA Coordinator) for the Wisconsin Department of Corrections (WIDOC), and the facility superintendent (who is also the PREA Compliance Manager) to discuss the audit process and purposes, and the role of auditors. The team was provided with information provided to facility staff by the PREA Director, discussing logistics, sequence of events for pre-audit, audit and post-audit phases of the audit process, including final and interim reports if corrective action is needed. The instructions reinforced that auditors will be requesting documents and that staff are to provide them. It was specifically stated that this also includes medical and investigative files. In addition, the auditor met with the Superintendent near the end of the day on October 17th at Oregon Correctional Center to pick up a diagram of the facility, staff and inmate rosters for both random and specialized/targeted interviews as previously requested, and to discuss plans for the next morning. It was agreed that the team would arrive at 8:00 am, on Audit Day 1, for introductions and an opening meeting with the Superintendent and pertinent staff, i.e., the Security Director, Director of Health Services, Investigators, etc., to review the plan for the audit.

On August 30, 2018, the audit team provided large-print notices of the audit dates, auditor contact information, and addressed the confidentiality of corresponded to the auditor, both in English and Spanish. These were sent via e-mail to the Agency PREA Coordinator, who immediately passed them along to the facility compliance manager, along with the team's request for date-stamped photographs of the posted notices in each housing unit and various locations where staff and inmates gather. The audit team was provided with a copy of the PREA Coordinator's instructions regarding posting the notices, which included placing them in housing units and other areas as requested, and printing the notices on colored paper. The purpose for the notices was to provide staff and inmates an opportunity to write the auditor, in advance of the audit, should they so desire. On September 5, 2018, the auditor received photographs verifying the postings, via e-mail, and confirmed that the notices were posted in visible areas in housing units and areas such as the visiting room, dining facility and other common areas, in both English and Spanish, and in large text. As a result of the postings, mail from the facility inmates was received by the auditor beginning in mid-September. The agency PREA Director ensured staff knew that the mail was to be treated as legal mail. Mail received by the auditor from an inmate included an envelope that did not contain the name of the sender, demonstrating that inmates were able to send the correspondence to the auditor without having to identify themselves to facility staff. Upon receipt, the correspondence was reviewed and kept confidential, shared only with the other certified auditor on the audit team .

The audit team would have requested to interview any inmates or staff who wrote to the auditor by adding them to the names randomly selected for interviews. Because the mail received was sent anonymously, the audit team was unable to purposely interview any inmates involved. There was a hotline call; however, made about the same time the letter was sent, that contained a similar complaint. The auditor was provided with the documentation that resulted from responding to that hotline call to determine that the situation had been looked into.

Background check request forms for auditors entering the facility were provided by the agency PREA coordinator and completed as requested for audit team members in order to enter the facility and have contact with inmates. The auditor requested, and received, contact information for the facility PREA Compliance Manager on September 6, 2018 and initial contact was made. The audit team met September 25, 2018 to review information received in the Pre-Audit Questionnaire (PAQ) and to plan strategy for the audit. Two of the three auditors on the team were able to access the OAS in order to review documentation in preparation for the audit. Policy and procedures and samples of templates were provided for multiple standards, but very little information with PII was included in order to triangulate compliance with the standards. However, during and following the onsite review, the facility and agency were forthcoming with any documentation requested while the team was onsite, and via e-mail as requested by the team.

Due to the amount of time between receipt of the PAQ and the onsite audit, additional information based on the PAQ was not requested prior to the audit. Additional information and documentation were requested during the onsite portion of the audit, and there was communication post-audit between the auditor and the Agency Head designee, facility PREA Compliance Manager/Superintendent, agency PREA Director, WCCS Warden, and Human Resources staff. This communication requested clarification and verification of information and practices, as well as additional information and documentation based on the PAQ and onsite portion of the audit. Agency and facility staff graciously responded to every such request to the satisfaction of the auditor.

On 10/12/2018, the auditor contacted the Rape Crisis Center of Dane County (RCC) and spoke with an administrator. The administrator indicated that there is an MOU between the RCC and Oregon Correctional Center as well as with other correctional facilities in the Madison, Wisconsin area. She indicated that while they don't track the calls from the facility, she was sure that there was at least one from this facility in the last year. A copy of the MOU was provided with the PAQ. The RCC administrator also indicated that the MOU is for both outside emotional support, and for victim advocacy services in support of an inmate sexual abuse victim.

Prior to the onsite portion of the audit, the auditors reviewed the WIDOC website to glean more information about the agency and the facility, and to review a report from a prior PREA audit of the facility. Auditors also read the facility's most recent annual report and also reviewed confidential correspondence from inmates at the facility to ensure that all inmates who wrote letters were included on the list of inmates to be interviewed during the on-site portion of the audit. The WIDOC Prison Rape Elimination web page is comprehensive. It contains their Executive Directive 72 (PREA), other PREA information, reporting information, including a link for third parties/community members to contact the PREA office to report sexual abuse. This reporting link was tested and the auditor received a response the following day. The site also has volunteer/training and contracted agency information.

<https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx>

#### On-site Audit Phase

The auditor met with Supervisor Hermans late in the afternoon on October 17, 2018 to discuss the next days' audit process and gather documentation, including previously-requested rosters of staff and inmates to make selections for interviews the next day. These included a roster of inmates, roster of targeted inmates (disabled, including deaf or blind, limited English Proficient - LEP, any who reported sexual abuse/sexual harassment, who disclosed prior victimization during risk screening, LGBTI inmates). Other documents included a shift schedule, roster of facility staff and rosters of specialized staff and contractors as identified in the PREA protocols. Contact information for the local victim advocate and hospital had been provided in the PAQ.

The audit team arrived at the facility at 8:00 a.m. on October 18, 2018 and were escorted to a central area with a conference table in the administrative section of the building that served as our staging area during the audit. After introductions and welcoming remarks, a discussion of the audit schedule and process took place.

Present at the opening meeting, in addition to the three auditors, were:

- Superintendent/PREA Compliance Manager
- Agency PREA Director
- 1 Captain
- 2 Sergeants
- 2 Social Workers
- 2 Health Care staff
- 1 Employment Services staff
- 2 Administrative professionals

It was explained that the onsite review would commence upon the closure of the opening meeting, with one member of the team remaining in the administrative offices to begin interviews immediately. Upon completion of the onsite review, the other two audit team members would conduct interviews as well. The superintendent confirmed a private interview room for each auditor would be provided for confidential

interviews of both offenders and staff. It was explained that most facilities do have at least some areas where corrective action is needed, and that it should be expected and should not be considered a negative, but, rather, as assistance, and guidance, from the audit team. The conversations also included discussion of the timeline when the report would be available and that auditors would likely be requiring additional documentation during and following the onsite review after further digesting documentation provided onsite and with the (PAQ) and information gleaned from observations and interviews.

Oregon Correctional Center is a work release facility. Oregon Correctional Center is a work release facility. It has minimal but adequate staffing and a portion of the inmates are away from the facility working at any given time, as the work schedules include shifts throughout the day and night. It has minimal but adequate staffing and most inmates are away from the facility working at any given time. The inmate population was 117 on Audit Day 1 as indicated on the inmate roster. At the conclusion of the entrance meeting, two of the audit team members were escorted to review the facility while one team member was provided an office in which to begin interviews immediately. Interviews were conducted with facility administration and other specialized and randomly selected staff, as well as targeted and randomly selected inmates. Auditors interviewed the random and specialized staff and available targeted inmates identified in the PREA Auditor Handbook. The low number of inmates and staff available at the facility did present a challenge in conducting the appropriate random staff and targeted inmate interviews as specified in the handbook.

Inmates selected for interview included:

2 inmates identified as gay or bisexual

1 inmate who was deaf

1 who had reported prior sexual abuse during risk screening upon arrival at the facility

18 inmates were randomly selected in the event of refusals. None refused, at which point the last two were dismissed in order to focus on completing other required interviews.

Due to the small population and the requirements of the center, there was not a diverse selection of inmates in the categories for targeted inmates present for interview at the facility. Random inmate selections were made using the roster provided. Because job assignments and shifts were included on the roster, the major variable in selections for random inmates was work assignment. Since the required interviews comprised more than 20% of the inmate population, selections were made in an effort to include a variety of assignments and shifts so as to provide a variety of workers and not disrupt any particular area unnecessarily. Selections were made using an alphabetic by last name roster, and having chosen one at a particular work assignment/shift, skipped the next one with the same assignment and shift, to find the next inmate with a different assignment and shift and so on to end of the before returning to the top of the list for the required total. Shift was also considered, so the order of interviews were also prioritized to consider the shift each inmate would be at work, such as scheduling the 3rd shift workers at the very beginning or very end of the day. Rather than selecting more than one from a work assignment, the auditors tried to focus more on selecting those from work assignments at the facility, rather than worksites away from facility grounds. Facility staff efficiently provided the inmates requested as verified at the beginning of each interview. Neither auditors nor inmates had to wait too long to begin each interview.

Staff selected for interview onsite included:

1. The PREA Director (agency PREA Coordinator) (1)

2. The Superintendent/PREA Compliance Manager (1)

3. Intermediate/Higher Level Supervisor and Incident Review team (same person) (1)

4. Investigative staff member (1)

5. Staff who conducts risk screening (1)
6. Contactor (1)
7. Health Care (1)
8. Randomly selected staff with whom only random interviews were conducted (10). However, random interviews were also completed with five specialized staff listed above, due to the limited staffing at the facility. One additional random staff interview was conducted of a newly-transferred employee by telephone post-audit.

Because there are so few staff at the facility, a number of staff completed two or more interview protocols (27 positions with three vacancies= 24, as reported in the PAQ and verified upon receipt of the staff roster and schedule, which also showed that two of those staff members were off and one was attending a conference). Most were counted as the primary position for the specialized interview, with the remaining counted as random interviews with appropriate specialized interviews conducted to supplement the information. Information collected for a specialized protocol not counted in the total number of staff was still used in triangulating evidence during the audit. The total number of staff interviewed above was 17, for 27 interviews as follows - Agency PREA Director, Facility Superintendent/PREA Compliance Manager, Intermediate or higher level supervisor, 15 random staff interviews, 2 health care, 2 investigative staff, 2 contractors, incident review team member, staff who conduct risk screening, staff who conducts retaliation monitoring. Eight additional persons were interviewed by telephone for nine interviews as listed below. The facility does not have youthful offenders or segregation. The two sets of interviews included individuals interviewed for 16 random and 35 specialized interviews.

Interviews completed post-audit via telephone included:

1. Agency Head/Designee (1)
2. Wisconsin Correctional Center System (WCCS) Warden (1)
3. WCCS Human Resource staff member (1)
4. Rape Crisis Center of Dane County administrator (1)
5. Agency PREA contract compliance manager (1)
6. Fitchburg police department staff member (1)
7. Local Hospital SANE representative (1)
8. One random staff who had not previously been interviewed (1)
9. PREA Contracting Officer was counted above (agency PREA Director)

The recommended Department of Justice interview protocols were used in conducting both staff and inmate interviews. Auditors were provided rooms in the Administrative side of the building from which to work and conduct confidential interviews with both inmates and staff. Inmates were escorted by staff to the Administrative side of the building and were interviewed in staff offices that were vacated for auditors to use during the audit. Most of the staff interviews were conducted in the same general area, except when auditors went to the Control Center and Health Services areas to interview staff there.

The auditor conducted a phone interview with an administrator of the Rape Crisis Center (RCCC) of Dane County on 10/12/18. The individual was quite familiar with the facility and discussed the services RCCC would provide to inmates of local WIDOC facilities. She confirmed that the facility has a memorandum of understanding with the rape crisis center, and indicated that she believes they have received one call during the audit period from the facility for confidential emotional support services and that there have been no requests from this facility during the audit period for victim advocate support during a forensic exam. This facility provided a copy with the PAQ of the MOU with Rape Crisis Center of

Dane County (RCC) to provide victim advocacy for inmates at this facility and outside emotional support services. During the interview with an administrator of the RCC, the MOU was confirmed with this and two other WIDOC facilities in the area. She indicated that the relationship between her organization and WIDOC facilities was in effect since about 2015, prior to the MOU. The center has 15 staff to cover 24 hours/day for coverage of the help line or at a hospital. The administrator also stated it was her understanding the facility would transport a sexual abuse victim to the hospital for a forensic exam when appropriate. She indicated that an advocate would meet the person at the hospital for the exam, but doesn't provide ongoing, in-person support, although would certainly provide support through the helpline. Services in person could include accompaniment during forensic exam and investigative interviews/court proceedings. Services via the helpline could include emotional support services, crisis intervention and information. Her organization is usually contacted by the hospital or forensic nurse for a forensic exam or contact could be made by the PREA Coordinator or PREA Compliance Manager. She was aware that some staff at the facility could provide advocacy services as well. The facility superintendent indicated that inmates are given a sheet with the Rape Crisis Center of Dane County contact information at orientation. If an incident occurred where the facility was transporting an inmate to the hospital for a forensic exam, the facility would make contact with the RCC to arrange for an advocate to support an inmate through the process.

#### Facility Site Review

The facility consists of two buildings. The T-shaped, two-story main building contains administrative offices, a 2-wing housing unit (East and West), a dining room upstairs; and the visiting room, classrooms, library, property, quartermaster, day room, recreation room, small personal laundry area, and mechanical room downstairs. The housing unit is comprised of 57 rooms of varying sizes as indicated on the facility schematic which staff and inmates indicated contained one to four inmates, with the single occupancy cells primarily earned through a combination of seniority and good behavior.

Cameras were deployed throughout the hallways, visiting room, classroom, property area and areas except individual rooms. Just off the entrance is a small, personal laundry with camera coverage, and hallways with cameras at each end of the long housing unit wings that point toward the center.

The onsite review began with the visiting room at one end of the lower level. This room is not open unless staff are present, There are cameras in that area as well. There are two single occupancy bathrooms in this area, which are for visitor use only. The visiting room leads into the recreation room where there are some weights and exercise equipment. Auditors observed that both rooms had camera coverage and appropriate PREA posters and audit notices posted on blue paper and in large print. The hallway leading out of the recreation room also has PREA information posted. The recreation room is open from 6:00 am to 6:00 pm with staff making regular rounds through the area.

Farther down the hall are the library and the classroom. Both rooms are locked except when occupied and both have cameras. The property room is next to the library and it also remains locked when not occupied.

Continuing toward the intersection of the wings, off the right hallway are the quartermaster and the main laundry, with the dayroom directly across from the laundry. There is a camera coverage in the laundry and day room, and PREA posters and audit notices where they can be easily seen. Off the left hallway, is the main inmate bathroom that has a bank of sinks and opposite those are the urinals. Enclosed toilets are adjacent to the sinks. In the back of the bathroom are showers and change areas across from the showers. The showers are an open bank with a curtain dividing the area in half with three shower heads

on each side of the curtain. Cross-gender viewing was not the concern here due to the placement of the showers and the curtain. The concern expressed by staff was related to inmates requesting more privacy from view of other inmates showering at the same time in an undivided row. Maintenance staff said that there are plans to place dividers that will allow some privacy at each shower head and discussed with the auditor options for materials for the dividers and the auditor suggested that the partitions could be translucent in order to still see someone was in there, but obscure specific body parts from being viewed. The planned partitions will allow enough visibility for the showers to be adequately supervised while providing some privacy to inmates using them.

In the last section of hallway are several dry storage areas, including a records storage area. One of these small storage areas locks with a deadbolt and the others have padlocks. Auditors suggested to staff that they remove the deadbolt and replace it with a padlock. There is a barbershop in that wing with camera coverage outside the barber shop that covers that area/ hallway. At the end of this wing is an outside entrance where delivery trucks unload. Outside that end of the building is covered by a camera and auditors noted that the stairway that leads to the main floor has mirrors situated so that you can see around the next set of steps.

Moving to the upper level, it was noted that in the Control area there is a doorbell that is sounded and a blue light activated that is visible from the wings to announce when female staff enter the area. The light has a timer that staff can set to go off when they exit the area. The bell and light are only used to announce that female staff are on the units. Interviewed inmates were familiar with the bell and light and understood that it meant females were in the unit. Staff indicated during interviews that the bell and light are used each time a female staff enters the housing wings.

Inmates can use phones in the Housing Unit to dial 777, 888 and the rape crisis hotline. There is no charge for these calls and the calls are not recorded. All phones were checked by auditors and found to be in working order. Staff indicated they have a contract for monthly maintenance on their phones. Acknowledgement of auditors' calls was received from the agency PREA office by this auditor, demonstrating the process for calls to the internal and external PREA Hotline and reporting line.

The living areas are in the two long wings that are opposite each other, with control center and dining room in the intersection. Inmate rooms, in these wings, range from single occupancy to four-man rooms. Staff indicated that inmates are assigned single rooms based on seniority and good behavior. There is one bathroom located in each wing with shower stalls, toilets and urinals.

There is no Segregation Unit or Restricted Housing Unit at this facility.

The lobby and administrative offices form one end of the "T" and the kitchen on the other side of the dining room forms the other end of the building's "T" shape and separates the inmate side of the building from the Administrative Offices. Auditors noted PREA posters and audit notices posted in the Dining Room and Lobby area. Also in the Dining Room is a locked box for inmate complaints. This box is opened only by the Captain, who empties the box at least four times weekly. Auditors were able to informally interview several inmates who were working in the kitchen. All of them said they did know how to report and felt they could report to any staff if they needed to. The Control Center and Health Care are adjacent to the Dining Room and control center windows allow view of the dining room.

Observation of control center monitors demonstrated that while cameras monitor the housing wings, they do not monitor inside cells or the bathroom. Control center maintains two evidence collection boxes that

are sealed and would be used to assist with collection of any evidence collected if an incident of sexual abuse was to occur. It contains gloves, sheets, evidence containers, required forms and other relevant items.

To the side of the Control Center is a small Health Care clinic. Health care staffing there is minimal. There are two staff, both of whom are contracted. A physician comes to the facility every Monday to see inmates. The health clinic has one exam table with a curtain and window blinds that can be pulled to provide privacy during an exam. There is a Temporary Holding Cell, just outside the Health Services area, that can be used to separate, or protect, inmates on a very short-term basis if needed. On the opposite side of the Control Center is the main entrance to the facility where staff and volunteers enter the facility. There are staff and visitor bathrooms in this area and a bulletin board where posters with PREA information is posted. This entryway separates the Control Center from the Administrative office area, which is off limits to inmates unless they are specifically called there by staff.

There is a farm adjacent to the facility that is operated by Badger State Enterprises. The farm buildings are painted yellow to identify them as not being part of the center. When inmates work there, it is like an off-site community job for inmates. Yellow posts mark the boundary beyond which is off-limits for inmates not employed by the farm. Cameras cover the outside perimeter of the buildings, including the pheasant pens across the street.

One specialty of the center is raising pheasants for the Wisconsin Department of Natural Resources (DNR) to release to the wild. The auditors arrived on the day that pheasants were being gathered to be transported by the DNR. There was a flurry of activity, and it was interesting to observe staff and inmates alike as they completed this process. There are two areas of the center where the pheasants are raised. One is across the street, and one on the side of the main building. There is camera coverage for both. Each area consists of very large pens with clear fencing and on the sides and tops of the pens and brooding houses used when the new pheasants arrive. Across the street was a smaller set of pheasant pens, a brooding house, and well pump shed. There is a large yellow barn across the street that belongs to the DNR. On the same side of the street as the center, there are more pheasant pens, multiple very small brooding sheds and two small locked storage sheds, a maintenance garage, and a greenhouse. There was one security officer supervising inmates who were gathering pheasants along with the assistance of a maintenance staff member. The officer was informally interviewed and was very well informed regarding PREA compliance. He stated that they have not had any allegations of sexual abuse, that he knew of, but knew how to respond if an incident should occur. He explained how he would separate inmates and collect any available evidence, how he would report an incident and to whom. Auditors were also able to interview four inmates in that area as well. They, too, were well-versed in how to report and said they would feel comfortable reporting to staff if they needed to.

In that same area was a tractor shed that is always locked. There was another small shed next to it that is also kept locked. There is a small greenhouse where vegetables are grown for use at the facility. There are two inmates working in the greenhouse where they are not continually supervised but staff do make frequent rounds through the area and auditors were able to determine, through interviewing staff, that risk screening results are used in assigning inmate jobs.

Auditors conducted approximately six inmate and three staff informal interviews during the onsite review.

#### Risk Screenings for Sexual Victimization and Aggressiveness

Executive Directive 72 requires that initial risk screenings are conducted for all incoming inmates within

72 hours of arrival, then a follow-up screening be conducted within 30 days of arrival. During interviews with staff responsible for risk screening and the PREA Compliance Manager, it was learned that the social workers meet with new arrivals, normally the day of arrival but no longer than 72 hours after arrival. At that time, the social workers brief the incoming inmates on a variety of topics related to the facility, including the facility's zero tolerance for sexual abuse and sexual harassment, and how to report at the facility. They also conduct the initial and follow-up risk screenings to determine whether the individual's history or verbal information provided in a face-to-face interview and records review suggest they are at risk of sexual victimization or aggressiveness. If either is determined, this information is placed in the "special handling" notes for the individual in WICS.

#### Inmate Education

The social workers also brief the incoming inmates on a variety of topics related to the facility, including the facility's zero tolerance for sexual abuse and sexual harassment, and how to report at the facility. Inmates' PREA education is tracked and signed in WICS. Inmates are provided the WIDOC's "Red Book" with information about the department's zero tolerance of sexual abuse and sexual harassment the day they arrive. The book also provide specific contact information for local law enforcement and the agency through whom they may receive emotional support. The comprehensive prisoner education is conducted twice monthly at which time the orientation sergeant provides a more comprehensive inmate education session with those who have arrived since the previous education session conducted. The PREA Compliance Manager indicated this includes the WIDOC's inmate education video. This video, viewed by the auditor, was produced in coordination between the WIDOC and Wisconsin Coalition Against Sexual Abuse (CASA). It contained a lot of good information for inmates, not just regarding the agency's zero tolerance for sexual abuse and reporting procedures, but also provided information about what a victim of sexual abuse might experience, and measures that could be taken to get through such an experience.

#### File Review.

Personnel files were not reviewed onsite. The human resources staff member provided sample proof of background checks for random staff and a contractor, as requested by the auditor, for staff hired or promoted in the last 12 months.

There were no investigative files to review; however, auditors were able to review documentation related to a complaint received through a sexual abuse reporting hotline.

Digital files were reviewed for PREA risk screenings, prisoner education and staff training, with reports from those databases printed as well. Paper records were reviewed for documentation of risk screenings and prisoner education prior to establishment of the databases, and also for contractor and volunteer training.

#### Investigations

There were no allegations of sexual abuse or sexual harassment reported during the audit period. One anonymous hotline call was received by the agency during the audit period which was related to a complaint about a search. Documentation of the response was reviewed by this auditor. The allegation was appropriately looked into and documented that the staff member was acting within the scope of his duties, performing a search that was approved by WIDOC and that WIDOC security staff were trained to perform.

Cases involving potentially criminal behavior are referred to the Fitchburg Police Department for investigation as confirmed by interviews with facility leadership and investigators. A phone call by the

audit team to the Fitchburg police department verified that they do conduct criminal investigations referred by facility staff and that there is no MOU in place outlining that arrangement.

#### Exit Conference.

The lead auditor conducted an exit conference with agency officials on the morning of Friday, October 19, 2018. Present at this meeting, in addition to the three auditors, were:

- Superintendent/PREA Compliance Manager
- Agency PREA Director
- 1 Captain
- 2 Sergeants
- 2 Social Workers
- 2 Health Care staff
- 1 Employment Services staff
- 2 Administrative professionals

Staff were eager to engage in open discussion regarding the auditors' findings and were appreciative of suggestions made by the auditors that might help them enhance their compliance with the PREA standards. Areas of non-compliance were unidentified at that point, and staff indicated they were willing to address any issues that might be determined as the auditor analyzed information received for the audit.

#### Post-Audit.

On Tuesday, October 23, 2018, this Auditor, contacted the Superintendent to let him know he may take down the posted audit notices.

A telephone interview, with SANE/SAFE staff at the University of Wisconsin Meriter Hospital, in nearby Madison, confirmed that the hospital will provide forensic exams, when needed, for the facility. Staff did say that they had not had any inmates from the Oregon Correctional Facility at the hospital in quite some time but verified that a victim advocate from the Hope House Rape Crisis Center was available, upon request, and will meet a victim at the hospital, to provide emotional support during the exam. They also said that the facility has always been very cooperative in communicating with the hospital and in providing case numbers, and other needed information to facilitate the hospital staff's mandatory reporting duties.

Email and telephone contact with the agency PREA Director and facility Compliance Manager occurred as it was determined additional information was required to determine compliance with the standards. Both were very good about providing documentation requested.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Oregon Correctional Center is a minimum-security prison for male offenders, and is part of the Wisconsin Correctional Center System, an "institution" comprised of 14 correctional centers housing adult, male inmates, overseen by a single warden whose office is centrally located in Madison. It has a designed capacity of 88 offenders and a current population of 117. The original buildings were constructed in 1928 to provide housing for inmates who worked on the adjacent correctional farm. The age range of offenders housed at the Oregon Correctional Facility is 20 to 69 years. The facility houses only adult males. There are no offenders under the age of 18 housed at OCC. The average length of stay for offenders incarcerated at the Oregon Correctional Center is 6.7 years. There are 24 staff currently employed and there are 14 volunteers and contractors, who may have contact with inmates, currently authorized to enter the facility.

The facility consists of two buildings, one of which is a housing unit. The Housing Unit contains only multiple occupancy cells. There are no single cells at the Facility. The Administration building houses the Administrative Offices, the Control Center, the Food Service and Health Services. The laundry facilities, classrooms, and program areas are in the Housing Unit. All areas with inmate access are outfitted with video monitoring and mirrors. Sixteen cameras are placed inside and outside the center to supplement security and observation rounds. The cameras are monitored by security staff at three monitoring stations, the Officer Control Center, the Captains Office, and the DVR Room. The retention of the video system is approximately four weeks.

There is a minimum staffing pattern of two Sergeants on each shift. The Health Services Unit employs two nurses, and two Social Workers are also employed at the facility. There are no mental health staff and any needed Mental Health Services are provided by the Oakhill Correctional Facility, which is in very close proximity. Inmates may be transported to Oakhill or an Oakhill staff member could see a prisoner at OCC.

The Wisconsin Correctional Center objectives include maintaining safe and secure centers, providing work experience opportunities for eligible inmates prior to their release, providing education and treatment programming that meets the needs of the inmate population, and providing inmates being released to the community with the tools needed to succeed. Inmates can participate in work release, project work crews, learn employability skills, and programming is evidence based. In addition, staff work with assigned probation and parole agents, and other community partners, to address the risks and the needs of each inmate. Inmates released from the Center are provided proper documents, i.e., Social Security Card, Wisconsin Driver's License or identification card to enhance their employability in the community.

Offsite work opportunities for offenders include assisting local government agencies and non-profit organizations on a variety of work projects, incorporating a positive work experience, building new skills, and giving back to the community. Community service opportunities are also offered with staff or agency

supervision. The center, in cooperation with the Department of Natural Resources, raises day old pheasant chicks through adulthood, when they are released to local communities to facilitate youth hunts and hunter's education programs. Facility staff evaluate offenders' risk for placement in the community by considering offense history, risk assessment, conduct history, length of sentence and victim concerns. Other factors that affect placement on work release are the local job market, offenders' individual work skills and their willingness to work.

The primary goal of the Wisconsin Correctional Center System is to prepare offenders for release to the community by helping them, through the work release program, obtain employment that will allow them to develop and demonstrate good work habits, pay their obligations and save money for release.

## 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

#### Standards Met:

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401 and 115.403.

#### Corrective Action:

115.21(f)

As of the onsite portion of the audit, the facility had not made a request in writing to the local law enforcement for them to agree to comply with 115.21(a) - (e) and was requested to do so. The agency PREA Director has since provided documentation to this auditor of the agency's statewide request to all law enforcement agencies that provide services in WIDOC facilities. This standard is now found compliant.

115.31, 115.32, 115.33, 115.35

At the time of the onsite portion of the audit, some training documentation was not available for some staff members. The documentation was requested and received prior to submission of the interim report; however, this auditor was unable to reconcile the information prior to completing the interim report. After subsequent review of all the documents provided, the facility is found compliant with these standards. It was determined that the staff in question had completed the specialized PREA training as well as the general PREA training as required by the standards.

## 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>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Agency PREA Director Position Description</li> <li>3. Agency Organizational Chart</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. PREA Director (WIDOC PREA Coordinator)</li> <li>2. PREA Compliance Manager</li> </ol> <p>DISCUSSION</p> <p>(a) Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA) outlines the Wisconsin Department of Corrections (WIDOC) policy, procedure and processes as they relate to preventing, detecting and responding to sexual abuse and sexual harassment of inmates under its jurisdiction. Its scope includes all staff, contractors and volunteers with the Wisconsin Department of Corrections. It establishes a zero tolerance policy for sexual abuse, sexual harassment and report-related retaliation within its facilities and addresses requirements for those agencies with which the WIDOC contracts for confinement of its inmates. Executive Directive 72 also defines terms related to prohibited sexual conduct in WIDOC facilities and addresses sanctions for such conduct for both staff and inmates. Sections of the policy include reference to the PREA standards with which they correspond.</p> <p>The Directive reinforces that the DOC provides a coordinated victim-centered response to reports of sexual abuse and sexual harassment. This includes providing medical and mental health services to victims of sexual abuse and sexual harassment while investigating all allegations. The DOC provides multiple avenues to report allegations of sexual abuse and sexual harassment and, further, recognizes the right of employees and offenders to be free from retaliation for reporting sexual abuse and sexual harassment.</p> <p>It requires that the DOC trains all staff members, contractors and volunteers to recognize, respond to and report sexual abuse and sexual harassment and requires that the DOC provides offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment and report-related retaliation. The directive also includes the requirement that the DOC employs a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identify core causal factors and take corrective action so as to align with a zero tolerance environment.</p> <p>(b) The agency has established the position of PREA Director to serve as the agency's PREA coordinator within the WIDOC Secretary's Office. During the interview, the PREA Director described that she leads an ever-growing number of staff, each responsible for various elements of PREA compliance throughout the department. The agency PREA Director's position description was provided with the audit Preaudit Questionnaire (PAQ) as well as an organizational chart showing where her office fits in the organization, demonstrating that this position has direct access to the WIDOC Secretary to be able to develop, implement and</p>

oversee agency efforts to comply with the PREA standards in all WIDOC facilities.

(c) At Oregon Correctional Center (OCC), the Superintendent serves as the PREA Compliance Manager, leads the facility management team and reports directly to the Wisconsin Correctional Center System (WCCS) warden. During an interview, he stated that there is a lot of work involved in being PREA compliance manager. There are only so many hours in the day and it takes a lot of extra time to get things done and make sure they're done right. He indicated that he does have "a backup and a bunch of staff that are wonderful." He expressed his appreciation for all the information and support that the agency PREA office provides, and commented, among other things, that he very much appreciates the improvement in technology available related to staff as it relates to PREA reports and requirements. He expressed that the PREA Office provided consistency to facilities throughout the department as each facility works to comply with every standard.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

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>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Letters to contracted agencies regarding the need to have audits and report on compliance progress</li> <li>2. WIDOC Compliance Form blank</li> <li>3. Letters and draft policy to contracted agencies regarding compliance review process</li> <li>4. Compliance Form - Blank</li> <li>5. DAI Policy #410.00.01 PREA Compliance Review of Contracted Facilities, effective 4/1/18</li> <li>6. DOC-2845 Contract Compliance Review Report (Fond du Lac).doc</li> <li>7. DOC-2845 Contract Compliance Review Report (Milwaukee HOC).doc</li> <li>8. DOC-2845 Contract Compliance Review Report (Jefferson).doc</li> <li>9. DOC-2845 Contract Compliance Review Report (Juneau).doc</li> <li>10. DOC-2845 Contract Compliance Review Report (Vernon).doc</li> <li>11. DOC-2845 Contract Compliance Review Report (Sheboygan).doc</li> <li>12. DOC-2845 Contract Compliance Review Report (Ozaukee County).doc</li> <li>13. Vilas County PREA Audit MOU.PDF</li> <li>14. Oneida PREA Audit MOU.PDF</li> <li>15. Sauk County PREA Audit MOU.pdf</li> <li>16. Racine County Jail FTP Confirmation.pdf</li> <li>17. Fond du Lac PREA Audit MOU.pdf</li> <li>18. Jefferson County Letter of Commitment 7.30.2018.pdf</li> <li>19. Ozaukee County Letter of Commitment 7.17.2018.pdf</li> <li>20. Milwaukee HOC Letter of Commitment 7.17.2018.pdf</li> <li>21. Juneau County Letter of Commitment 7.31.2018.pdf</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. PREA Director (serves as the agency contract administrator for the MOUs with facilities confining WIDOC offenders)</li> </ol> <p>DISCUSSION</p> <p>(a) Documentation provided with the pre-audit questionnaire (PAQ) demonstrates that the Wisconsin Department of Corrections (WIDOC) has entered into 11 Memoranda of Agreement with other agencies to house WIDOC inmates. All of these are county facilities. Review of the MOAs demonstrates the agencies agree to fully comply with the PREA Standards.</p> <p>(b) WIDOC has demonstrated a great amount of activity and focus on compliance with this standard. The PREA Office has established a streamlined and increasingly consistent monitoring process between WIDOC and the facilities with which it contracts. Documentation provided demonstrates that since 2017, the WIDOC PREA Office has worked to enhance the partnership with 11 confinement facilities with which WIDOC contracts for confinement of its inmates in order to better ensure the prevention, detection and response to sexual abuse and sexual harassment in those agencies. The MOA's include agreement to fully comply with the standards and to submit to monitoring for compliance by the WIDOC. Documentation of monitoring and required corrective action was provided with the PAQ. The PREA Office has</p>

sent letters to the contracted facilities explaining the monitoring and audit requirements. In February of this year, WIDOC provided all of the agencies with a draft policy and Compliance Review Form, to help them assess their compliance with PREA standards. In response, four agencies have provided MOUs with DOJ-certified auditors to have audits conducted at their facilities. An additional four have provided letters of commitment to have audits conducted. Another recently hosted a Field Training Audit at their facility. Compliance Review Forms (WIDOC 2845) have been completed and submitted to the WIDOC PREA Office from seven of the eleven contracted agencies. Review of the documentation and interview with the PREA director demonstrates that this new process is institutionalized at the agency level. It also appears to be well on its way to being institutionalized among the contracted agencies as demonstrated in the strides made during the seven months between the time the policy and forms were introduced and the time the information was uploaded to the PAQ. The agency requires that these contracted agencies agree to become PREA-compliant, is monitoring their compliance, and is doing its part to help them understand the requirements.

It should be noted that the facility does not contract for confinement of its inmates.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72</li> <li>2. Facility Staffing Plan</li> <li>2. DIVISION OF ADULT INSTITUTIONS FACILITY PROCEDURE 900.404.0212. Unannounced Supervisory Rounds (PREA).pdf</li> <li>3. Logbook excerpt - unannounced rounds samples</li> <li>4. PREA Director Log of Staffing Plan reviews</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Warden</li> <li>3. Facility Superintendent</li> <li>4. PREA Compliance Manager</li> <li>5. Intermediate and Higher Level Staff</li> </ol> <p>DISCUSSION</p> <p>(a) Review of most recent staffing plan demonstrated that it does address all of the elements listed in the standard. During interviews, the warden and PREA compliance manager both reinforced that all the required elements listed were considered. (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility superintendent mentioned during his interview that positions are mandated by the legislature and the Department of Adult Institutions determines where those positions are placed. The warden and human resources staff participate in the plan. He indicated some of the considerations for staffing are what has happened in the past at the facility, the time it takes for rounds and fielding questions, the population of the facility, the number and type of buildings at the facility and the mission of the facility. He indicated that cameras cannot replace people, but can enhance security.</p> <p>(b) The warden further stated that overtime would be mandated to cover required positions in the event of a staff shortage. There would not be a time that a housing unit wasn’t staffed so there were no deviations from the staffing plan. This could be a struggle during times of heavy or unexpected transportation requirements or staff calling in sick. She also mentioned that they did have some vacancies, as well. She discussed that some of the ways those shortages could be covered is by mandating overtime, asking for help from other facilities, or pulling staff from Monday-Friday posts, such as the Property Officer. Staff indicated that there are some correctional officers in positions at other nearby facilities that do not get overtime and are available to assist when needed. If short a supervisor, a Monday - Friday supervisor could</p>

work any position in the institution. The warden tries not to keep staff isolated in any one type of position so they can work a variety of positions. Another option is to modify or stop movement for a time until the location can be covered, but this is a last resort. Positions are allocated by the legislature, working with the chain of command. The combination of staff per shift, placement and monitoring of cameras, and identification of potential areas of vulnerability were addressed in the plan describing how those staff are best utilized in order to accomplish custody, security, and safety of inmates housed at the facility. Staff indicated in interviews that the staffing is consistent with other agency facilities.

(c) During an interview, the agency PREA Coordinator indicated that the plans were conducted in coordination with the PREA Director (agency PREA Coordinator). She provided a roster of review of staffing plans from previous years. The roster indicated Oregon Correctional Center had conducted theirs on 4/3/18, 8/18/17 and 2/11/16, as required by Executive Directive 72, Section IX, Supervision and Monitoring, Section A. and the standard (no less frequently than once each year). She also described that during a workshop she conducted for PREA Compliance Managers this Spring, she included a block of time in the schedule for PREA compliance managers to work on their staffing plans, with an opportunity to ask questions and request clarification on issues. Following this workshop, PREA compliance managers returned to their facilities to discuss the staffing plans with their administrators, then provided the completed plan to the PREA Director for review prior to finalizing. The staffing plan indicates that camera placement was adjusted for five of the cameras at the facility to better monitor activity at the facility. The plan described the elements considered to determine that no adjustments to the facility's resources or staffing levels were deemed necessary during this review.

(d) Executive Directive 72 requires unannounced rounds to be conducted on all 3 shifts to deter staff sexual abuse and sexual harassment. WIDOC has established a practice of such rounds being documented in a separate logbook as well as the regular unit logbook. Both logbooks were reviewed in control center during the onsite review, and they corresponded to show that the rounds were documented as required. No discernable patterns in time or frequency of rounds were noted. This was confirmed during an interview with a supervisory staff who described that unannounced rounds are part of the daily practice. He described that he doesn't set any patterns, making sure to stagger the regularity of the order, times and frequency of the rounds. Executive Directive 72 states that employees are prohibited from alerting other employees that these rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1 DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. DAI Policy 302.00.20, Placement of Juveniles in Adult Correctional Sites</li> <li>2. Letter from Administrator, Division of Adult Institutions, December 19, 2016</li> </ol> <p>INTERVIEWS</p> <p>Warden Superintendent</p> <p>DISCUSSION</p> <p>Per the above documentation, inmates under the age of 18 will not be housed in any Division of Adult Institutions (DAI) facility. They will be housed in Division of Juvenile Corrections (DJC) facilities. If sentenced as an adult, the offender will remain within the DJC and be transferred to a DAI facility at age 18. It was stated in the preaudit questionnaire and reiterated by staff that there have been no youthful offenders housed at Oregon Correctional Center during this audit period. The warden and superintendent both confirmed that youthful inmates are not sent to this facility. They would be processed at the intake facility (Dodge) and sent to an age-appropriate facility.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72, Sections X, Cross-Gender Searches, and XI, Training and Education, A3.</li> <li>2. DAI Policy 306.17.02, Searches of Inmates</li> <li>3. DAI Policy 306.16.01, Use of Body Cameras</li> <li>4. DAI policy 500.70.28 Transgender Inmates</li> <li>5. Searches Lesson Plan</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Warden or Designee</li> <li>2. PREA Compliance Manager</li> <li>3. Intermediate or Higher Level Staff</li> <li>4. Random Inmates</li> <li>5. PREA Coordinator</li> </ol> <p>OBSERVATIONS</p> <ol style="list-style-type: none"> <li>1. Use of Opposite Gender Announcement Tone and Light during onsite review</li> <li>2. Review of video monitors viewing areas where a prisoner could be in a state of undress</li> </ol> <p>DISCUSSION</p> <p>(a) Executive Directive 72 and DAI 306.17.02 both prohibit cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances. The facility reported that no cross-gender strip or body cavity searches were conducted during the audit period, so there were no interviews conducted of nonmedical staff who have conducted such searches, nor any logs available.</p> <p>(b) While agency policy ED 72 and DAI 306.17.02 prohibit cross-gender searches of female inmates (except in exigent circumstances), Oregon Correctional Institution does not house female offenders. All security staff interviewed indicated that they have received training on conducting cross-gender pat-down searches at the academy and during refresher training.</p> <p>(c) Executive Directive 72 requires that all cross-gender searches shall be documented. The facility reported that no cross-gender strip or body cavity searches were conducted during the audit period, therefore no logs were available for review.</p> <p>(d) Executive Directive 72 has been implemented by the facility to enable 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 of when such viewing is incidental to routine cell checks. DAI 306.16.01 also addresses protections from viewing body camera footage by opposite gender staff where a prisoner is in a state of undress.</p> <p>Since this facility houses male inmates, it is required that female staff's presence is announced</p>

upon entering the unit. This may be done by voice, but is normally done using a tone that can be heard throughout the unit as well as a blue light activated prior to the female entering the unit. (This tone was referred to as a doorbell in several interviews.) In interviews of 16 random inmates, 13 confirmed that the bell/blue light on indicated a female was on the unit. During informal interviews and conversation during the onsite review, staff and inmates confirmed this process and it was observed being used when female staff were in the unit. It was also confirmed that the bell and light are used for no other purposes and there are no similar sounds used for anything else within the facility. The light was visible the full length of each wing.

The auditors viewed monitors in the control center and captain's office to determine that cross-gender viewing of inmate genitalia, buttock and breasts was not possible when viewing the monitors.

The housing unit is composed of two long wings with a bathroom on each side with toilet stalls and sinks in the front part and showers in the back. There are curtains in front of the showers and they are situated to prohibit cross-gender viewing. Of 16 random inmates interviewed, 15 said they are not ever naked in front of females at this facility. Rules for dress at the facility were discussed with the superintendent, who indicated offenders may no longer go shirtless outside in the summer. The Inmate Handbook spells this out as well, admonishing inmates that they must be fully dressed anytime they are outside of their rooms; with the exception of wearing a robe and shower shoes to the shower.

(e) Executive Directive 72 and DAI 306.17.02 both prohibit searches of transgender and intersex inmates solely to determine the inmate's genital status. Genital status will be determined based on conversations with the inmate, reviewing medical records, or as part of a broader medical exam conducted in private by a medical practitioner. Based on formal interviews with random staff, this was clearly understood that such a search is prohibited by policy. The facility reported that there were no transgender or intersex inmates at the facility, so no interviews with transgender or intersex inmates were conducted.

(f) As required by agency and facility policy, staff receive training updates yearly, including training related to personal searches, according to formal and informal interviews with staff. All nine randomly-selected security staff indicate that they received this training at the academy and refresher training. Upon review of the module, it was verified that the academy and update search training module includes a video demonstrating proper searches, including proper search of transgender and intersex inmates and that the lesson plan shows that a simulated search is also demonstrated. A demonstration of the training database was conducted, allowing the auditors to see how a supervisor may view their staff's training status to enable an extra layer of accountability in ensuring that all staff receive all required training.

## CONCLUSION

Based on the above evidence, the facility is found to be compliant with the standard.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72</li> <li>2. DAI 300.00.35, Americans with Disabilities Act</li> <li>3. DAI Policy 300.00.61 Language assistance for Limited English Proficiency (LEP) Inmates.</li> <li>4. Contract for Language Translation/Interpretation Services.</li> <li>5. PREA posters and inmate educational materials in English and Spanish</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Agency Head/Designee</li> <li>2. Random Staff</li> <li>3. Disabled or Limited English Proficient Inmates</li> </ol> <p>DISCUSSION</p> <p>(a) The Agency Head/Designee indicated that the agency has established procedures to provide inmates with disabilities and with limited English proficiency (LEP) 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. She related that each facility has a disability coordinator and each inmate's needs are assessed at intake. This is also confirmed in agency policy as listed above. She went on to mention that the agency offers a language line for interpretation and that PREA materials are available in English, Spanish, Braille, and audio. She indicated the PREA inmate education video is available in English and Spanish.</p> <p>(b)(c) During 15 random staff interviews, all indicated they would not allow an inmate to interpret for a person making a complaint of sexual abuse. Use of professional interpreters and/or the facility's use of the language line was widely discussed. No limited English proficient inmates were identified during the audit. A pleasant and informative interview was conducted via "videophone" at the facility between the auditor and a deaf OCC inmate. The inmate and interpreter were visible to each other to converse using sign language and the auditor was connected with the interpreter via telephone. The interpreter relayed questions, responses and statements between the inmate and auditor to conduct the interview.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.17	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Executive Directive 42, Police Contact, Arrest, and Conviction Policy for Current Employees</li> <li>3. WIDOC Background Check Procedure</li> <li>4. Background Check Authorization</li> <li>5. DOC-Candidate Ref Check</li> <li>6. Filling a Vacancy effective May 2017</li> <li>7. Background check samples for each type of personnel action</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Human Resources Staff</li> </ol> <p>DISCUSSION</p> <p>(a) Agency policy prohibits hiring or promoting anyone who has engaged in sexual activity as described in this provision. This was confirmed during an interview with a Human Resources staff member for Wisconsin Correctional Centers System. The auditor sampled five personnel files of staff who had been promoted, randomly selecting the first one of the year from 2014 through 2018. Executive Directive 42, Police Contact, Arrest, and Conviction Policy for Current Employees originated in January of 2014. Review of the files demonstrated that required background checks are being conducted.</p> <p>(b) Agency policy states that incidents of sexual harassment will be considered in hiring, promoting, or enlisting the services of any employee. On day 2 of the audit, the PREA Director coordinated a request from the auditor to provide specific background check verifications from the Wisconsin Corrections Center System (WCCS) Human Resource office. This request included the background checks for the seven staff hired or promoted by the facility during the last twelve months, including security, non-security and contracted staff. The response was received the next work day, verifying all background checks had been completed. The staff list as of the first day of the audit includes 27 positions, with three vacancies. The facility indicated 100 percent of the 25 staff employed during the audit period have had the required background checks as per policy and procedure.</p> <p>(c)(d) The agency published a Human Resources Procedure in 2016 which addresses training for those who conduct background checks and outlines the process for conducting a background check of all new hires and promoting staff. During an interview, a Human Resources staff member verified that background checks are conducted on new hires and promoting staff, contractors, volunteers and interns. It was also explained during the interview that all applicants fill out the background check authorization form which also includes questions that must be answered yes or no whether the applicant has a history of any of the elements of this standard. The background check authorization is then put in a sealed envelope and kept until a selection is made. The background check will then be completed only for the selected candidate and will include information regarding driving records, and Wisconsin Department of Justice and National Crime Information Center (NCIC) databases. If</p>

negative information is discovered, a determination will be made whether the person is still eligible to be hired and, if so, the request to hire must be approved by the Bureau of Personnel and Human Resources within the Division of Management Services for approval.

(e) According to the Background Check Procedures, fingerprints are taken upon hire of applicants, contractors, and interns or others as applicable IAW federal security regulations. The date of the fingerprint is entered into a database. The Bureau of Personnel and Human Resources lets the facility know when each employee's five-year fingerprinting and background check is due. The Human Resources staff member stated that the background check process is required every five years for employees, both full-time and limited term, based on the last fingerprint date. Persons promoting or transferring prior to the five-year timeframe will have a background check earlier than the five years.

(f)(g) During the interview, the background check authorization form was reviewed and demonstrated that the questions required to be asked directly are required to be completed. Executive Directive 42 outlines the employee's, contractor's or intern's continuing affirmative duty to report police contacts, arrests and convictions. Section VI, Reporting Requirements, requires notification of non-work police contact by the start of the employee's next scheduled work day or within 48 hours, whichever occurs first. Employees who fail to disclose police contact, arrests and/or criminal convictions, who aren't truthful about details, who don't cooperate with the background check, or if it is discovered after hire that an employee did not disclose a prior criminal record, may be subject to disciplinary action up to and including discharge. For interns, it would be grounds to not be retained.

(h) Agency policy states that DOC shall make its best effort to obtain and, when requested, provide information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. During the interview it was stated that it is not prohibited to release employee information if requested with a signed Background Check Authorization from an employee. She indicated that just as WIDOC must ask other jurisdictions for information when hiring staff, they share information with the requesting jurisdictions as well. She stated she has not had a request for information from other jurisdictions for the past year, but has responded to them previously.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION PAQ information about added cameras</p> <p>INTERVIEWS 1. Agency Head 2. Warden 3. Superintendent</p> <p>DISCUSSION (a) During her interview, the Agency Head/Designee indicated that when planning substantial modifications to facilities, the agency and facility leadership together evaluate the current situation and look at other applicable standards, the facility staffing plan, patterns of incidence of sexual abuse, and compare with similar facilities. In her interview, the warden of the 14 centers that make up the Wisconsin Correctional Center System (WCCS), related that an expansion of a substance use disorder program had been accomplished at the facility but no physical plant modifications or building expansions.</p> <p>(b) The Agency Head/Designee related that technology is used to monitor movement of both staff and inmates. Additional cameras enhance coverage and deter or reduce misconduct. Camera footage can also be used as an investigative tool, if there is a concern, video can be played back to determine what took place. The warden indicated there is ongoing need for cameras and where possible they are rearranged to maximize coverage and enhance the safety of inmates at the facility. The superintendent stated that when looking at camera placement, he wants to get the biggest bang for the buck, so it is important to look at facility blueprints, determine where you don't have eyes or ears all the time, and where contraband may be concealed. The facility has enhanced coverage of various areas of the facility by adding 5 new cameras to the existing system. The audit team confirmed the strategic placement of the cameras during the onsite review of the facility.</p> <p>CONCLUSION Based on the above information, the facility is found to be compliant with this standard.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTS</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XVI. Initial Response and Care, and Section XVII, Investigation</li> <li>2. OCI and Rape Crisis Center.pdf - MOU - Rape Crisis Center of Dane County Wisconsin Department of Corrections   Prison Rape Elimination Act Victim Accompaniment Guide and Victim Services Coordinator Reference Guide</li> <li>3. National Commission on Correctional Health Care - Response to Sexual Abuse</li> <li>4. DAI Policy 500.30.19 HSU Procedures in the Event of Sexual Abuse</li> <li>5. DAI Policy 306.00.14 Protection, Gathering and Preservation of Evidence</li> <li>6. SUPPORT SERVICES WORKSHOP FOR WISCONSIN DEPARTMENT OF CORRECTIONS VICTIM SERVICES COORDINATORS</li> <li>7. WIDOC Office of the Secretary, DOC-2767 (9/2015), SEXUAL ABUSE INCIDENT, VICTIM SERVICES COORDINATOR RESPONSE CHECKLIST</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Administrator - Rape Crisis Center of Dane County</li> <li>2. PREA Compliance Manager</li> </ol> <p>DISCUSSION</p> <p>(a) Agency policy outlines appropriate staff requirements to preserve and protect evidence in order to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Staff are provided with training and are given cards to carry in their ID card holders to reinforce the proper steps to take when responding to an incident of sexual abuse as confirmed through training staff and random staff interviews. The facility maintains a forensic evidence collection kit for use in a sexual abuse incident.</p> <p>(b) WIDOC's evidence protocol is based on National Commission on Correctional Health Care - Response to Sexual Abuse and is appropriate for youth; however, this facility does not house youthful offenders.</p> <p>(c) When evidentiarily appropriate, forensic examinations of inmate victims of sexual assault are provided by Sexual Assault Nurse or Forensic Examiners (SANE or SAFE staff) at Meriter Hospital in Madison, WI at no cost to the victim. Formal and informal interviews with WIDOC staff and hospital staff confirmed that a victim would never be charged financially for a forensic examination resulting from sexual abuse. The facility reported that during the audit period, one inmate was transported to the hospital for a forensic exam. Agency policy prescribes the process to protect the evidence, to prepare the prisoner to understand the examination process, to make the appropriate contacts with the hospital and victim advocate and the facility victim services, and to process transportation required with a victim of sexual abuse.</p> <p>(d)(e) This facility has an MOU with Rape Crisis Center of Dane County (RCCC) to provide victim advocacy for inmates at this facility. During an interview with an administrator of the center, the MOU was confirmed with this and two other WIDOC facilities in the area. The</p>

administrator indicated that the relationship between her organization and WIDOC facilities was in effect since about 2015, prior to the MOU. The center has 15 staff to cover 24 hours/day for coverage of the help line or at a hospital. The administrator also stated it was her understanding the facility would transport a sexual abuse victim to the hospital for a forensic exam when appropriate. She indicated that an advocate would meet the person at the hospital for the exam, but doesn't provide ongoing, in-person support, although would certainly provide support through the helpline. Services in person could include accompaniment during forensic exam and investigative interviews/court proceedings. Services via the helpline could include emotional support services, crisis intervention and information. Her organization is usually contacted by the hospital or forensic nurse for a forensic exam or contact could be made by the PREA Coordinator or PREA Compliance Manager. She was aware that some staff at the facility could provide advocacy services as well. The facility superintendent indicated that inmates are given a sheet with the Rape Crisis Center of Dane County contact information at orientation. He indicated that If an incident occurred where the facility was transporting an inmate to the hospital for a forensic exam, the facility would make contact with the RCCC to arrange for an advocate.

(f) In an informal interview, an agency staff person indicated there has not been a written request by the agency that the local law enforcement agency follow provisions (a)-(e) of this standard. However, at the time of the audit, contact had been made by the agency with the state DOJ to help facilitate this communication/direction with all law enforcement agencies that provide services in WIDOC facilities. Corrective action was required for the facility to request that the local law enforcement be requested to follow provisions (a)-(e) of this standard. During the corrective action period, the WIDOC Secretary reached out statewide requesting all law enforcement agencies that support WIDOC correctional institutions to follow provisions (a)-(e) of this standard. A copy of the Secretary's e-mail correspondence was provided to the auditor by the agency's PREA Director, demonstrating compliance with this standard on behalf of all WIDOC facilities.

(g) Auditor is not required to audit this standard.

(h) Information provided from a volunteer at the rape crisis center indicates their counselors receive at least 20 hours of specialized training and observe other counselors for a time before they are permitted to perform their duties. The named qualified staff for the advocacy function are psychological services staff who have also received specialized training at a Support Services Workshop conducted by the Wisconsin Coalition Against Sexual Abuse.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with all elements of this standard.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XVII.</p> <p>DAI Policy #: 303.00.05 Page 1 of 5</p> <p><a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a></p> <p>Pre-Audit Questionnaire</p> <p>DOC-2666C follow-up from anonymous hotline call to outside reporting agency</p> <p>INTERVIEWS</p> <p>Agency Head</p> <p>Investigative Staff</p> <p>Warden</p> <p>Superintendent</p> <p>Local Law Enforcement Agency</p> <p>(a) Agency policy requires that an administrative investigation is conducted for all allegations of sexual abuse and sexual harassment. This requirement was confirmed in staff interviews, including those with the Agency Head Designee, Warden, Superintendent, investigative staff, and during informal interviews with a victim services staff member. The agency reported that there were no investigations of sexual abuse or sexual harassment at this facility during the audit period and that the last allegations of sexual abuse at this facility were in 2014. Upon receiving the list of hotline calls from the agency PREA Director, it was discovered the agency had received one call from this facility. Documentation regarding that incident was requested from facility staff and was immediately provided with the DOC-2666C documenting the steps taken by the investigative staff. This incident had been looked into and properly documented. It was an anonymous complaint about searches regarding a male staff member that were determined to have been conducted in accordance with agency policy.</p> <p>(b)(c) Executive Directive 72 is posted on the WIDOC website, and outlines the agency's policies as they relate to PREA. As such, it also requires that all allegations be investigated, and those that may be criminal in nature are also required to be referred to law enforcement for criminal investigation. The auditor did contact the local police department and received confirmation that it does accept and investigate allegations of criminal behavior involving the correctional facilities in the vicinity.</p> <p>(d)(e) The auditor is not required to audit these provisions.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.31	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTS</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. A. 1. Training and Education.</li> <li>2. Screenshots of the required online module for all WIDOC staff complete upon hire,</li> <li>3. Several volumes of WIDOC PREA Office newsletter - PREA Page. WISCONSIN DEPARTMENT OF CORRECTIONS, From the PREA Office.</li> <li>4. Screenshots of the required online module all Wisconsin Department of Corrections employees - assigned in the Fall of 2017.</li> <li>5. DEPARTMENT OF CORRECTIONS WISCONSIN, Division of Management Services form DOC-1558 (Rev. 6/2018),</li> <li>6. Employment Statement of Acknowledgement</li> <li>7. WIDOC Correctional Officer Preservice Program, Effective 01/2015 - statute authorizations and mandates related to WIDOC staff training and Correctional Officer Pre-Service Training program.</li> <li>8. Oregon Corrections Center (OCC) Staff Training Report (Preservice).xlsx</li> <li>9. OCC Staff Training Database Report (2017 Refresher).xlsx</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Random Staff Interviews</li> <li>2. Contractors</li> </ol> <p>DISCUSSION</p> <p>(a) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. A. 1. Training and Education, outlines requirements and processes for providing PREA-related training to all staff who may have contact with inmates. The policy requires as topics a minimum of all of the elements listed in this standard. This training is provided during the preservice training (academy) as well as every two years for existing employees. Screenshots of the online training module was reviewed which confirmed that these topics are covered. In addition, all random staff interviewed indicated that they had received this training, either as a current employee or "in the academy". Staff interviewed appeared to be very knowledgeable about prevention, detection and response for sexual abuse and sexual harassment based on their affirmative responses to the training questions and discussion during the interviews.</p> <p>(b) Executive Directive 72 also requires that training an employee receive is tailored to the gender of the inmates at the employee's institution. No matter how long a person has been employed with the WIDOC, they must complete a 2-4 week training when arriving at this institution, whether for transfer or promotion. This is to familiarize the staff member with the institution and any gender-specific training that must be given. All training is tracked in a program called Cornerstone, which was demonstrated to the auditor on-site. The application allows supervisors to track their staff's completion of training and allows individual staff to receive reminders when training is due, print their certificates and track their progress as well. E-mails are sent to staff to inform them when training updates are required.</p> <p>(c) During interviews with staff, it was stated that staff receive PREA training every year,</p>

alternating between initial and refresher training as required by Executive Directive 72. Review of training records for all staff verify that facility staff completed required PREA training at least once in 2015 and 2017. In addition, examples of refresher information have been observed during the audit. One example was a small white laminated card that has been distributed to staff since before the audit period. It contains sexual abuse responder information and is kept with their ID cards, which staff showed auditors during some interviews. The cards provided a synopsis of procedures to follow when receiving information or learning about an incident of sexual abuse. This is a very helpful reference for staff, especially those who have never been in a situation to respond to sexual abuse. In addition, samples of newsletters from the WIDOC PREA Office were included in the PAQ to demonstrate the communication of PREA-related information to all staff on a continuing basis. WIDOC is not only training staff about required PREA elements, but is enabling them to have a glance into the PREA initiatives at the agency level, to be able to understand the "big picture".

(d) Through review of the module and discussion with the PREA Director, it was confirmed that there are checks on learning throughout the module, and a certificate is received with a score following successful completion of a quiz at the end of the course that electronically verifies understanding of the course material. Also provided was the DOC 1558, an acknowledgement form on which the employee verifies that he/she is responsible to read and understand the information provided and to ask questions if there is anything they don't understand. This form is maintained in their personnel file. Staff sign once their questions or concerns about their understanding have been answered, in addition to the electronic verification of understanding. Following successful completion of the module, with electronic verification of understanding in the form of a score and certificate, the training is recorded in the training database.

The auditor completed a thorough review the training records for each staff member. Documentation was initially provided for 17 of the current 24 staff, leaving three with no documentation of training provided with the audit documentation. Following the audit, documentation was requested for those remaining three, which was promptly provided in a combination of Cornerstone transcripts and certificates.

#### CONCLUSION

Based on the above evidence, the facility is found to be compliant with the standard.

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTS</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72, Section XI, Training and Education, A 2, Page 7</li> <li>2. WIDOC, Office of the Secretary, DOC-2786 (5/2016), PREA, Sexual Abuse and Sexual Harassment in Confinement Training, Contractor Statement of Acknowledgement</li> <li>3. Sexual Abuse and Sexual Harassment in Confinement, PREA, UPDATED 2/18, Contractor and Volunteer Training</li> <li>4. DAI Volunteer Manual, Sexual Abuse and Sexual Harassment In Confinement: A Guide for Volunteers and Contractors</li> <li>5. DAI Volunteer, Pastoral Visitor, Program Guest &amp; Intern, Orientation</li> <li>6. Memo sent March 02, 2018 to DOC DAI Volunteer Coordinators New DOC-2809 Volunteer Orientation Roster Attendance Record.doc.</li> <li>7. DOC-2809 – 2 forms with signatures of volunteers indicated understanding of PREA training.</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Volunteer Interview</li> <li>2. Contractor Interviews</li> </ol> <p>DISCUSSION</p> <p>(a) There were no volunteers available to interview during the onsite review of the facility. Three contractors are employed by the facility, two of whom were interviewed during the audit. Both indicated they have received training regarding zero tolerance for sexual abuse and sexual harassment and how to report such incidents. One further went on to state that the training was online, powerpoint and online training with quizzes, and went on to mention several of the elements of the training required by the standard. The agency has also published a manual for volunteers that is to be provided to volunteers to support their training.</p> <p>(b) Executive Directive 72 requires the training elements delineated in this standard and they are included on the signature form as well. Both also include that the level and type of training provided to volunteers. Training provided to all volunteers appears to be comprehensive, with a 3-hour module, a manual, brochure and references. Contractors receive the same training as employees; however, tracking of their training is accomplished manually, as contractors have not had employee numbers so their information could not be recorded in the Cornerstone training database. According to a human resources staff member, a new process has begun to assigned numbers to contractors so that their training may be tracked in the employee training database as well.</p> <p>(c) In March of 2018, an updated form was provided to all Volunteer Coordinators which includes the language that they were notified of the agency's zero tolerance policy, trained on their responsibilities under the agency's policies, and that their signature verifies that they have received and understand training on DOC policies and their responsibilities. The memo announcing the updated form included directions to agency Volunteer Coordinators to process the forms for inclusion in the statewide volunteer database and for the facility PREA Coordinators to maintain the originals. The facility provided signature sheets from two PREA</p>

Volunteer Orientation sessions that contained signatures of understanding from 12 volunteers.

No documentation of PREA training was provided for the three contracted staff currently employed at the facility prior to the close of the onsite portion of the audit; however, it was provided to the auditor upon request following the onsite portion of the audit.

**CONCLUSION**

Based on the above evidence, the facility is found to be compliant with this standard.

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTS</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. B. Offender Education. English and Spanish</li> <li>2. Sexual Abuse in Confinement - A Resource for Offenders</li> <li>3. Inmate and Youth PREA Education Facilitator Guide</li> <li>4. DAI Policy #: 410.20.01 Page 1 of 4, New Effective Date: 04/20/18</li> <li>5. WIDOC, DAI, Sexual Abuse and Sexual Harassment Prevention and Intervention - A Resource for Inmates</li> <li>6. OCC - Inmate Handbook 11.2016</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Intake Staff</li> <li>2. Random Inmate Interviews</li> <li>3. Random Staff Interviews</li> </ol> <p>OBSERVATIONS</p> <p>Video titled, "Sexual Abuse and Sexual Harassment Prevention and Intervention" (2017). Produced by Wisconsin Department of Corrections, Wisconsin Coalition Against Sexual Assault and a local media firm.</p> <p>DISCUSSION</p> <p>Executive Directive 72 outlines agency requirements for PREA education for inmates. The facility shall provide comprehensive education regarding the agency's zero tolerance policy, offenders' right to be free from sexual abuse, sexual harassment and disclosure-related retaliation and WIDOC's policies and procedures for responding to such incidents.</p> <p>(a)(b) Executive Directive 72, section XI B, Offender Education, requires that offenders shall receive information regarding the department's zero tolerance regarding sexual abuse and sexual harassment and how to report such incidents or suspicions. The policy's timeline for comprehensive inmate PREA education is within 30 days of arrival at the facility. This comprehensive education includes information regarding inmates' right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. It includes facility-specific information, including local victim advocacy/outside emotional support contact information. The compassionate and comprehensive video mentioned above was developed between WIDOC and Wisconsin Coalition Against Sexual Assault (WCASA). The video was viewed by the auditor and is also located on YouTube. All inmates interviewed indicated they were told about the zero tolerance and how to report sexual abuse and sexual harassment when they first came to the facility. Each inmate also receives the handbook titled Sexual Abuse and Sexual Harassment, Prevention and Intervention, A Resource for Inmates which is called the "Red Book." Review of the video and the follow-up information demonstrated that they both provide information that is comprehensive, relevant and useful.</p>

During 20 random inmate interviews, 17 inmates stated that they had received PREA information about zero tolerance for sexual harassment and sexual abuse, right to be free from sexual abuse, sexual harassment and to not be punished for reporting it upon arrival at OCC and 3 did not remember. Of those, 11 said it was in the first week, 3 said within 1-2 weeks, 3 said at orientation but didn't give a timeframe.

(c) At orientation incoming inmates view the video and are briefed on facility-specific information, including reporting sexual abuse and sexual harassment at this specific facility. Also provided at orientation is a completed form 41B with contact information for specific local community resources such as the Dane County Rape Crisis Center and the Fitchburg Police Department. The agency provides a template for required information that facility staff use to augment the video with facility-specific information to be related following the video during orientation.

(d) The "Red Book" and the inmate handbook are both available in English and Spanish. The "Red Book" is also available in Braille and audio versions as demonstrated by the documentation provided with the preaudit questionnaire. During interviews, eight of the ten staff interviewed indicated an interpreter would be available to assist inmates with limited English proficiency. The facility's video phone to assist with interpretation for hearing impaired inmates was also available and demonstrated to this auditor while conducting an interview.

(e) The facility documents the PREA inmate education in WICS as of 10/22/17. Since it was implemented after the beginning of the audit period, inmate education is only recorded electronically for 109 inmates during the audit period. Prior to the database, inmate education was recorded on paper forms. As a sample, documentation of PREA education was requested for each of the inmates interviewed during the onsite portion of the audit. Paper signature sheets are requested for any whose PREA education was prior to 10/22/17. Following orientation, inmates sign that they have received the inmate education using an electronic signature pad to record the signature in WICS.

(f) PREA information is continually available to inmates through their copy of the "Red Book", their contact information form for outside support, their inmate handbook, and PREA posters visible throughout the institution which were observed by the auditors in the upper and lower levels of the building during the site review. The PREA posters provide a reminder that sexual abuse is not part of their sentence, and that they can report using the WIDOC hotline (777) and outside entity line (888) Capitol police, or tell any staff.

While the team was onsite,

A WICS report was requested by the auditor that would include arrival dates and inmate education dates for all inmates transferring in to the facility since January, 2018. WICS report #ISHR110-03 was received on 12/17/2018, which demonstrated substantial compliance with this standard. Of 90 inmates who transferred to the facility in 2018, 84 were documented to have had the comprehensive PREA education within 30 days. Four others were within two weeks of arrival, and two had no record of having received the comprehensive PREA education. Of the two who were missed, one had been sent to another facility for segregation and the education was missed upon his return. There is no explanation for the other; but on discovery that he was missed, the PCM indicated that the inmate will receive the comprehensive education immediately.

**CONCLUSION**

Based on the above evidence, the facility is found to be substantially compliant with this standard.

115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTS</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI, Training and Education, A4, Page 8</li> <li>2. Training Module, Sexual Abuse and Sexual Harassment Investigations</li> <li>3. Agency list of PREA-trained investigators by facility</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> </ol> <p>DISCUSSION</p> <p>(a)(b) Executive Directive 72 requires that staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims. Training must also include proper sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral and proper use of Miranda, Garrity and Oddsen warnings. Review of the online training module demonstrated that these elements are provided for investigators. The Oddsen warning is specific to Wisconsin employment law. A review of training records demonstrates that each investigator has also completed the PREA refresher training for all staff in 2017.</p> <p>During interviews with investigative and training staff, it was confirmed that investigators attend 40 hours of specialized training - 24 hours related to general investigations, and 16 hours specific to investigations of sexual abuse and PREA-related requirements. It was related that a good portion covered how to deal with a victim on a personal level, understanding they may have been traumatized and may be more forthcoming as a result of relating to them more personally. One called it sensitivity training, a completely different context from training investigators received traditionally. It was mentioned that WIDOC staff do not give Miranda Warnings because they do not conduct criminal investigations, but it was included in the training and instructions were provided regarding Garrity and Oddsen warnings as required. Types of evidence were also covered.</p> <p>(c) Oregon Correctional Center currently has 3 trained PREA investigators listed on the statewide PREA-trained investigator roster. Each investigator's training dates were confirmed upon review of the agency's statewide "Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement Directory", as of October, 2018.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with the standard.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XI. Training and Education, A. 5, Page 8</li> <li>2. Screenshots of the required online module all Wisconsin Department of Corrections for healthcare employees</li> <li>3. OCC Staff Training Report (Healthcare)</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Health Care and Mental Health employees</li> </ol> <p>DISCUSSION</p> <p>The Pre-Audit Questionnaire (PAQ) indicated that the facility employs 3 health care and mental health care staff who regularly work in the facility. Review of the training report for this course demonstrates some additional facility staff have completed the training as well, including social workers.</p> <p>(a)(c) Agency policy requires that all medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims and properly reporting allegations or suspicions of sexual abuse and sexual harassment. It also requires documentation of such training. Review of the training module demonstrates that these elements are covered in the training. During interviews, medical staff and social workers all confirmed they had received the training through WIDOC and some mentioned outside training and experience as well.</p> <p>(b) WIDOC staff do not conduct forensic examinations. Victims who report sexual abuse are sent to Meriter Hospital in Madison. Often referred to UW when speaking with staff, it is a teaching hospital for the University of Wisconsin.</p> <p>(d) Executive Directive 72 requires that health care and mental health staff complete the same PREA training received by other facility staff, in addition to specialized training for health care and mental health staff. No training for the Health Care staff was included with the PAQ, nor was there documentation that they completed the WIDOC PREA training for health care staff.</p> <p>It was reported on the PAQ that 100% of health care and mental health staff have completed the required training; however, the information provided on the training report did not confirm this. Documentation was requested of the facility and received that verifies the health care staff have completed the required general PREA training and the health care PREA training.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XII, Risk Assessment, Page 8.</li> <li>2. Division of Adult Institutions (DAI) Policy #410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization</li> <li>3. Report from Wisconsin Integrated Corrections System (WICS) database and paper forms documenting assessments for the inmates randomly selected for interviews.</li> <li>4. Blank PREA Screening Tool (Male): Transfer Assessment or Reassessment, DOC-2781B</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Staff responsible for conducting risk assessments</li> <li>2. 16 Random Inmate Interviews</li> </ol> <p>DISCUSSION</p> <p>(a) WIDOC Executive Directive 72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA) Section XII, Risk Assessment, page 8, outlines the requirements for risk assessments to be accomplished for each inmate upon transfer to a facility. Department of Adult Institutions (DAI) Policy 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, addresses conducting risk screening related to sexual abuse and further defines the risk assessment process for staff. ED 72, Section A indicates that an initial assessment must be completed upon arrival of every offender to a facility.</p> <p>(b) ED 72 and DAI 410.30.01 further require that initial screening will ordinarily take place within 72 hours of arrival. When interviewed, staff responsible for conducting risk assessments related that inmates are usually screened within 72 hours. At this facility, social workers conduct the screenings. Of 20 responses to relevant questions during formal inmate interviews, 15 reported they participated in an initial risk assessment, 3 said they didn't remember or were not sure, and 2 said they didn't. Of the 15 who indicated they had a risk assessment, 7 indicated "right away" or the first day, 3 said two days, 4 said within a week and one didn't remember. Of the 161 inmates who arrived during the audit period and stayed more than 72 hours at the facility, 109 were assessed using the automated risk assessment tool. The remainder were assessed using the paper tool.</p> <p>(c) While a paper copy of the assessment was provided with the PAQ, as of 10/22/2017, the assessment tool has been automated through Wisconsin Integrated Corrections System (WICS). Staff demonstrated to the auditor how an assessment is entered into WICS. The risk screening process asks the same questions for all offenders. Each response has a numeric value assigned to a negative or positive answer. The numbers are totaled for each part of the assessment and if a certain number is reached for either portion of the assessment, a determination is made that the offender is at risk of victimization (ROV) or risk of aggression (ROA). Either outcome becomes a "special handling" note to assist staff in making proper placement decisions to better enhance the safety of inmates.</p>

(d)(e) This policy and procedure also spells out the elements that must be considered when determining risk of sexual abuse or sexual abusiveness. ED 72, and the PREA Screening Tool (Male): Transfer Assessment or Reassessment, DOC-2781B elements mirror the standards, with the addition of "prior acts of sexual abuse, prior convictions for violent offenses and/or history of prior institutional violence or sexual abuse."

(f)(g) Executive Directive 72, Section XII, requires that an inmate's risk level be reassessed within 30 days of the initial risk screening and when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The staff responsible for conducting risk screens are social workers. During an interview with staff who conduct risk screenings, it was related that the follow-up risk assessment is usually conducted within 20 to 30 days, but no more than 30 days.

(h) The above policies prohibit discipline for a prisoner who refuses to answer questions during a risk assessment, ED72, XII. A. and DAI 410.30.01, I G. The social worker indicated a prisoner would never be disciplined for not answering the questions, or for giving false information.

(i) Responses to questions are contained within WICS to which access is available based on a staff member's assigned profiles within the system. During a WICS Risk Assessment demonstration, it was stated that access to the risk assessment data is limited to few and that the system records who makes entries into records. All who access must sign a confidentiality agreement. Paper copies from prior to automation of the risk assessment tool have very limited distribution and are maintained in locked cabinets. ED72, XII F. and DAI 410.30.01, II K. both require appropriate controls to be placed on the dissemination of information gathered during the risk assessment to ensure sensitive information is not exploited to the inmate's detriment by employees or other inmates. Risk screening is conducted in a private office. It was also related that only the Captain, Superintendent and Social Workers have access to the risk assessments.

#### CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. Placement</li> <li>2. DAI Policy 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization, Section II, Use of Screening Information</li> <li>3. DAI Policy 500.70.27, Transgender Inmates</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manager</li> <li>3. Staff Responsible for Risk Screening</li> </ol> <p>DISCUSSION</p> <p>(a) Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. Placement, A. and DAI Policy 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization, Section II, Use of Screening Information, A and B, confirm that the intent of the risk screening is to inform staff in making decisions related to housing, work, education and programming assignments to keep separate and appropriately supervise those who score with a high risk of sexual aggression (ROA) or victimization (ROV). During interviews, a staff member indicated that the risk screening is used mostly for determining appropriate housing and roommates, single or multiple cell status and not so much for assigning jobs. Many of the workers at this facility are going out of the facility for to work at jobs in the community. Others are working within the facility under supervision.</p> <p>(b) Both policies also require that individualized determinations are made regarding how to ensure the safety of each inmate.</p> <p>(c) (d) (e) ED 72, XIII Placement E. DAI 410.30.01 II E Use of Screening Information and DAI 500.70.72 II A and B all address that placement of transgender or intersex inmates will be made on a case-by-case basis and consider whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The inmate's own views with respect to his or her own safety shall be given serious consideration. They also all require that placement and programming assignments be assessed at least twice yearly to review any threats to safety experienced by the inmate. The PREA Compliance Manager indicated housing assignments are based on the risk screening. In an interview it was mentioned Bureau of Offender Classification and Movement every inmate is seen yearly. By policy, transgender or intersex inmates are reviewed twice per year. Reviews for inmates could be more frequent, if requested for programming. It was also confirmed in the interview that the inmate's perceptions regarding his own safety is given serious consideration.</p> <p>(f) The above sections of these policies also provide for the opportunity for a transgender or intersex inmate to shower separately from other offenders. During interviews, staff affirmed</p>

that transgender and intersex inmates at OCC are given the opportunity to shower separately from the other inmates.

(g) ED 72, XIII Placement E. DAI 410.30.01 both prohibit transgender or intersex inmates from placement in a dedicated locations solely based on their identification or status. The PREA Coordinator related in an interview that WIDOC doesn't have dedicated units for any demographic other than security level or programming needs. Any unit may house any gender identity or orientation, unless they have certain programming or security needs.

**CONCLUSION**

Based on the above evidence, the facility is found compliant with this standard.

115.43	Protective Custody
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENTATION</b></p> <ol style="list-style-type: none"><li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. B. 1. Offenders at High Risk of Sexual Victimization</li><li>2. DAI Policy 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization.</li><li>3. REVIEW OF INMATE IN RESTRICTIVE HOUSING form</li></ol> <p><b>INTERVIEWS</b></p> <ol style="list-style-type: none"><li>1. Warden or Designee</li><li>2. Superintendent</li></ol> <p><b>DISCUSSION</b></p> <p>This facility does not have restrictive housing capabilities and the superintendent indicated there hasn't been a situation in the facility where a person has been at substantial risk of imminent sexual abuse at that facility in the 39 months he has been there. If it was determined the only way to separate an inmate from a potential risk or mitigate the risk, the inmate would have to be transferred as a last option. But there are many other ways to separate inmates at this facility as described by the Superintendent and the Warden. They include separation by units, separation by work shifts, change the environment where the risk exists, for example, the work release environment or supervision changes. It was also stressed in the interviews the importance of not being punitive. It was mentioned the threat could be moved rather than moving the person alleged to be at risk.</p> <p><b>CONCLUSION</b></p> <p>Based on the evidence above, the facility is found to be in compliance with this standard.</p>

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIV. Reporting Sexual Abuse, Sexual Harassment and Retaliation, Page 11</li> <li>2 &amp; 3. Inmate Handbook Prisoner Education, English and Spanish</li> <li>4 &amp; 5. PREA Poster with reporting information, English and Spanish</li> <li>6. Poster to report on behalf of inmate w/website and other methods, English and Spanish poster</li> <li>7. Poster showing 888 - outside line</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manger</li> <li>3. Random sample of staff</li> <li>4. Random sample of inmates</li> </ol> <p>OBSERVATIONS</p> <p>Posters available throughout the housing units Telephones operational, successful tests of hotline numbers</p> <p>DISCUSSION</p> <p>(a)(b) It was verified that the agency has established procedures as outlined in policy for multiple internal methods for inmates to privately report sexual abuse, sexual harassment, retaliation for participating in an investigation of sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This was confirmed during the onsite review where posters with hotline numbers were visible in each housing units (777 and 888) and through interviews with the PREA Compliance Manager and agency PREA Director. During random inmate interviews, 20 inmates related at least one of the available methods to report - tell the sergeant or other staff, use the phone to call 777 or 888, write to their social worker or another staff that they trust, or could contact someone on the outside to report. 777 is the WIDOC hotline to the agency PREA Unit. Most inmates also indicated they could call someone on the outside. 888 is the hotline to Capital Police, the outside entity that has agreed to forward allegations to the PREA Unit where they will be forwarded to the facility for investigation. Fifteen random staff interviewed all provided two or more methods for inmates to privately report, including to staff; anonymously, via hotlines, in person or writing to staff or contacting the police department. The hotline numbers are visible on posters throughout the facility. The call may remain anonymous, it does not require a PIN to make the call or the reporter can leave their name. Auditors called the two hotline numbers from phones within the housing units and were able to leave messages for which receipt was verified to the auditor via e-mail within a day, along with a description of the process for responding to the message.</p> <p>(c)(d) Staff confirmed during random interviews that any allegation received in any format would be reported and documented. Most reported it would be documented on an incident report (IR), some added they would document it in the logbook as well. Review of WIDOC</p>

policy indicates that all reports shall be accepted and documented. Of 20 random inmates, 17 knew they could report in person or in writing, 3 weren't sure or didn't trust that retaliation would not occur if reported, 18 knew or thought they could report anonymously, one said no and the other didn't answer that question. 13 knew someone else could make a report for them, one said no, and six didn't answer the question. None of the randomly-selected prisoners indicated that they had made a report of sexual abuse at this facility. Staff indicated that they could privately report the same way that prisoners can report, with the exception of having someone report for them.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>WIDOC's grievance process is called the Inmate Complaint process. The agency does not have administrative procedures to address inmate grievances regarding sexual abuse. When a complaint of sexual abuse or sexual harassment is received by the inmate complaint examiner, as indicated in Executive Directive 72, it is immediately redirected and referred for sexual abuse and/or sexual harassment investigation.</p> <p>The agency has implemented many of the elements of this standard as best practices; however, they are outside the inmate complaint process. Inmates will be notified within 30 days of the initial complaint that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced and the Inmate Complaint Review process has concluded. The complaint process shall not include a mandatory informal resolution process, nor will a time limit be imposed on when an offender may submit a complaint of sexual abuse or sexual harassment. Each facility shall ensure that an offender who alleges sexual abuse or sexual harassment may submit a complaint without submitting to an employee who is the subject of the complaint, nor will the complaint be referred to the person who is the subject of the complaint.</p> <p>Executive Directive 72 also requires that third parties, including fellow offenders, family, friends, attorneys and outside advocates, shall be permitted to assist an offender in writing the sexual harassment or sexual abuse complaint. When an offender alleges that he or she is subject to a substantial risk of imminent sexual abuse, staff shall immediately forward the allegation to facility leadership for immediate corrective action. Facility staff will provide an initial response within 48 hours and issue a final decision within 5 calendar days.</p> <p><b>CONCLUSION</b> Based on the above evidence the facility is found compliant with this standard.</p>

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XVI.B.5., Page 14</li> <li>2. Inmate Handbook SA/SH Prevention and Intervention: A Resource for Inmates) and addendum (SA/SH in Confinement: A Resource for Offenders)</li> <li>3. PREA and Emotional Support Poster</li> <li>4. Blank forms and completed sample with facility/hospital info</li> <li>5. MOU between Rape Crisis Center of Dane County, WIDOC and facility</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Random Inmates</li> <li>2. Rape Crisis Center of Dane County Administrator</li> <li>3. Inmate Who Reported Sexual Abuse (none available)</li> </ol> <p>OBSERVATIONS</p> <p>Emotional Support Posters displayed throughout the facility</p> <p>DISCUSSION</p> <p>(a)(b)(c) WIDOC provides access to outside victim advocates for emotional support services related to sexual abuse. Inmates are informed of this support during orientation, and through posters throughout the facility. At facility orientation and at the beginning of an investigation, inmates receive a form that contains the name, address and telephone number of the Rape Crisis Center of Dane County, which also provides victim advocacy related to sexual abuse. It also contains a disclosure on the bottom to inform the inmate that their call could be monitored or mail opened with security director's approval, in accordance with policy. This is a half-sheet form, WIDOC POC- 41B, that fits inside the PREA information booklet that they receive.</p> <p>The agency PREA director indicated the Wisconsin Department of Corrections does not confine individuals solely for immigration purposes.</p> <p>When interviewed, the administrator for the rape crisis center verified the MOU with this facility and stated that the center staff has had a decades-long relationship assisting inmates in local facilities, even prior to the MOU. She indicated the center had received calls from this facility and hadn't heard there were any issues with inmate having access to call. She related that she understood that the calls were "unblocked" and the inmates didn't need money to call. She indicated they could write or call, but calling was the preferred method for communication. She stated they do tell the inmates at the beginning of the call that they won't share any details about the calls, unless they indicate there is a significant safety risk. Her team does not provide long-term counseling with the inmates. She indicated they don't really track who they speak with, it would be difficult since they don't ask them for identifying information, but she was aware there were at least two calls from inmates at two local facilities, one from Oakhill Correctional Institution and one from Oregon Correctional Center. The agency provided a copy of the MOU to the auditor.</p>

CONCLUSION

Based on the above evidence, the facility found to be in compliance with this standard.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"><li>1. WIDOC website for community reporting, <a href="https://doc.wi.gov/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/AboutDOC/PrisonRapeEliminationAct.aspx</a></li><li>2. PREA Poster - how to report on behalf of any inmate.</li></ol> <p>INTERVIEWS</p> <p>Staff and Inmates</p> <p>DISCUSSION</p> <p>Agency policy requires that all allegations of sexual abuse and sexual harassment must be investigated and that fact was echoed throughout the staff interviews, no matter where the allegation comes from. About two thirds of the inmates interviewed believed a report from people outside the facility would be investigated, maybe even paid more attention to because it came from the outside. This auditor viewed the link on the WIDOC website that provides a contact box to allow anyone in the community to make a report of sexual abuse or sexual harassment on the behalf of an inmate. This link was tested on November 15, and a response was received November 16, 2018.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard</p>

115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIV. C. 1. Reporting Sexual Abuse, Sexual Harassment and Retaliation, Employee Reporting</p> <p>INTERVIEWS</p> <p>2. PREA Coordinator 3. Warden 4. Medical and Mental Health Staff 5. Random Sample of Staff</p> <p>DISCUSSION</p> <p>Policy states that employees shall accept reports made verbally, in writing, anonymously, and from third parties, will promptly document any verbal reports and immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is a part of the DOC or not. In addition, any incidents of retaliation against offenders or employees who reported such an incident, and/or any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation must be reported. During interviews with random staff, all 15 staff indicated they were to report knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. Two contractors and a medical and mental health staff confirmed their knowledge of that duty as well when they were interviewed.</p> <p>(b) Policy prohibits staff from disclosing information related to a sexual abuse report to anyone that does not need to know. Staff shall report to their supervisors and others necessary for appropriate response as per policy.</p> <p>(c) Policy requires that medical staff provide notice to inmates at the initiation of services of limits of confidentiality and their requirement to report incidents of sexual abuse that occurred in an institution as required by agency policy and the standards. During interviews, medical and mental health staff confirmed that they do let inmates know that they are required to report sexual abuse in a facility.</p> <p>(d) For victims under 18 or who are considered a vulnerable adult, policy requires the DOC to report the allegation to the designated state or local bodies under applicable mandatory reporting laws. During interviews, the warden and the PREA Coordinator indicated the response would be basically the same with a few additions. Meet immediate needs, medical or emotional, would send out for SANE, if w/in 120 hours. Connect with outside or internal support services. Also added responsibility of child or adult protective services and law enforcement for those vulnerable populations. One interview indicated that a youthful offender would not be placed at this facility and it is likely a vulnerable adult wouldn't either.</p> <p>(e) The warden indicated that all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to the designated facility investigators. She indicated, that anonymous or third party complaints would be accepted those including if it ws from another inmate or family member. Policy requires that all</p>

allegations be investigated.

**CONCLUSION**

Based on the above evidence, the facility is found to be complaint with this standard.

115.62	Agency protection duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>DOCUMENTATION</p> <ol style="list-style-type: none"><li>1. Executive Directive 72</li></ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"><li>1. Agency Head/Designee</li><li>2. Warden</li><li>3. Random Sample of Staff</li></ol> <p>DISCUSSION</p> <p>The facility reports that there were no reports of an inmate being subject to substantial risk of imminent sexual abuse, and that it would take immediate action to protect the inmate if such a situation arose. An immediate response is required by policy. The Warden indicated that that the agency absolutely prohibits placing an inmate with a substantiated risk of imminent sexual abuse into segregated housing unless other less restrictive housing is not available. During interviews with the Agency Head/Designee, Warden and randomly selected staff, it was further supported that the staff would respond right away. Examples of the immediate action included a housing unit change or a facility change if necessary, or to try to isolate or remove the threat. As a last resort, voluntary or involuntary protective custody.</p> <p>This facility does not have restricted housing, so this not an option unless the inmate is transferred.</p> <p><b>CONCLUSION</b></p> <p>Based on the above evidence, the facility is found to be complaint with this standard.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72</li> <li>2. Incident Report documenting referral to other facility</li> </ol> <p>INTERIEWS</p> <ol style="list-style-type: none"> <li>1. Agency Head/Designee</li> <li>2. Warden</li> </ol> <p>DISCUSSION</p> <p>Agency policy requires that when an allegation of sexual abuse is received that occurred at another facility, the head or designee of the facility will notify the head or designee of the facility where the alleged abuse occurred within 72 hours.</p> <p>Agency policy requires that when an allegation is received from another facility alleging an incident of sexual abuse occurred at their facility, the appointing authority at the facility must ensure that the allegation is investigated.</p> <p>Policy and interviews confirm these actions are required, and the facility provided detailed documentation for the one instance of reported abuse of an inmate at another facility reported as recorded in the PAQ. During a risk screening, an inmate indicated that he had been previously abused in a facility. Upon interview, the inmate related several incidents were reportof sexual abuse as having occurred at juvenile and adult facilities in the 80's and 90's. In order to notify those facilities of the alleged sexual abuse, facility staff diligently attempted , but were unable to identify the unnamed juvenile facility in a named county as having been open during the timeframe. Their research also identified that one named facility had closed in 2002. Notification was not possible to either of them. However, the third facility was still open and e-mail contact was made by the OCC superintendent to the warden of the other facility within 48 hours of learning of the incidents. During interviews, the warden indicated that all allegations received by other facilities would be investigated, one warden would call another, an investigator might be assigned at both locations depending on the circumstances, and it would be documented on a PREA form 2666. The superintendent indicated that upon receipt of an allegation from another facility, he would document the allegation on a 2666, get a PREA number and work with Central Office to get an investigator and would coordinate with the other facility to conduct the investigation.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Incident Reports in response to allegation</li> <li>2. Investigation report - evidence for SANE exam</li> <li>3. First responder summaries, Security, non-security and health/mental health care staff</li> <li>4. Facility Sexual Abuse Coordinated Response Plan</li> </ol> <p>INTERVIEWS</p> <p>Random Sample of Staff-Responders</p> <p>DISCUSSION</p> <p>(a)(b) Agency policy and the facility's coordinated sexual abuse coordinated response plan require that all first responders report and document the incident to security staff or a supervisor, and if responding within a timeframe that still allows for the collection of physical evidence, request victim to not do anything that would damage evidence, such as eat, drink, smoke, shower, brush teeth, urinate, defecate, or change clothing. In addition, policy and the response plan also require security staff responders to separate the victim and suspect, ensure the safety of the victim, secure the scene, maintain the evidence and record chain of custody on form DOC-1445, Chain of Custody. They also require that security staff ensure the inmate doesn't do anything that would damage the evidence. Laminated, ID card sized cards, have been provided to refresh staff with first responder requirements when responding to sexual abuse. These cards are provided security, non-security and health care/mental health staff.</p> <p>There were no inmates who had reported sexual abuse at the facility still residing at the facility during the onsite portion of the audit, per information received from facility administration.</p> <p>All security staff are considered first responders. Interviews with random staff confirmed that staff understand what their required duties would be in the event of sexual abuse.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1. Sexual Abuse Coordinated Response Plan 2, Reference cards provided to staff for response</p> <p>INTERVIEW</p> <p>Warden</p> <p>DISCUSSION</p> <p>The facility has developed a comprehensive sexual abuse coordinated response plan. It outlines duties of all staff in response to learning of imminent risk of inmate sexual abuse and when an incident of sexual abuse occurs or is alleged to have occurred. The plan includes elements of response, confidentiality, duties by roles and position, investigation, review team requirements, and duties when an allegation is made alleging sexual abuse at another institution or in the community. It includes critical contact information and a flowchart of actions and follow-up required related to an incident of sexual abuse. When interviewed, the warden confirmed that the facility uses the processes outlined in their plan, which is based on requirements in Executive Directive 72, which closely mirrors the standard language, and also mentioned they have provided reference cards for each staff member.</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</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 State of Wisconsin public employees do not work under any union bargaining agreements.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive</li> <li>2. Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Checklist DOC-2767</li> <li>3. Monitoring form for staff DOC-2805</li> <li>4. Sexual Abuse Coordinated Response Plan (SACRP)</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Agency Head/Designee</li> <li>2. Warden</li> <li>3. Designated Staff Member Charged with Monitoring Retaliation</li> </ol> <p>DISCUSSION</p> <p>(a)(e) Executive Directive 72 requires that each facility shall designate an employee(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected.</p> <p>(b) Information was not located in the documentation provided that specified multiple protection measures to be employed as indicated by this standard. However, staff at various levels addressed the possibility of housing changes to remove an inmate from a potential threat. They talked about moving or transferring a person who was a known threat in a situation.</p> <p>(c) Monitoring shall be conducted for at least 90 days following the report of sexual abuse. Monitoring will include the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who was reported to have experienced sexual abuse to determine if retaliation occurred. During an interview, a person designated to conduct monitoring related that some areas to review for retaliation include in an inmate's job or housing, misconduct patterns - make sure inmates are not acting out against staff. It was mentioned that regular meetings with the inmate, documentation, education and maintaining transparency helps a lot.</p> <p>(d) For offenders, such monitoring shall include periodic status checks, per policy. This was confirmed in interviews with administration and documented on Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Checklists provided with investigations.</p> <p>(f) The DOC's obligation to monitor shall terminate if DOC determines that the allegation is unfounded, per policy.</p> <p>Based on the above evidence, the facility is found to be compliant with this standard.</p>

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XIII. B. 1. Offenders at High Risk of Sexual Victimization</li> <li>2. DAI Policy 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization.</li> <li>3. REVIEW OF INMATE IN RESTRICTIVE HOUSING form</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Warden or Designee</li> <li>2. Staff who Supervise Segregation</li> </ol> <p>DISCUSSION</p> <p>This facility does not have segregated or restrictive housing. Agency policy prohibits separating offenders at high risk of sexual victimization from the general population unless an assessment of all available alternatives has been made and it has been determined that there is no other available means of separation from likely abusers. It further indicates that if an assessment cannot be made immediately, the facility may separate the offender involuntarily from general population for less than 24 hours while completing the assessment. The warden indicated that the agency absolutely prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse, unless there are no other available alternatives. She indicated there were other ways to protect the inmate. If the perpetrator has been identified, an inmate suspect could be placed in restrictive housing. If the suspect is a staff member, they could be moved to a different position or shift. Try not to place on administrative leave because of the impact to the facility, but would have that option.</p> <p>Policy also requires that offenders separated for this purpose will still have access to programs, privileges, education or work opportunities to the extent possible. Any access to these opportunities shall be documented along with the reason and duration for such limitations. Such separation shall only be used until an alternative means of placement can be arranged and shall not ordinarily exceed 30 days. During an interview, the warden indicated that if it was necessary to separate someone from general population, it would be maybe 12 hours. It wouldn't be days for temporary lockup. She was not aware of any incidents where victims had been placed in temporary lockup, only aware of putting the perpetrator in restrictive housing. Review of investigations did reveal that two inmates who had alleged sexual abuse were housed in restrictive housing for a time. However, one was prior to the allegation when staff thought the inmate was propositioning the staff member. The other one was because of behavioral issues with the inmate at some point later while the investigation was going on.</p> <p>Every 30 days, the facility shall afford the offender a review to determine whether there is a continuing need for separation from the general population. Facility staff reported in the PAQ and informal and formal interviews with administrative staff that there had been no inmates placed in restrictive housing due to alleging to have suffered sexual abuse.</p>

CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Investigator Training Curriculum</li> <li>3. Investigator Training Completion Records</li> <li>4. State of Wisconsin Records Retention Documentation</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Facility PREA Compliance Manager</li> <li>2. Investigative Staff</li> <li>3. Random Staff</li> </ol> <p>DISCUSSION</p> <p>(a)-1 Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA), Section XVII, Page 15, paragraphs A through M, contains the agency's policy related to criminal and administrative agency investigations. It requires that all allegations of sexual harassment and sexual abuse be investigated promptly, thoroughly, and objectively. It also requires all allegations, including third party and anonymous reports, to be investigated and interviews with Random Staff, Investigators and the Facility PCM indicated that all allegations will be investigated, no matter how the reports are received. Investigative staff reiterated these requirements when interviewed.</p> <p>(b) A review of agency policy verifies that when sexual abuse is alleged, the agency requires that investigators who have received special training in sexual abuse investigations be responsible for conducting the investigations. A copy of the Investigator Training curriculum was submitted and reviewed. Training completion records, demonstrating training completions for facility Investigators, were also reviewed. Investigators who were interviewed also verified that they had received information specially designed for investigating allegations of sexual abuse and sexual harassment in confinement settings. The training included proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative or prosecution referral.</p> <p>(c) Agency policy requires that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any electronic monitoring data, and that they follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable evidence. During interviews, investigative and random staff were able to articulate their evidence collection and preservation processes.</p> <p>(d) Any allegation that involves potentially criminal behavior will be referred to the local police agency, the Fitchburg Police Department, for investigation, and staff investigators will not conduct compelled interviews as indicated in agency policy.</p> <p>(e) Agency policy requires that credibility of victims, suspects, and witnesses be assessed on an individual basis and that no inmate be required to submit to a polygraph examination or other truth-telling device as a condition of proceeding with the investigation. Investigators said in interviews that they do not conduct any lie detector tests when investigating allegations and that credibility is based on evidence found while conducting the investigation..</p> <p>(f) (g) (h) The facility has not had any allegations of sexual abuse or sexual harassment</p>

reported in the past 12 months, so there were no investigations to review. When asked if there had been any prior to the audit period, the PREA Director and facility administration indicated that there had not been an allegation of sexual abuse at Oregon Correctional Center since approximately 2014. However, there was a hotline message that was forwarded to the facility and appropriately looked into, and documentation of that allegation was reviewed.

(i) The agency will retain all written reports of investigations conducted by themselves and by the Fitchburg Police Department.

(j) Agency policy stipulates that departure of the alleged abuser or victim from employment does not provide a basis for terminating an investigation.

(k) Auditor is not required to audit this provision.

(l) Investigative staff and PREA Compliance manager indicated that when the local law enforcement agency conducts the facility's criminal allegations, staff ask the criminal investigators to keep the facility informed of progress. They indicated that facility staff cooperate with the investigation and provide assistance as requested by the investigators.

**CONCLUSION**

Based on the above evidence, the facility is found compliant with the standard.

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENTATION</b> Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) State of Wisconsin Department of Corrections Sexual Abuse and Sexual Harassment Investigator Training Curriculum</p> <p><b>INTERVIEWS</b> Investigative Staff</p> <p><b>DISCUSSION</b> (a)-1 Agency Executive Directive 72 identifies, in Section XVII, Page 16, paragraph G, that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigative staff who were interviewed were well acquainted with the Agency's requirement and were able to explain it.</p> <p><b>CONCLUSION</b> Based on the above evidence, the facility is found compliant with this standard.</p>

115.73	<b>Reporting to inmates</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 507 360">DOCUMENTATION</p> <ol data-bbox="252 371 1461 528" style="list-style-type: none"> <li>1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Department of Corrections Forms, DOC-2768, DOC-2768A, and DOC-2768B - forms used to inform the alleged victim of both sexual abuse and of findings with definitions of substantiated, unsubstantiated, and unfounded included.</li> </ol> <p data-bbox="252 629 432 663">INTERVIEWS</p> <ol data-bbox="252 674 600 752" style="list-style-type: none"> <li>1. Investigative Staff</li> <li>2. Warden/Superintendent</li> </ol> <p data-bbox="252 797 432 831">DISCUSSION</p> <p data-bbox="252 842 1477 999">(a)-1 Agency policy, Executive Directive 72, states, in Section XVII, Paragraph K, that following an investigation of an allegation of sexual abuse, the facility will inform the alleged victim and document such notification, as to the outcome of the investigation, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="252 1010 1477 1133">(a)-2, (a)-3 The facility reports that the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months, and the number of notifications that were made, was 0.</p> <p data-bbox="252 1144 1477 1346">(b)-1, (b)-2, (b)-3 Executive Directive #72 identifies that if an agency outside the WDOC conducts the investigation, the agency is responsible for obtaining the relevant information from the investigative agency to inform the alleged victim of the findings. Facility reports that there were no investigations of alleged inmate sexual abuse completed by an outside agency, in the past 12 months.</p> <p data-bbox="252 1357 1358 1435">(d) There have been no allegations, and no investigations, of sexual abuse or sexual harassment, at the facility, in the past 12 months.</p> <p data-bbox="252 1447 1477 1738">(e) Agency policy, Executive Directive 72, does require, in Section XVII, paragraphs K and L, that all notifications to inmates described under this standard are documented. The facility will use separate notifications for investigation outcomes of substantiated, unsubstantiated and unfounded. Each notification is in the form of a memo to the inmate, and includes the finding and a definition of substantiated, unsubstantiated, or unfounded as appropriate, a description of advocacy services available and how to access those services, and the name of a staff person to contact with any questions they might have.</p> <p data-bbox="252 1749 1477 1951">(e) In the past 12 months, no investigations were conducted; thus, no notifications were made. The facility has a standard form to notify all complainants who have alleged either sexual abuse or sexual harassment. The form includes definitions of the findings, as well the findings in the notification, supplies inmate advocacy information in the notification and a method for accessing those services, and the name of a staff person to contact with questions.</p> <p data-bbox="252 2007 443 2040">CONCLUSION</p> <p data-bbox="252 2051 1270 2085">Based on the above evidence, the facility is found compliant with the standard.</p>



115.76	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1. Executive Directive 72 Sexual Abuse and Sexual harassment in Confinement (PREA)</p> <p>INTERVIEWS</p> <p>1. Facility PREA Compliance Manager 2. Agency PREA Coordinator</p> <p>DISCUSSION</p> <p>(a) Executive Directive 72 identifies that staff members who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions up to and including termination.</p> <p>(b) As reported on the PAQ, and confirmed by the agency PREA Director and facility staff, no staff were found to have violated agency sexual abuse or sexual harassment policies in the preceding year. In fact, facility administration indicated that there had not been an allegation of sexual abuse at Oregon Correctional Center since approximately 2014.</p> <p>(c) During interviews with facility administration confirmed that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment 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. In the past 12 months, there were no staff who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.</p> <p>(d) The facility identifies that in the past 12 months, no staff were found to have violated agency sexual abuse or sexual harassment policies.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>INTERVIEWS Interviews Conducted Warden - You or Pam conducted this interview</p> <p>DISCUSSION (a)-1,2, 3, 4 Executive Directive 72 identifies, Section XVII, identifies that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. Section XIX, paragraph A, No. 4,says that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies. Section XIX, paragraph A, No. 1. The facility reports that, in the last 12 months, there have been no allegations of sexual abuse or sexual harassment involving contractors or volunteers, no contractors or volunteers reported to law enforcement agencies or any relevant licensing bodies. (b)-1 Executive Directive 72 says that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and that appropriate remedial measures will be taken by the facility to ensure the safety of offenders who have contact with volunteers and contractors.</p> <p>CONCLUSION Based on the above evidence, the facility is found compliant with this standard.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>INTERVIEWS</p> <p>1. Warden</p> <p>2. Medical and Mental Health Staff</p> <p>DISCUSSION</p> <p>(a)-1, 2,3 4 Executive Directive 72, in Section XIX, Paragraph B, No. 1, identifies that offenders who commit offender-on-offender sexual abuse will be subject to disciplinary sanctions pursuant to a formal disciplinary process. The facility reports that in the last 12 months, there were no administrative findings of inmate-on-inmate sexual abuse that occurred at the facility and no criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.</p> <p>(b)-1, (c) Agency policy does call for any such sanctions to be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories, and for the disciplinary process to consider whether a perpetrating offender's mental disabilities or mental illness may have contributed to his or her behavior when determining what type of sanction should be imposed. No such sanctions were imposed in the last 12 months.</p> <p>(d)-1, 2 The facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and does consider requiring perpetrating offenders to participate in these interventions to address and correct underlying reasons or motivations for the abuse. (Executive Directive 72, Section XIX, Paragraph B, No. 4</p> <p>(e)-1 Executive Directive 72, Section XIX, Paragraph B, No. 5 says that an offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact.</p> <p>(f)-1 Per Executive Directive 72, Section XIX, Paragraph B, No. 6, reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not results in an inmate who makes the allegation being disciplined.</p> <p>(g)-1, 2 Per Executive Directive 72, Section XIX, Paragraph B, No.7, the agency does prohibit all sexual activity between inmates but does not deem consensual sexual activities as sexual abuse it if is determined that the activity is not coerced.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with the standard.</p>

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. ISSS065B - PREA Admission - Adult Male Facility - Online Screening Forms</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Inmates Who Disclose Sexual Victimization at Risk Screening</li> <li>2. Staff Responsible for Risk Screening</li> <li>3. Medical and Mental Health Staff</li> </ol> <p>DISCUSSION</p> <p>(a)-1, 2, 3, 4 The Agency uses a computerized database to record screenings of inmates admitted to the facility. The access to this on-line screening tool is limited by restricting log-in and password information to only those employees who need access to this information to perform their jobs. Questions No. 6 and 7 ask the offender if they have ever been the victim of unwanted or abusive sexual contact in the community or while confined, and an affirmative response generates a radio box, item No. 7a that identifies whether the inmate accepted a referral to medical or mental health. Radio box No. 7b shows the date the referral to HSU or PSU was submitted and identifies the referral form number. The facility reports that, in the last 12 months, no inmates disclosed prior victimization during screening, thus, no referrals were made. They did provide screening forms that were completed prior to the audit period, and they all appeared to be correctly done, identifying that follow-up meetings were offered with 14 days of the intake screening. In addition, intake screening is conducted by PSU staff, so they are well able to quickly identify the referrals and meet with offenders. PSU keeps documentation of the services provided to offenders who disclose prior victimization during risk screening and who opt to meet with PSU regarding those instances of prior victimization and they provided examples of those records.</p> <p>(b)-1, 2, (c) The facility is an adult male facility, and all inmates who indicate, during intake screening, that they have previously perpetrated sexual abuse, or that they experienced sexual victimization either in an institutional setting or in the community, are offered a follow-up meeting with a mental health practitioner, to be conducted within 14 days of the screening. The facility reports that, within the last 12 months, no inmates have disclosed during intake screening that they previously perpetrated sexual abuse. PSU staff maintain very good records for all contact with offenders which the demonstrated to auditors.</p> <p>(d)-1, 2 Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners, and to other staff who need this information to perform their jobs, i.e., by limiting log-on and password access to the online database system.</p> <p>(e)-1 Medical and Mental Health practitioners do obtain informed consent from inmates before reporting any information about prior sexual victimization that did not occur in an institutional setting and document that information on Agency forms, DOC-1923, Limits of Confidentiality of Health Information, DOC 1163A, Authorization for Use and Disclosure of Protected Health Information (PHI), and, DOC-1163 Authorization for Disclosure of Non-Health Confidential Information. There are no inmates under the age of 18 at this facility. Review of all the</p>

documents, and interviews with Mental Health Staff, revealed that the facility meets the standard.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Division of Adult Institutions Policy #500.30.19, Sexual Abuse - Health Services Unit procedure in the Event of Sexual Abuse, Effective Date 04/01/17</li> <li>2. DOC-3001 Off-site Service Request and Report</li> <li>3. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>4. Division of Adult Institutions 316.00.01 - Inmate Co-Payment for Health Services</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. Security Staff and Non-Security Staff First Responders</li> </ol> <p>DISCUSSION</p> <p>(a)-1. 2 DAI Policy #500.30.19 outlines the process for ensuring health care staff provides prompt and appropriate health care interventions in response to reported incidents of sexual abuse. The written plan calls for the first staff member to receive the information to notify the on-site Security supervisor and the Health Services Unit Manager who will then coordinate the HSU response. The Nursing Supervisor verified, in an interview, that she would provide medical services to an alleged inmate victim as soon as they reached the clinic and said that if they needed to go out for a SANE exam, she would coordinate that immediately. Interviews with Medical Health staff indicated that they are required to follow Agency practice and protocols, but that, inside those, treatment they provide is determined by their professional judgment. There are no mental health staff at this facility.</p> <p>(a)-3 Documentation of all treatment provided by both Medical Health staff is documented in a computerized departmental database that houses offender medical records. The facility has not had any allegations of sexual abuse, in the last 12 months, but Health Care staff demonstrated the records where all contact with offenders, and all treatment provided, is recorded.</p> <p>(b) DAI Policy #500.30.19 requires that the first staff member to receive information regarding an incident of sexual abuse notify the on-site Security Supervisor and the HSU Manager/designee, and to protect the alleged victim from further harm, to request that the alleged victim not take any actions, i.e., showering, changing clothes, that could have the effect of destroying any available physical evidence. In addition , if there is no medical staff on-site at the time, the Security Supervisor is responsible for notifying the on-call RN. All first responder staff interviewed were familiar with their agency policy and said they would immediately notify their supervisor and medical health staff in any instance of sexual assault.</p> <p>(c)-1 DAI Policy #500.30.19 also outlines that services offered to inmate victims of sexual abuse are 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. There are no female offenders at Oregon Correctional Center so emergency contraception is not needed. In an interview, the Director of Nursing verified the treatment that would be provided immediately in any instance of sexual</p>

abuse of an inmate offender.

(d)-1 Executive Directive 72 provides, in Section XVI, Paragraph B, No. 2, that all medical and mental health treatment services shall be provided to the victim without financial cost, in any instance of sexual abuse of an inmate. The PREA Coordinator also provided a chart of Inmate Co-Payment for Health Services that provided the same information, that inmate victims of sexual abuse will not be charged for services related to the incident.

Based on a review of Agency policies, inmate Health Care Co-payment schedule and interviews with Medical Health Care Staff and Security and Non-Security Staff First Responders, facility meets the standard.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Medical and Mental Health Records</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Care Staff</li> </ol> <p>DISCUSSION</p> <p>(a)-1 Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), identifies that the facility will provide medical and mental health evaluation and treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The care offered is to include any follow-up services needed, treatment plans and referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.</p> <p>(b) In interviews with medical health care staff, medical records that are accessible to any Agency Health Care staff, at any facility, from the department's computerized health care record keeping system were demonstrated. Staff verified that when a prisoner transfers to another facility, medical and mental health care staff at the receiving facility have access to the computerized health records and said that they will also discuss with health care staff at the receiving facility, treatment an inmate may have received at the sending facility, and any special needs an inmate may have. Staff provided documentation of those conversations in the inmate medical records. When prisoners are released, medical health care staff will provide a 30-day supply of any required meds as well as a prescription for another 30 days' worth of medicine, that the offender can fill in the community, at the Agency's expense. Staff will contact identified Parole Agents to discuss inmate's medical and mental health needs so that Parole Agents can then follow up on the released offender's health care needs and treatment. In addition to medicines and prescriptions, the Agency also employs psychologists, in the community, that are accessible to offenders who have been released or paroled.</p> <p>(c) All medical health care staff interviewed affirmed that the services provided at the facility are consistent with the community level of care. Staff are required to submit documentation demonstrating their credentials prior to being hired and are required to meet the same educational and training requirements as health care staff who are employed in the local community.</p> <p>(d)-1, €-1 There are no females incarcerated at this facility.</p> <p>(f)-1 Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XVI, Paragraph B, No. 7, identifies that victims of sexual abuse will be offered tests for sexually transmitted infections. Staff interviewed verified that they would provide testing for sexually transmitted infections to inmate victims of sexual abuse while incarcerated as appropriate.</p> <p>(g) Agency policy also requires that any treatment services provided to an inmate victim of sexual abuse will be provided at no charge regardless of whether the victim names the abuser or cooperates with any investigation of the incident and that facilities will attempt to conduct a</p>

mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and will offer treatment when deemed appropriate by mental health practitioners.

Based on the review of agency policy and medical and mental health care documentation, and on interviews with staff, I find that the facility exceeds the standard because the referrals for follow-up care, the medications and prescriptions, the providing for counseling in the community, and the communication with Parole Agents is provided for all inmates who are transferring, paroling and being released, and not solely for offenders who have been victimized or are victimizers.

#### CONCLUSION

Based on the above evidence, facility is found compliant with the standard.

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Sexual Abuse Incident Review form - PREA Doc-2863</li> <li>3. DAI Facility Procedure # 900.404.04</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> </ol> <p>DISCUSSION</p> <p>(a)-1, 2, (b)-1, (b)-2 DAI Facility Procedure #900.404.04 outlines that a sexual abuse incident review will be conducted at the end of every sexual abuse investigation, unless the allegation has been determined to be unfounded. Policy also calls for the review to occur within 30 days of the conclusion of the investigation and for the review team to include the following upper-level management staff members:</p> <ol style="list-style-type: none"> <li>A. Warden</li> <li>B. Deputy Warden</li> <li>C. Security Director</li> <li>D. PREA Compliance Manager</li> <li>E. PREA Investigator</li> </ol> <p>The PREA Compliance Manager and the WCCS warden both indicated that the team consisted of higher level administrators, and allow for input from supervisors, investigators, and medical or mental health practitioners. There is a standing Monday afternoon meeting to conduct any reviews of investigations as they are completed. They look at training, policy and procedure and whether changes are needed, look at recommendations. There is a WIDOC form that is used to ensure the meeting covers a minimum of what the standards require.</p> <p>(c) -1 Staff assigned to the Incident Review Team include the Superintendent, the Captain, and a Social Worker. Additionally, in the warden's interview, it was indicated that the WCCS warden and security director participate in the incident reviews.</p> <p>d) The facility reports that, in the last 12 months, there were no allegations of sexual abuse made at the facility, thus, there were no incident reviews conducted.</p> <p>Another member of the incident review team indicated that they would look at the area where the incident occurred and consider whether any physical barriers may have enabled the sexual abuse. He further stated they would consider staffing levels in the area and determine whether technology could assist supervision. He indicated they haven't used this process toward making any recommendations because they haven't had occasion to have this meeting.</p> <p>Based on a review of Agency and Facility policies and procedures, the facility meets the standard.</p>

**CONCLUSION**

Based on the above evidence, the facility is compliant with the standard.

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION  1.Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>INTERVIEWS  1. Agency PREA Coordinator - I think you did this interview.</p> <p>DISCUSSION  (a)-1, (b)-1, Executive Directive #72, in Section XXI, Paragraph A, No. 1, requires the agency to collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The data is required to be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC's website annually.  (c)-1, (d)-1, (e)-1, (e)-2 An interview with the Agency PREA Coordinator revealed that the data is collected and aggregated at least annually, that the data collected does include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice, and that the agency does maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The Agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates and the data from private facilities complies with SSV reporting regarding content.  (f)-1 Agency PREA Coordinator provided a copy of an e-mail verifying that SSV material, on behalf of the State of Wisconsin, was submitted to the Department of Justice as required. Also provided was a copy of the SSV that was submitted, demonstrating that the information was collected and submitted as required.  A review of the Agency's website verified that the information is posted there.</p> <p>CONCLUSION  Based on the above evidence, this facility is found to be compliant with the standard.</p>

115.88	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1. 2016 Prison Rape Elimination Act (PREA) 2016 Annual Report</p> <p>INTERVIEWS</p> <p>1. Agency Head</p> <p>2. Agency PREA Coordinator - you did these interviews</p> <p>DISCUSSION</p> <p>(a)-1,(b)-1, (b)-2, (c)-1, (c)-2, (c)-3, (d)-1, (d)-2 The facility submitted an annual report of their aggregated data that includes a comparison of the data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The reports are approved by the agency head and are published annually on its website with redacting only information that, if published, would present a clear and specific threat to the safety and security of the facility.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with the standard.</p>

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <p>1. Executive Director 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>INTERVIEWS</p> <p>1. Agency Head 2. Agency PREA Coordinator</p> <p>DISCUSSION</p> <p>(a)-1, (b)-1, (b)-2 Executive Directive 72 requires the Agency to collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. It also requires that the collected data include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC's website annually.</p> <p>(c) -1, (c)-2, (d) The Agency does remove all personal identifiers before publishing the data, and does maintain the data for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the agency is found compliant with the standard..</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATOIN</p> <p>Agency Records Agency Website</p> <p>DISCUSSION</p> <p>(a), (b) The agency has ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once, and that during each one-year period since August 20, 2013, at least one-third of each facility type operated by the agency, or by a private organization of behalf of the agency, was audited.</p> <p>(h), (i) Auditors were allowed access to all areas of the audited facilities and were provided with copies of any requested documents and information.</p> <p>(m) The facilities do provide space for auditors to conduct private interviews with inmates during the on-site portion of the audit and contact information for auditors was provided to inmates, prior to the audit, and inmates were allowed to send confidential information to the auditor in the same manner as if they were communicating with legal counsel. Auditors verified that the information was adequately posted in the facility, in all housing units. The auditor did receive correspondence from inmates at this facility.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the agency is found to be compliant with this standard.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATON</p> <ol style="list-style-type: none"> <li>1. Agency website</li> <li>2. Interviews Conducted</li> <li>3. Agency PREA Coordinator</li> </ol> <p>DISCUSSION</p> <p>(f) Agency website was reviewed and all audit are appropriately posted.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the agency is found compliant with this standard.</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.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.)	na

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

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

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	<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.)	no

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)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	no
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	no

115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

<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?	no

<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?	no
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	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?	no

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

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

115.34 (b)	<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?	no

<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?	no
	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?	no

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?	no
	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?	no
	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?	no
	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?	no
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	no
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	no
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	no

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?	no
	Does such an assignment not ordinarily exceed a period of 30 days?	no

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?	no
	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?	no

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no

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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	no

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

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

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

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

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

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

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

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

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

115.53 (a)	<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?	no

<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?	no

<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.)	na

<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.)	na

<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.)	no
	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