



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

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January 15, 2020

Re: Racine Correctional Institution PREA Audit

The Wisconsin Department of Corrections is committed to eliminating sexual abuse and sexual harassment in confinement. As such, the Division of Adult Institutions takes action every day to comply with the Prison Rape Elimination Act (PREA) so as to ensure the safety of people in our custody. The agency demonstrates an ongoing commitment to safety by participating in a rigorous auditing process, which serves to evaluate agency process and facility operation related to preventing, detecting, and responding to sexual abuse and sexual harassment. It was through this audit process that a United States Department of Justice PREA auditor identified several investigation-related opportunities for improvement at Racine Correctional Institution (RCI), which are detailed in the following report. While all allegations of sexual abuse and sexual harassment are investigated, it was determined that interview techniques and, subsequent, investigation documentation needs improvement.

Racine Correctional Institution leadership reviewed their internal process for assigning, monitoring, and completing investigations of sexual abuse and sexual harassment. The following changes have been implemented, in collaboration with the agency's PREA Office, to achieve and sustain PREA compliance.

- Facility sexual abuse investigators received supplemental sexual abuse investigation training from the PREA Office;
- Facility established timelines for completing prompt and thorough investigations;
- Scheduled weekly reviews of ongoing investigations with Warden, Deputy Warden, Security Director, and a PREA Office representative;
- In addition to a facility review, all investigations are reviewed for compliance with response- and investigation-related standards by the PREA Office; and
- Finally, the PREA Office sought technical assistance from the PREA Resource Center (PRC). The PRC has reviewed the agency's sexual abuse investigation training curriculum, policy, and procedure and offered best practice guidance.

In conclusion, the agency is confident that these efforts will ensure allegations of sexual abuse and sexual harassment are promptly, thoroughly, and objectively investigated in a manner consistent with the PREA standards and best practices.

Sincerely,

Kevin A. Carr  
Secretary

# PREA Facility Audit Report: Final

**Name of Facility:** Racine Correctional Institution & Sturtevant Transitional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 04/30/2019

**Date Final Report Submitted:** 11/25/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> D. Will Weir	<b>Date of Signature:</b> 11/25/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Weir, Will
<b>Address:</b>	
<b>Email:</b>	prea.america@gmail.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	03/18/2019
<b>End Date of On-Site Audit:</b>	03/19/2019

<b>FACILITY INFORMATION</b>	
<b>Facility name:</b>	Racine Correctional Institution & Sturtevant Transitional Facility
<b>Facility physical address:</b>	2019 Wisconsin Street, Sturtevant, Wisconsin - 53177
<b>Facility Phone</b>	262-886-3214 (RCI); 262-884-2410 (STF)
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Robin Diebold
<b>Email Address:</b>	Robin.Diebold@Wisconsin.Gov
<b>Telephone Number:</b>	262-886-3214

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Paul Kemper (RCI); Lisa Avila (STF)
<b>Email Address:</b>	Paul.Kemper@Wisconsin.gov; Lisa.Avila@wisconsin.gov
<b>Telephone Number:</b>	262-886-3214 (RCI);

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	
<b>Name:</b>	Jason Wells
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<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Kristin Vasquez
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<b>Telephone Number:</b>	262-886-3214

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1321
<b>Current population of facility:</b>	1848
<b>Average daily population for the past 12 months:</b>	
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	
<b>Facility security levels/inmate custody levels:</b>	RCI Medium, with Maximum and Minimum inmates. STF Minimum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	447
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	

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

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Kevin Carr
<b>Email Address:</b>	Kevin.Carr@wisconsin.gov
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<b>Agency-Wide PREA Coordinator Information</b>			
<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.

Introductory communication with WIDOC for this audit began early in 2018, when contract renewal was discussed, and the decision was made to use the Online Audit System (OAS). These initial communications also addressed the audit process, audit preparation, the Pre-Audit Questionnaire (PAQ), and supporting documents and elements of the on-site visit. The contract between PREA America and WIDOC was renewed on, or about, June 20, 2018. The March 18 & 19, 2019, date for the on-site audit was finalized January 2, 2019. The Audit Notice Posting was sent, with instructions to print on colored paper and about the proper distribution of the posting. Alternative-language posting was also made available. Proof of posting was verified by emailed photos of the various locations in the facility where the postings were placed. The date of the email, along with observations of the postings during the physical plant tour, were used to verify that the postings were in place at least the minimum of six weeks in advance.

During the Pre-Audit Phase, an extensive desk audit was conducted of the facility/agency and its PAQ, policies, and procedures, as well as of supporting documentation, and several emails were exchanged to clarify issues. Although the PAQ and initial supporting documentation were provided through the Online Audit System (OAS), additional random selections for documentation were provided via email and not through the OAS. This phase of the audit was used to collaborate with the facility staff on questions, and to provide opportunities to address any concerns about documenting compliance via the PREA administrator. The communication with the facility staff was used not only to understand the policies and procedures unique to the facility, but also to understand how PREA was put into practice there. Topics discussed included the need for the agency to learn from previous audits and corrective actions, through effective PREA coordination, so that facilities can become compliant the PREA Standards without having to go through Corrective Actions regarding the same Standards previous facilities went through. During previous audits, for example, the PREA Coordinator had assured the audit team that problems with investigations not being fully completed was being addressed through a system of review in place at the PREA Office. Internet research was also done on the facility.

All documents received were reviewed, including logs, training files, and curricula. Background checks were randomly selected of staff, contractors, and volunteers, to verify compliance with the initial background check, as well as with the 5-year recheck requirement. Inmates were randomly selected to verify documentation of PREA education and PREA Screenings. Phone calls were made to the listed advocate, to verify the advocacy required by the Standards.

The on-site audit began with the audit team being invited into the facility for a morning briefing, with all senior staff present. The audit team consisted of PREA America DOJ Certified Auditor Will Weir, MCJ, and PREA America Project Manager Tom Kovach, who assisted with organizing the tasks, and who also conducted interviews. A short briefing was held afterwards, to coordinate the on-site audit procedures. The audit team was provided with the confirmed current population (1,841 inmates). The morning

briefing included a review of the agenda and logistics; discussion of mandatory reporting; and clarifying the need to allow any staff or inmate who requests an interview to get one. The audit team checked to see if there were questions or concerns.

The Site Review included obtaining and studying the facility diagram of the physical plant, and observing staff and inmates, and their supervision and movement, along with casual conversation to ascertain whether observations made were of “normal” supervision and movement. Random checks were made to assure that doors intended to be secured were locked. Random checks of PREA Hotline phones were made to check for functionality.

All housing units and bathroom facilities were inspected for compliance with regulations about cross-gender supervision. Some areas of concern for cross-gender supervision were identified. Examples include: A bathroom in a hall for inmates needed some cover for a window; an unused area, which is reserved for epidemic outbreaks, had issues with the toilet being visible; and in the Milwaukee and Kenosha Units, showers were not sufficient to meet the standards for transgender inmates showering alone. A “card” system is in use to notify inmates of cross-gender supervision. Some cards did not reflect staff of another gender being present; and in one unit, the placement of the card was such that it could not be seen by all wings of the unit. A camera review, for those areas with cameras, included emphases on blind spots and on cross-gender supervision.

All areas of the physical plants were observed, with attention to those areas which statistically are high-risk for sexual abuse. PREA postings in the visitation area, including third-party reporting postings, were checked. Some areas requiring third-party posting did not have them, but emailed photos later verified they were put up. It was also part of the tour to confirm that lists of First Responder Duties are available to staff; which they are, in the form of DOC-issued cards. Some staff had older cards, which did not reflect the Standards. Blind spots were identified, and procedures for checking them were verified. Some areas required recommendations for added mirrors. In two units, one area of concern was behind a wall, behind the laundry and showers. The facility has identified ongoing needs for additional and upgraded cameras. (The auditor has been told that these are currently in capital budget requests.)

Interviews were selected in accordance with the guidance of the PREA Auditor Handbook, with random selections of inmates to ensure diversity of geographic location (from each housing unit), race, and those with various risk factors. Random staff interviews were made to include gender, shift, and posting diversity. Interviews were conducted in a conversational manner, to gain the confidence of those interviewed and to put them at ease, so that the audit team could better understand their comprehension of PREA and of the practice thereof in the facility. 45 random inmates were interviewed privately. 23 of these are also considered targeted interviews, according to the parameters in the PREA Auditor Handbook.

Interviews were conducted with the following staff: Agency Head Designee, Agency PREA Coordinator, Agency Contract Administrator, Warden, Human Resources, Local Investigator, PREA Compliance Manager, higher-level staff for unannounced rounds, medical staff, mental health staff, a volunteer, staff who perform screening and intake, staff who monitor for retaliation, Incident Review Team, and staff who monitor in Isolation. Some staff perform multiple roles. An additional 12 staff were selected randomly, representing various stations, housing units, shifts, and genders. This adds up to a total of 26 unique interviews.

The Exit Briefing addressed all aspects of the audit to date. No determination of compliance was given.

The recap of the aggregated information obtained and observed was summarized. By request of the facility staff, this summary included a SWOT briefing, i.e., a briefing identifying the Strengths, Weaknesses, Opportunities, and Threats, to assist in furthering the efforts of the facility to prevent and detect sexual abuse and harassment.

Several units have a video monitor to assist hearing-impaired inmates to communicate, for purposes of visitation. A mirror behind the desk where the inmate uses the monitor allows for the person on the "outside" to view staff and inmates walking by. It was recommended that the mirror be tilted up to catch the blind spot in the corner while maintaining security. Additional issues that came up during interviews are the bullying of LGBTI inmates, and the inability of transgender inmates to shower privately.

Some corrections were made during the first 30 days after the audit, and others were identified to be dealt with on a Corrective Action Plan (CAP) that lasted 180 days from the date the Interim Report was issued to the facility (04-30-2019). Changes made during the first 30 days include red placards being reposted to assist with notification of cross-gender supervision notification. Also, a mirror was installed in the food services custodial area leading to the dock; and mirrored bubbles were added in the Kenosha West custodial closet, the Kenosha East custodial closet, the downstairs Administrative custodial closet, the upstairs Administrative custodial closet, the Milwaukee West custodial closet, and the Milwaukee East custodial closet, reducing blind spots. Also, opaque films were added to the Main Kitchen inmate bathroom and the school hallway inmate bathroom. A number of dividers were added in the Rock bathroom. Assisting the effort for transgender inmates to be able to shower separately, the following modifications have been made: Gaps through which transgender inmates' genitals could be viewed were covered in the Kenosha showers. Verification for Milwaukee showers was still pending when the Interim Report was issued. Bilingual third-party reporting posters and advocacy posters were added to the visiting and lobby areas of RCI and STF. A PREA PAGE was distributed to all staff, reviewing the LGBTI terms and First Responder duties. It also reminded staff about support that is available.

The Interim Report indicated that the agency/facility had not yet shown compliance with 6 Standards. Items addressed during the 180-day CAP are listed further on in these Audit Findings sections. The CAP ended October 27, 2019.



## 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 Wisconsin Department of Corrections combined Racine Correctional Institution (RCI) with the Sturtevant Transitional Facility (STF) in 2015/2016. The facility website listed the following historical information: RCI officially opened its doors on May 6, 1991. A portion of the facility includes the former St. Bonaventure Prep School, which was founded in Pulaski in 1901. At that time, the school operated with the goal of preparing Polish youth for priesthood. The Franciscans who ran the school sought a location that would draw more students from the larger Polish populations of Milwaukee and Chicago; so, in 1921, the facility was moved to Sturtevant. As the years passed and interest in priesthood decreased, the school's focus changed to the preparation of young men for college. Due to financial difficulties, Bonaventure permanently closed its doors in 1983. The Racine Correctional Institution, a medium-security facility for adult males, was dedicated on that site in April of 1991. Programming includes: Anger Management, Domestic Violence, Sex Offender Treatment, Thinking for a Change, Custodial Services Program, and a Culinary Arts Program, which is currently suspended until a new instructor is put in place.

STF is a unit of RCI and falls under the supervision of the RCI warden. The facility is directly overseen by a superintendent, who embraces a team management philosophy. STF has a capacity of 304 adult male inmates in two units: a minimum-security unit (opened in December of 2003), and a medium-security unit (opened in May of 2004). The medium-security unit can house 147 inmates and is directly managed by RCI staff. The minimum-security unit can house 152 inmates, with a focus on work/study release. The STF superintendent has immediate oversight of the minimum-security unit and its programs.

Adult Basic Education and High School Equivalency Diploma programs are available at STF, as well as continued secondary education correspondence courses. Anger Control Training is facilitated by social workers, using a 20-lesson curriculum that combines social skills with anger control. Most group cycles meet twice weekly for approximately 10 weeks, alternating social skills lessons ahead of each anger control lesson. Thinking for a Change is a 14-week, cognitive behavioral program aimed at achieving long-term, skills-based behavioral change, rather than short-term compliance. Inmates learn to identify habits of thinking that directly connect to their criminal behavior, and to see and appreciate the scope of the consequences of their present ways of thinking. Inmates learn techniques of controlling and changing problematic habits of thinking. The work/study release program is available only to inmates classified as minimum-community who are housed in the minimum-security unit. Inmates must be physically fit and stable on medications before being placed on work/study release. The program averages 60 inmate workers per week. All minimum-security inmates are required to hold an institution job assignment and/or serve on project/community service crews. Work release is a privilege and is provided at the discretion of the center superintendent and warden. Decisions regarding eligibility for work release are based upon many factors; appropriate placements cannot be guaranteed for all (eligible) inmates. RCI has varying security levels, but most inmates are in medium security, while STF has a minimum-security unit.

Special attention was paid to determine if indeed STF is a separate or combined facility, as defined by the PREA Standards and as elaborated upon by the FAQ's. While there are some gray areas, such as no

mingling of inmates, this is more a function of the level of custody. Staff are interchangeable. There is a single Warden for the combined facility; they follow the same policies and procedures; they share a building; they are geographically close; the inmate reporting mechanisms are identical; and as observed, there is one Officer of the Day, who would respond to STF as he/she would for any other unit.

The multi-acre facility is one large campus, with the higher custody inmates in RCI and the minimum, transitional inmates in STF. One unit (Green) is in the same building as STF. The entire complex has one encompassing perimeter fence. The main RCI has a roughly rectangular-shaped grouping of units and administration around an outdoor track. This is surrounded by a road that is in between the wooden fence and the facility fence. Green Unit and STF are down a short walkway, off to the side of the main complex.

There are an administration building and HSU on the main campus. They began breaking ground for a new HSU facility as the on-site audit was taking place. The Warden indicated designs that are considered best practices for sightlines and avoiding blind spots.

Units include: Dodge, Waukesha, Ozaukee, Jefferson, Milwaukee, Green, Sturtevant, and Rock. Cells vary in occupancy from 1 to 4, with Rock providing open dorm setting. Most units have an entrance with housing areas off to the sides. Staff supervise both sides, and they can see both sides from the central locations, in a kind of "V" formation. The rows of two-tiered cells are on opposite sides of the day room. The stairs to the upper deck are at the far end of the unit. Showers are in the front area, along with a laundry area. Behind the staff area is an area for dining and food service. The entrance/exit to the building has the unit manager office and another office, both with windows. Segregation has an area which surrounds some cells for "loud inmates" with an extra wall. Some units have additional staff offices in the area behind the stairs to the upper deck.

STF has a control area, with housing wings radiating from the central office. There is a dayroom area across from the staff office. There is an intake area with a staff desk and holding cells. Administration offices are off to the side. Visitation is in a type of dining area, with search cells outside, as well as a search cell behind the staff office. Staff of another gender are not allowed in the office when the strip cell behind it is in use, to avoid cross-gender supervision issues. There are HSU offices in STF, and a transfer area. One area with a potential for cross-gender supervision issues is the set of unused wet-cells that would be used for medical isolation in a pandemic outbreak. There are protocols in development for this issue. The Dodge Unit has a staff control room, with an extended window that comes out from the building. This is used to observe inmates in the open area. Cameras and visuals are used for this purpose. Also, there are several manned towers strategically placed around the main campus.

## 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>	39
<b>Number of standards not met:</b>	6

The facility showed compliance with 39 Standards prior to the issuance of the Interim Report on 04-30-2019. At that time, they did not show compliance with 6 Standards. During the Corrective Action Period, the facility provided verification of compliance with 4 of the Standards with which they had not shown compliance during the first phases of the audit. However, during the CAP, the investigative documentation received indicated lack of compliance with 4 Standards with which they appeared to be compliant when the Interim Report was written.

All 10 Standards with which the agency has had compliance issues during this audit are documented below.

#### Standard 115.15: Limits to cross-gender viewing and searches (RESOLVED)

The site review and interviews with inmates and staff clearly indicated a number of areas that did not yet provide adequate privacy during cross-gender supervision. Some areas of concern for cross-gender supervision were identified and documented by the facility tour guide, who is the primary facility contact for the audit team. Examples included: A bathroom in a hall for inmates needed some covering for a window; an unused area, which is reserved for epidemic outbreaks in Sturtevant, had issues with the toilet being visible which must be resolved if it is to be used; and showers, in the Milwaukee and Kenosha units, were not sufficient to meet the standards for transgender inmates showering alone. A "card" system is in use to notify inmates of cross-gender supervision. Some cards did not reflect staff of another gender being present, and in one unit, the placement of the card was such that it could not be seen by all wings of the unit. A camera review, for those areas with cameras, included emphasis on blind spots and on cross-gender supervision. Of the 45 inmates interviewed, 4 stated that there is never an announcement by cross-gender staff, and another 5 stated that the announcement is not always made; or, that the bell is used, but that they were not told what the bell meant.

Some corrections were made during the first 30 days after the audit, and others were dealt with during the Corrective Action Plan (CAP). Changes made during the first 30 days include red placards being re-posted to assist with notification about cross-gender supervision. Also, a mirror was installed in the food services custodial area leading to the dock; and mirrored bubbles were added in the Kenosha West custodial closet, the Kenosha East custodial closet, the downstairs Administrative custodial closet, the upstairs Administrative custodial closet, the Milwaukee West custodial closet, and the Milwaukee East custodial closet, reducing blind spots. Also, opaque films were added to the Main Kitchen inmate

bathroom and the school hallway inmate bathroom. A number of dividers were added in the Rock bathroom.

Corrective Action: Digital pictures were provided of modified showering areas for inmates in Milwaukee and Kenosha housing units. There is no longer a gap between the showering partitions which inhibited transgender inmates from the greatest degree of privacy per 115.15. In addition, transgender inmates were consulted by administrators regarding the changes, and they reportedly stated that they were satisfied with the improvements. Due to the modifications, transgender inmates can now shower at any time, according to the PC.

Standard 115.22: Policies to ensure referrals of allegations for investigations (Added on Final Report)

Documentation did not show that the agency is ensuring that every allegation is investigated as required by this Standard.

Standard 115.34: Specialized training: Investigations (Added on Final Report)

There are inconsistencies between the names of the people who are listed as having been fully trained to do investigations, and the names of people conducting investigative activities without indications of proper and timely oversight by those with proper training and experience. In addition, there are inconsistencies between the investigative work being completed, in practice, and the way sexual abuse investigators are trained to conduct investigations.

Standard 115.42: Use of screening information (Not Resolved)

At the time of the Interim Report, corrections were still pending for repairs that had not been made during the 30 days after the on-site audit regarding showers in the Milwaukee Unit. Also, additional verification regarding the treatment of LGBTI inmates was needed. These issues were addressed and documented during the CAP. However, one issue remains that is in progress but not fully implemented at the time of this Final Report. This regards the implementation of improved efforts to reduce inmates at high risk of enacting sexual predation intermingling with inmates with disabilities.

The plan that the Warden “has reviewed and supports implementing” was not provided to the audit team until October 23, 2019. The plan, even if excellent, had no chance to be implemented, or the effectiveness evaluated, in the 3 days remaining in the CAP. The objective listed in the CAP was for a workgroup to be convened “to reevaluate housing units and placement decisions.” Within the first 120 days of the CAP (“Target Completion Date”), they were to “Identify and implement recommendations. Provide meeting minutes and recommendations or evidence of modifications.” In an October 23 email, the Deputy Warden stated, “Targeted implementation date is December, 2019. Current and continued practice of utilizing PREA screening tools to determine inmate bed assignment of inmates identified as risk of abusiveness (ROV) and Risk of victimization (ROV) are utilized to ensure inmates are separated by bed assignment.”

Standard 115.53: Inmate access to outside confidential support services (Resolved)

At the time of the Interim Report, the facility had not yet shown full compliance with this Standard. Documentation reviewed, and interviews with inmates who had been alleged victims, indicated that some communication with outside advocates is not provided in a timely manner. No inmates who were

interviewed knew about advocacy, except those who had been alleged victims; and they stated that they were not told about available advocacy early enough in the process to have been helpful when it was needed the most. Also, interviews indicated that random staff did not know about advocacy.

Corrective Action: During the CAP, the agency/facility provided documentation that all inmates have been informed about how to access support services, should they choose to do so.

Reporting and supporting posters (which include contact information for the local advocacy organization) were posted throughout the facility, and a photo was provided. On July 12, all inmates received a leaflet which describes advocacy and whom to contact. The handout, "Sexual Abuse in Confinement: A Resource for Offenders," providing details regarding confidential access to advocates, was distributed. Verification of this distribution included documentation of verbal verification and/or email confirmation from eyewitnesses, at least one from each unit, that distribution to inmates on every unit occurred.

#### 115.61: Staff and agency reporting duties (Added)

This Standard includes a prohibition against revealing "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." However, in 3 of the 10 investigations provided during the CAP, the alleged perpetrator was told the identity of the reporting person, without any apparent treatment, investigative, or security reason.

#### Standard 115.64: Staff First Responder duties (Resolved)

Interviews, and the facility tour, indicated that some First Responder cards and lists were wrong, being outdated. Also, since staff typically did not understand that outside advocacy was available, it appeared some re-training on the basics of responding to sexual abuse was in order. To get some review initiated, a PREA PAGE was issued to all staff during the first 30 days after the on-site audit, with First Responder duties listed. During the CAP, staff were retrained regarding First Responder duties, and signed verification was provided to the Audit Team.

#### Standard 115.67: Agency protection against retaliation (Resolved)

Inmates who provided information to the auditor and stated they made allegations, or were victims, indicated this Standard is not always followed. Interviews with those charged with monitoring for retaliation indicated inconsistent monitoring practice and limited understanding of this Standard. During the Corrective Action Period, retaliation monitoring documentation, and follow-up, was provided as required by the Corrective Action Plan.

#### Standard 115.71: Criminal and administrative agency investigations (Not Resolved)

Documentation reviewed and interviews conducted during the first phases of the audit indicated numerous inconsistencies with this Standard. During the CAP, no proof of practice was received that demonstrates that proper investigations are routinely completed at this facility.

#### Standard 115.72: Evidentiary standard for administrative investigations (Added on Final Report)

Although the facility appeared to be compliant at the time of the Interim Report, investigations received during the CAP do not show compliance with this Standard. One narrative indicated that even "slight"

variations in witness accounts can cause an allegation not to be substantiated; other cases did not seem to consider witness interviews and circumstantial evidence.

## **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.

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>RCI/STF has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, and a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and it includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. The agency employs and designates an upper-level, agency-wide PREA coordinator, who seems to have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA Standards in the facility. The agency PREA Coordinator serves on the Secretary of WIDOC's Management Team. She answers directly to the Assistant Deputy Secretary. Serving as the facility PREA Compliance Manager is a duty of the Security Director, but the Deputy Warden is covering for the vacant position. Ordinarily, the PREA Compliance Manager/Security Director answers to the Deputy Warden. But at this time the Deputy Warden (the current PCM) answers directly to the Warden.</p> <p>Analysis: Interviews with the PREA Coordinator and PREA Compliance Manager indicate compliance with this Standard, as does a review of the PREA policies (known as Executive Directive 72), the Organizational Chart, and the PREA definitions.</p>

<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Coordinator also monitors agency contracts for the confinement of inmates. The auditor has audited facilities of different types in the state and has reviewed the agency contracts regarding the facilities that house WIDOC inmates.</p> <p>Analysis: Numerous interviews, and contractual documentation, indicate compliance with this Standard. Documentation reviewed includes DAI Policy 410.00.01 (updated 04-01-2018); sets of documentation regarding each of 11 contract facilities; PREA Compliance Summaries; and Contract Compliance Review Reports.</p>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility develops, documents, and makes its best efforts to comply on a regular basis with, a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates against abuse. Each time the facility does not comply with the staffing plan, the facility documents and justifies all deviations from the staffing plan. However, interviews and documentation provided indicate that no deviations of the plan have occurred, due to the agency's use of overtime. The staffing plan has been reviewed at least annually, to see whether adjustments are needed. The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds, which cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds. During the 30 days after the on-site audit, a mirror was installed in the food services custodial area leading to the dock; and mirrored bubbles were added in the Kenosha West custodial closet, the Kenosha East custodial closet, the downstairs Administrative custodial closet, the upstairs Administrative custodial closet, the Milwaukee West custodial closet, and the Milwaukee East custodial closet, reducing blind spots.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: The RCI/STF staffing plan; the staffing plan review; daily shift reports; unannounced rounds log; and interviews with the PREA Coordinator (along with email clarifications). DAI Policy 300.00.43, Chapter 300 Administrative: Institution Administrative Duty Coverage was also reviewed. Interviews with supervisors, staff, and inmates also indicated compliance.</p>

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



115.15	<b>Limits to cross-gender viewing and searches</b>
	<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 1485 913">The site review, and interviews with inmates and staff, clearly indicated a number of areas that did not yet provide adequate privacy during cross-gender supervision. Some areas of concern for cross-gender supervision were identified and documented by the facility tour guide, who was the primary facility contact for the audit team. Examples included: A bathroom in a hall for inmates needed some covering for a window; an unused area, which is reserved for epidemic outbreaks in Sturtevant, had issues with the toilet being visible; and showers, in the Milwaukee and Kenosha units, were not sufficient to meet the standards for transgender inmates showering alone. A “card” system is in use to notify inmates of cross-gender supervision. Some cards did not reflect staff of another gender being present; and in one unit, the placement of the card was such that it could not be seen by all wings of the unit. A camera review, for those areas with cameras, included emphasis on blind spots and on cross-gender supervision. Of the 45 inmates interviewed, 4 stated that there is never an announcement by cross-gender staff; and another 5 stated that the announcement is not always made, or that the bell is used, but that they were not told what the bell meant.</p> <p data-bbox="252 925 1469 1301">Some corrections were made during the first 30 days after the audit, and others were dealt with during the Corrective Action Plan (CAP). Changes made during the first 30 days include red placards being re-posted, to assist with notification about cross-gender supervision. Also, a mirror was installed in the food services custodial area leading to the dock; and mirrored bubbles were added in the Kenosha West custodial closet, the Kenosha East custodial closet, the downstairs Administrative custodial closet, the upstairs Administrative custodial closet, the Milwaukee West custodial closet, and the Milwaukee East custodial closet, reducing blind spots. Also, opaque films were added to the Main Kitchen inmate bathroom and the school hallway inmate bathroom. A number of dividers were added in the Rock bathroom.</p> <p data-bbox="252 1357 1453 1644">Corrective Action: Digital pictures were provided of modified showering areas for inmates in the Milwaukee and Kenosha housing units. There is no longer a gap between the showering partitions, which previously had inhibited transgender inmates from the greatest degree of privacy per 115.15. In addition, transgender inmates were consulted by administrators regarding the changes, and they reportedly stated that they were satisfied with the improvements. Due to the modifications, transgender inmates can now shower at any time, according to the PC.</p> <p data-bbox="252 1700 1477 2029">Analysis: The evidence reviewed is divided as follows: interviews of random staff and inmates; interviews with LGBTI inmates; interviews with agency and facility administrators; training logs and curricula; policies; and site review. Policies regarding this standard can be found in Executive Order 72, Section IX &amp; X; DAI Policy 306.17.02, Chapter 306 Security: Searches of Inmates; and DAI Policy 500.70.27, Chapter 500 Health Services: Transgender Inmates. Training reviewed included the Introduction to Body Searches and the Unit Manager Orientation. Evidence, in the form of digital pictures and email explanations, was provided, to show additional compliance during the CAP, and that evidence was reviewed closely.</p>

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>Numerous inmates at RCI/STF have disabilities, limited English proficiency, and/or impairments. When asked specifically regarding whether the agency takes appropriate steps to ensure they have an equal opportunity to participate in, or benefit from, all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, inmates with disabilities or LEP usually provided affirmative responses. The audit team verified that the policies and services are in place to assist inmates with disabilities and those with limited English proficiency during the booking process, during PREA Education, and during responses to sexual abuse and harassment allegations.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. Relevant policies include Executive Directive 72, Sections V, XI and XVI; DAI Policy 300.00.35 Chapter 300 Administrative: Americans with Disabilities Act; and DAI Policy 300.00.61 Chapter 300 Administrative: Language Assistance for Limited English Proficiency (LEP) Inmates. Also reviewed were the Language Translation/Interpretation Services Contract, the Inmate Handbook, and bilingual posters observed during the site tour. Also considered were the interviews with inmates with disabilities and interviews with random staff.</p>

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>WIDOC policy prohibits hiring or promoting anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who may have contact with inmates, who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in any of these activities. Any incidents of sexual harassment must be considered in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. Policy also requires that before the facility hires any new employees who may have contact with inmates, it conducts criminal background record checks and, consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse, or any resignation during a pending investigation of an allegation of sexual abuse. Criminal background record checks are conducted at least every five years. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. In the past 12 months, there have been 8 contracts for which criminal background record checks were conducted.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. The audit team reviewed the Background Check Policy (Executive Directive 72: Section VI. A. 1) and conducted interviews with the PREA Coordinator and Human Resources. The audit team had the files of 16 employees, volunteers, and contractors pulled, and found them to be in compliance with the minimum requirements of this Standard. In addition, the team interviewed several administrators involved in the process.</p>

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A ground-breaking for a new Health Services Unit was scheduled to occur just after the on-site audit. Also, plans for additional cameras are in the process of being implemented.</p> <p>Analysis: Interviews with administrators; the audit tour; and reviews of documentation, such as the Health Services Unit Design Meeting notes and the camera plan schematic, indicate compliance 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>The facility has provided a Memorandum of Understanding (MOU) for outside advocacy through Focus on Community/Sexual Assault Services and has provided verification of staff being trained as advocates. The audit team verified the MOU. Forensic exams are conducted at Wheaton Franciscan Healthcare, who also offer access and referral services for advocates. Criminal investigations are completed by the Racine County Sheriff. The Inmate Handbook provides basic information to inmates about responding to sexual abuse, including medical exams, protecting evidence, and advocacy.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: DAI Policy 306.00.14, Chapter 306 Security: Protection, Gathering and Preservation of Evidence; DAI Policy 500.30.19, Chapter 500 Health Services: Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse; and interviews with the PREA Coordinator and with administrators. Agency policies are based on Standards for Health Services in Prisons (2014 ed.), Chicago, Illinois: National Commission on Correctional Health Care. Policies reviewed also include Executive Directive 72 Section XVI. The auditor also reviewed the WIDOC Victim Services Coordinator Sexual Abuse and Sexual Harassment in Confinement Reference Guide (with VSC Agenda and Checklist), as well as training provided to medical staff. One SANE exam was conducted during the 12 months prior to the PAQ, and documentation was reviewed by the audit team. Also pertinent to this Standard is the letter sent to the Racine County Sheriff, requesting that they follow the PREA Standards when conducting investigations.</p>

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>At the time of the Interim Report, the facility had received 22 allegations of sexual abuse and/or sexual harassment in the past year; and 5 of the investigations of these allegations were ongoing and not reviewed. It was thought that any allegations not investigated were among the investigations that were still open and being conducted, or that they were among the files not randomly selected; so, the Interim Report had indicated compliance with this Standard. However, a review of documents provided during the CAP prompted another review of documentation received during the first phases of the audit, including investigative logs. It became clear that some allegations simply do not get fully investigated, either through a process of being lumped together as if they are part of other incidents, or because they are not assigned for separate investigations. Also, some allegations are not fully investigated due to the agency not assuring that investigations are conducted fully, which means they do not contain all the required components of investigations as per Standard 115.71. These issues have been previously raised and acknowledged in audits for other facilities in this agency. See the narrative regarding Standard 115.71 for more details.</p> <p>Analysis: The PREA Coordinator states that all investigations completed during the CAP have been provided. Each investigation only has one finding, even if it contains numerous allegations. This Standard requires that every allegation be investigated. Agencies have discretion regarding whether to investigate numerous related allegations within single cases, or to open separate files regarding each allegation. WIDOC leaves some allegations unaddressed. Evidence reviewed is divided as follows: agency website; interviews with the PREA Coordinator and investigative staff; Executive Directive 72, Section XVII; DAI Policy 303.00.05; log of investigations; and the review of investigations provided.</p>

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All new staff are required to take the module, "PREA," as part of their initial training academy. All existing staff were required to take this module in the fall of 2015, and they receive refresher training. All employees have read Executive Directive 72 and signed acknowledgement form DOC-1558 to affirm their understanding. When new policies/directives regarding sexual abuse and sexual harassment are released, all employees who may have contact with inmates are informed using established WIDOC training protocols called "myDOC," "PREA PAGE," email notifications, and/or via classroom training. A new PREA PAGE came out during the 30 days after the on-site audit.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: Interviews with random employees; training policy (Executive Directive 72, Section XI) and curriculum; training records/logs; and employee training acknowledgements.</p>

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

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the intake process, inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The policies and curricula reviewed all seem to indicate full compliance with all subsections of this Standard. Documentation is done on-line as inmates are educated. Of inmates who have been at the facility fewer than 12 months, only two stated that they had not received PREA education when asked. However, when asked other questions that reveal knowledge of PREA, the same inmates appeared to be informed about PREA. It is not clear why they answered some questions the way they did. Some inmates, on the other hand, who indicated displeasure about some aspects of the facility, emphatically stated that the PREA education process is done well.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: Site review; interviews with staff and inmates; and logs of inmate education, with 26 examples of acknowledgements. Policy includes WIDOC PREA Education Facilitator Guide; and Executive Directive 72 Section XI.</p>

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>The agency performs its own administrative investigations, and investigators are required to have received training on conducting such investigations in confinement settings. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. At the time of the Interim Report, concerns had been raised regarding investigations, but it was the auditor’s impression, after reviewing the training documentation, that investigators had received training. However, during the CAP, investigations were turned in that included investigative work completed by individuals not listed on training logs. This includes the log of refresher investigative training (not full investigative training) that was conducted during the CAP. Also, the investigative files did not show that the investigators were following their training.</p> <p>Analysis: The audit team reviewed Training Policy (Executive Directive 72, Section XI) and the Sexual Abuse and Sexual Harassment Investigations Training curriculum. In addition, the auditor was able to review investigations and to interview investigators. There are inconsistencies between the names of the people who are listed as having been fully trained to do investigations, and the names of people conducting investigative activities without indications of proper and timely oversight by those with proper training and experience. In addition, there are inconsistencies between the investigative work being completed, in practice, and the way sexual abuse investigators are trained to conduct investigations.</p>

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. All medical and mental health care practitioners who work regularly at this facility received the training required by agency policy, and the training is documented; but they do not conduct forensic medical exams. There are 35 medical and mental health care practitioners who work at RCI/STF.</p> <p>Analysis: Through a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. The audit team reviewed Training Policy (Executive Directive 72, Section XI); the Healthcare Module (PREA for Healthcare Workers); and logs of medical and mental health care practitioners who completed the training. In addition, the audit team interviewed a random selection of medical and mental health staff.</p>



<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Risk assessment is to be conducted using an objective screening instrument, which considers all the risk factors required by this Standard. The policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The agency has 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. A couple of staff interviews indicated that screenings did not fully follow this standard until recently, because they did not adequately check prior information regarding inmates, and because they did not always do reassessments when indicated. However, these issues appear to have been resolved. The overwhelming majority of inmates interviewed indicated screenings are completed appropriately.</p> <p>Analysis: Policies regarding this Standard are found in Executive Directive 72, Section XII and DAI Policy 410.30.01, Chapter 410 PREA: Screening for Risk of Sexual Abusiveness and Sexual Victimization. The auditor reviewed 24 screenings and reassessments.</p>

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>The agency/facility is required to use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The agency/facility is to make individualized determinations about how to ensure the safety of each inmate. The agency/facility should make housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. Placement and programming assignments for each transgender or intersex inmate must be reassessed at least twice each year, to review any threats to safety experienced by the inmate. A transgender or intersex inmate’s own view, with respect to his or her own safety, must be given serious consideration. Transgender and intersex inmates are to be given the opportunity to shower separately from other inmates.</p> <p>The site review and interviews conducted during the on-site audit revealed that there were showers in the Milwaukee and Kenosha units that had gaps, through which transgender inmates’ genitals could be viewed. During the 30 days after the on-site audit, the audit team was provided with pictures of improvements made in the Kenosha showers, but verification for the Milwaukee showers was still pending.</p> <p>13 out of 45 inmates interviewed indicated that LGBTI inmates are bullied, harassed, and called names, to the point that several inmates feel this rises to the level of sexual harassment. One inmate stated that the oppression of LGBTI inmates far exceeds any other oppression at the facility, including racism. These inmates declined the auditor’s assistance in reporting any specific incidents, saying that nothing would be done, or that they would be retaliated against, or that these activities are already being reported and are known to staff. The Interim Report stated that these interviews, letters received from inmates, and similar complaints that were made in investigative paperwork reviewed by the auditor, made it seem clear that information obtained during screenings, reassessments, investigations, and investigative follow-up by the Victim Services Coordinators could be better leveraged to protect inmates from sexual harassment. The policies associated with 115.67 (Protection Against Retaliation) and 115.86 (Incident Reviews) might also be employed to address this problem. Additionally, even though, in the week prior to the on-site audit, staff were provided with a training handout regarding transgender searches, during the on-site audit, of the 12 staff who were asked specific questions about their training, none of these staff could correctly identify the basic LGBTI terms relevant to their work.</p> <p>Another concern, raised by inmates and staff alike, regarding placement based on risk factors, was in reaction to residents perceived to be at high risk of enacting sexual predation intermingling with inmates with disabilities in the Jefferson Unit. A perception existed that this puts inmates at unnecessary risk.</p> <p>Corrective Action: The agency/facility made significant progress toward compliance with this Standard. The work on the showers was completed and verified. Training was completed. A workgroup was convened to reevaluate housing units and placement decisions.</p>

This is the training outline:

1. Define bullying and retaliation. Discuss examples between inmates and among staff/inmates. Reiterate zero tolerance. Identify ways to intervene.
2. Define sexual harassment (as PREA defines it). Explore the ways in which sexual harassment and a culture of tolerance leads to sexual abuse. Reiterate zero tolerance.
3. Define sexual orientation (including gay, lesbian, bisexual, straight), gender identity (including transgender and cisgender), gender expression (including masculine, feminine, and androgynous), and sex assigned at birth (including intersex). Attached is a visual resource.
4. Discuss vulnerabilities of those in a confinement setting who may identify as LGBTI.
5. Identify tools to ensure a vulnerable inmate's safety.
6. (For security staff) Review the mechanics of a professional transgender inmate search (pat and strip).

Analysis: Policies regarding this Standard are found in Executive Directive 72, Section XII & XIII; DAI Policy 410.30.01, Chapter 410 PREA: Screening for Risk of Sexual Abusiveness and Sexual Victimization; DAI Policy 306.00.72, Chapter 306 Security: Screening for Risk of Sexual Abusiveness and Sexual Victimization; Chapter 306: Searches of Inmates; DAI Policy 500.70.27; and Chapter 500 Health Services: Transgender Inmates. The documentation provided during the CAP addressed all the issues except implementation of improved efforts to reduce the risk of inmates at high risk of enacting sexual predation intermingling with inmates with disabilities.

The plan that the Warden "has reviewed and supports implementing" was not provided to the audit team until October 23, 2019, That plan, even if excellent, had no chance to be implemented, nor to have its effectiveness evaluated, in the 3 days remaining in the CAP. The objective listed in the CAP was for a workgroup to be convened "to reevaluate housing units and placement decisions." Within the first 120 days of the CAP ("Target Completion Date"), they were to "Identify and implement recommendations. Provide meeting minutes and recommendations or evidence of modifications." In an October 23 email, the Deputy Warden stated, "Targeted implementation date is December, 2019. Current and continued practice of utilizing PREA screening tools to determine inmate bed assignment of inmates identified as risk of abusiveness (ROV) and Risk of victimization (ROV) are utilized to ensure inmates are separated by bed assignment."

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing, unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. A review of policy and documentation related to isolation, as well as interviews with inmates and staff, indicate the facility does not use segregation to protect victims of abuse. However, when they use restrictive housing, it must be reviewed at least every 30 days. Inmates who have been segregated for disciplinary reasons report being able to exercise their rights while there, meaning they can make complaints, seek medical care, receive mental health services, and have access to attorneys.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. Policies reviewed include Executive Directive 72, Section XIII. A, B &amp; E; DAI Policy 306.00.72; and Chapter 306 Security: Screening for Risk of Abusiveness and Sexual Victimization. Those interviewed include inmates in segregated housing, and inmates who have been in segregated housing recently, although none have been there due to risk of sexual victimization. Administrators and staff who supervise segregated housing were also interviewed.</p>

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other inmates or staff, for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy mandating that staff promptly accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties; that staff give these reports promptly to their supervisor, who will notify statewide PREA Investigators; and that staff give these reports to appropriate official(s), for investigation. Staff and inmates are informed of these procedures in writing, in training, verbally, and through signs posted in the facility. The overwhelming percentage of inmates interviewed indicated they know their options for reporting, and that they can get help reporting. Inmates dial 777 to make reports to WIDOC and 888 to report to an outside law enforcement agency.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. In addition to testing the reporting system and reviewing reports from inmates, the audit team observed notices in English and Spanish regarding how to make reports, during the audit site tour. Also, the auditor found agency policies (Executive Directive 72, Section XIV) to be compliant with this Standard. The auditor also reviewed the inmate handbook and interviewed random inmates and staff regarding this Standard and whether there are barriers to reporting.</p>

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>RCI/STF has an administrative procedure for dealing with inmate grievances regarding sexual abuse. An inmate is allowed to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Inmates are not required to use an informal grievance process, nor to otherwise attempt to resolve with staff an alleged incident of sexual abuse. An inmate may submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint, and it will not be referred to the staff member who is the subject of the complaint. A review of written policies, and an examination of procedures in place, indicates compliance with this Standard. Investigative and grievance documentation indicates that allegations of sexual abuse or harassment reported through the grievance system are diverted, so that they go through the established PREA investigative processes. In addition, the response times and protocols for emergency grievances are consistent with this Standard. 8 grievances alleged sexual abuse during the 12 months prior to the PAQ.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: Policies reviewed include Executive Directive 72, Sections XV &amp; XVI. Two grievances were reviewed. The complaints were routed to facility leadership for review and action, and the administrative complaint process stopped when the administrative investigation process for sexual abuse/sexual harassment process proceeded, as per agency protocol.</p>

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>At the time of the Interim Report, the facility had not yet shown full compliance with this Standard. Documentation reviewed, and interviews with inmates who had been alleged victims, indicated that some communication with outside advocates is not provided in a timely manner. No inmates who were interviewed knew about advocacy, except those who had been alleged victims; and they stated that they were not told about available advocacy early enough in the process to have been helpful when it was needed the most. Also, interviews indicated that random staff did not know about advocacy.</p> <p>Corrective Action: During the CAP, the agency/facility provided documentation that all inmates have been informed about how to access support services, should they choose to do so. Reporting and supporting posters, which include contact information for the local advocacy organization, were posted throughout the facility, and a photo was provided. On July 12, all inmates received a leaflet which describes advocacy and whom to contact.</p> <p>Analysis: In addition to interviewing inmates, the auditor reviewed agency policies, such as Executive Directive 72, Section XVI. The handout, "Sexual Abuse in Confinement: A Resource for Offenders," providing details regarding confidential access to advocates, was reviewed; but at the time of the Interim Report, it was not clear what was being distributed to inmates. During the CAP, the above-mentioned handout was distributed to inmates. Verification of this distribution included documentation of verbal verification and/or email confirmation from eyewitnesses, that distribution occurred in every unit. Also, the audit team verified the MOU with Focus on Community. Access to outside victim advocates and reporting methods and forms are available at <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a>.</p>

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provides methods to receive third-party reports of inmate sexual abuse or sexual harassment. The methods for reporting are available on the agency website. Additional third-party reporting postings were added in the visitation areas of the facility within the 30 days after the on-site audit.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: postings in visitation areas; a review of the agency website, and interviews with staff and inmates.</p>

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>In addition to requiring all staff to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment, agency policy also prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The Interim Report found compliance with this Standard.</p> <p>Analysis: It is clear that, in rare instances, despite employing their skill and discretion, corrections officials must make the difficult decision to break confidentiality in order to protect someone. The wording of this PREA Standard makes an allowance for these instances. Policies, training, experience, and supervision all assist officials in carrying out these decisions so that the least amount of damage is done, and the most safety and security can result. However, at RCI/STF, no such rationale was documented in the cases reviewed. In 3 of the 10 investigations provided during the CAP, the alleged perpetrator was told the identity of the reporting person, without any apparent reason. The context of these violations should be understood in the context of this particular audit. The Interim Report stated in the narrative for Standard 115.71: "Of 15 inmates interviewed who had knowledge of investigations, none answered the interview questions in a way that indicated that the facility is compliant. 9 of these inmates expressed an extremely negative view of investigations at RCI/STF, saying that investigators show poor judgement, believe the wrong people, and allow sexual predators to continue to operate and move on to their next victims." The Interim Report stated, in the narrative for Standard 115.42: "13 out of 45 inmates interviewed indicated that LGBTI inmates are bullied, harassed, and called names, to the point that several inmates feel this rises to the level of sexual harassment. One inmate stated that the oppression of LGBTI inmates far exceeds any other oppression at the facility, including racism. These inmates declined the auditor's assistance in reporting any specific incidents, saying that nothing would be done, or that they would be retaliated against, or that these activities are already being reported and are known to staff." In addition, as explained in the Exit Briefing of the on-site portion of the audit, 4 alleged victims stated they had been threatened by staff and 5 felt their investigative confidentiality had been violated. It is in this context that the facility provided further documentation of lack of compliance during the Corrective Action Period, making it clear that that they are not demonstrating full compliance with Standard 115.61.</p> <p>To make determinations regarding this Standard, the auditor also reviewed Executive Directive 72, Section XIV; forms and methods used for reporting; and numerous files.</p>



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

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the external facility, or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The facility documents that it has provided such notification within 72 hours of receiving the allegation. The agency policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA Standards.</p> <p>Analysis: Through a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. One report indicating that abuse occurred at another facility was received in the 12 months prior to the PAQ. This report, and related documentation, were reviewed by the auditor and appeared to follow this Standard. Policies and training also indicate compliance with this Standard. Policy relating to this Standard is found in Executive Directive 72, Section XIV. The agency head, as well as facility administrators, state that they understand this policy, and that it is followed.</p>

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the 12 months prior to the PAQ, 15 allegations were received that triggered First Responder protocols. The auditor reviewed 6 of these reports. This investigative documentation indicated that First Responder duties have been adhered to, for the most part. First Responders are provided with an ID-sized list of First Responder Duties. However, interviews and the facility tour indicated that some cards and lists are wrong, since they were old and have not been discarded and replaced with updated wording. Also, since staff typically did not understand that outside advocacy was available, it appeared some re-training on the basics of responding to sexual abuse was in order. To get some review initiated, a PREA PAGE was issued to all staff during the first 30 days after the on-site audit, with First Responder Duties listed.</p> <p>Corrective Action: Staff were retrained regarding First Responder Duties, and signed verification was provided to the Audit Team.</p> <p>Analysis: The audit team reviewed Executive Directive 72, Section XVI; Healthcare Staff First Responder Action Steps; and Non-Security Staff First Responder Action Steps. These documents, along with additional verification provided during the CAP, verified compliance with the Standard.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The CRP coordinates actions among staff First Responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: The CRP; information from administrators and staff; and relevant training and policies.</p>

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

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to the PAQ, inmates are monitored by a Psychologist and a Program Supervisor for signs of retaliation. Retaliation monitoring is required in policy, and forms have been developed. Inmates who provided information to the auditor and stated they made allegations, or were victims, indicated this Standard is not always followed. 11 of the inmates interviewed, who identified as alleged victims, stated there is no retaliation monitoring at all. However, Victim Support Logs and Checklists were provided that were completed in detail, indicating that some monitoring for retaliation is happening, because it is occasionally mentioned in the narratives. But since the information was not logged on the Retaliation Monitoring forms, as required by the agency, at the time of the Interim Report it was not clear how much overt monitoring was occurring in practice. Also, when retaliation was alleged, it was not clear what level of follow-up occurs. In addition, interviews with those charged with monitoring for retaliation also indicated inconsistent monitoring practice and limited understanding of this Standard.</p> <p>Corrective Action: During the Corrective Action Period, retaliation monitoring documentation and follow-up were provided, as required by the Corrective Action Plan.</p> <p>Analysis: Evidence is divided as follows: Executive Directive 72, Section XVIII; VSC documentation; interviews with alleged victims; and interviews with administrators. In addition, verification of retaliation monitoring was provided for the CAP.</p>

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

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>The agency has a policy related to criminal and administrative agency investigations that appears to be consistent with this Standard, but the auditor was unable to verify all parts of this Standard in practice. Standard 115.71 (c) includes a requirement for investigations to include a review of prior complaints involving suspected perpetrators. The investigative documentation reviewed by the auditor did not appear to include this sort of review, yet repeated investigations involved the same alleged victims and suspected perpetrators. Standard 115.71(e) states that “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis . . .” Then, 115.71 (f) (2) requires documentation of “the reasoning behind credibility assessments.” Overt credibility assessments were lacking in the investigations reviewed. Although sexual abuse and sexual harassment occur in contexts, the investigations reviewed seemed to treat allegations like single, specific incidents to rule out, instead of something that might be part of a larger problem, pattern, or circumstance that needs to be understood and addressed. Standard 115.71 (c) requires “circumstantial evidence” to be collected. Of 15 inmates interviewed who had knowledge of investigations, none answered the interview questions in a way that indicated that the facility is compliant. 9 of these inmates expressed an extremely negative view of investigations at RCI/STF, saying that investigators show poor judgement, believe the wrong people, and allow sexual predators to continue to operate and move on to their next victims.</p> <p>Corrective Action: No investigations were provided for the auditor to review until the final week of the CAP. 10 investigations were provided, most in the final 3 workdays of the CAP. I did not have time to review all the materials before the CAP expired, so my determinations had to be made based on what had been provided within the allowed timeframe. No additional documents or clarifications can be accepted for review after the maximum time allowed for CAPs, 180 days, expires. The investigative work was completed by a wide variety of individuals, with different styles, and utilizing different forms; so, each investigation has strengths and weaknesses, and it must be evaluated separately. In addition, the investigations do not typically identify what is being investigated, other than “PREA”. They typically, but not always, include a paraphrase of the complaint, leaving it to the reader to decide whether they were investigating harassment, abuse, and/or policy violations. Then, the finding, typically, but not always, says “PREA Unsubstantiated”, “PREA Substantiated”, or “PREA Unfounded”; again, leaving it to the reader to guess whether it was abuse or harassment about which a determination was made, unless the narrative makes all of this clear, as they sometimes do. The agency would benefit from recognizing that “PREA” refers to the Prison Rape Elimination Act and is not the name of a crime.</p> <p>For these reasons, I have synopsised the allegations and investigations below, based on my interpretation of the various narratives and paperwork that was provided. I have assigned my own numbers to the cases and removed identifying and specific information, taking great pains to protect confidentiality. The investigations provided during the CAP can be described as follows:</p> <p>#1: This investigation of staff-on-inmate sexual abuse was not done “thoroughly,” as required by the Standard. Although the alleged victim and alleged perpetrator both refused to answer questions, considerable information and documentation to support the allegations (including</p>

written communications) were provided to the Department. More documentation was offered (to be provided upon request), and names of multiple potential witnesses were provided, but none of these individuals seem to have been interviewed.

#2: The investigator revealed the identity of the reporting person to the alleged perpetrator, despite policies in place to protect confidentiality and to protect against retaliation. This investigation of inmate-on-inmate sexual abuse was complicated by information being received which implicated a staff member. The investigative narrative indicates that the information received about a staff member triggered other investigation(s) regarding the other alleged wrongdoing. If those investigations were completed, they were not provided for this audit. But whatever was done regarding the other issues, investigators apparently did not go back and interview collateral witnesses or collect other required evidence regarding the inmate-on-inmate abuse allegation which triggered the investigation in the first place. The Standard requires that interviews of witnesses be conducted, and that “direct and circumstantial evidence” be gathered “objectively for all allegations”. Although there were no known eyewitnesses to some of the alleged abuse, the report indicates that inmates and staff would have information about the relationship between the inmates. The investigative narrative, completed more than 10 months after the allegation, seems to indicate, in error, that since the SANE exam was non-conclusive, and since the alleged perpetrator did not admit to the allegation, the administrative finding must be “Unsubstantiated”. Without the content of witness interviews, even if they only contained circumstantial information, it is not known what the preponderance of the evidence would have indicated in this case, had it been fully investigated.

#3: This inmate-on-inmate sexual abuse case was signed nearly 7 months after it was received. No witnesses were interviewed, and no collateral or contextual information about the relationship of the alleged victim and alleged perpetrator was obtained, other than what each said about the other.

#4: As above, this inmate-on-inmate sexual abuse case contained no witness statements, or any statements to verify or clarify contexts and circumstances, other than what each inmate said about the other.

#5: This inmate-on-inmate sexual abuse case contained no witness statements or any statements to verify or clarify contexts and circumstances, other than what each inmate said about the other. A listing of cellmates was in the file. Perhaps one of these individuals might have been able to say something about the credibility, relationships, or behavior of the subjects of the investigation. The alleged perpetrator was told who made the allegation.

#6: Two staff documented that they had received complaints about the way one inmate treated another inmate. Both documents implied an inappropriateness to the behavior, but only one used the term “sexual harassment”. The complaints also alleged that other conflict was occurring between the two. The inmates were told to get along with each other, and they were required to return to their cell. Within a couple of hours, according to the documentation, one of the inmates had been seriously injured. 4 months later, an allegation of sexual abuse was made regarding the circumstances of the altercation(s), adding to the sexual harassment suspicion that was documented on the day of the altercations(s) (although not investigated at that time). So, based on the new statement, a sexual abuse investigation was initiated. This investigation was not signed off on for another 8 months. The response does not appear to have been completed “promptly,” as required by the PREA Standard.

#7: An allegation accused a staff member of conducting a search that was sexually abusive. Although the investigation was completed promptly, it did not explain whether the alleged perpetrator had been accused of similar actions in the past. The allegations also included

complaints that the reporting person had been retaliated against. It does not appear that the allegations of retaliation were fully investigated, but the investigation does clearly document that staff told the alleged perpetrator the identity of the accuser, despite the stated existence of numerous witnesses who could have made the report or could have repeated information that triggered a report to be made, by any of a large number of people, based on repeated information. (It is important to recognize that retaliation monitoring was completed on this case, as required, and is consistently documented by Victim Services Coordinators, as explained in this report in the narrative regarding Standard 115.67.) There were no investigative findings located in the investigative file, except for the letter to the alleged victim, which provided the finding of the sexual abuse portion of the investigation. This seems to leave the other two stated allegations in the report, "Failure to comply with written agency policies or procedures" and "Intimidating, interfering with, harassing, demeaning, treating discourteously, or bullying; using profane or abusive language in dealing with others," as being unresolved. For example, the investigation did not explain why the search was conducted off-camera. The PREA Standard 115.71 requires the consideration of "prior complaints", the consideration of "staff actions or failures to act", and that investigations be completed "objectively for all allegations."

#8: An allegation of sexual harassment of an inmate by a staff member was determined to be "Unfounded", without witness interviews being conducted, and without information regarding whether the employee had a history of such behavior. The investigator states, in the narrative, that the staff member admitted to telling sexually inappropriate jokes to the alleged victim.

#9: An allegation of inmate-on-inmate sexual abuse was conducted promptly, with some 5 witness interviews included in the file. However, this investigative file also included a "Summary of Facts" form. The investigator explains in this narrative that, since not all of the details of the alleged abuse were corroborated in witness accounts, the abuse could not be substantiated. One specific alleged act was listed as an example of something that no witness had verified. However, elsewhere in the file was a witness account that specifically mentioned that very act. Other parts of the incident were corroborated by other witnesses, who made additional allegations regarding the alleged perpetrator being inappropriate. The investigator stated that, since the accounts were "slightly different from each other," abuse could not be substantiated. It is important to note that investigator training teaches that witness statements often contain differences, even in cases where actual abuse occurred. Discrepancies are mentioned here, not to indicate whether or not abuse occurred in this particular case, but to point out that the "Summary of Facts" does not appear to be accurate, based on information from the accompanying file. Also, the investigative rationale does not appear to be consistent with investigator training. No information could be found in the file regarding whether there have been any complaints regarding the alleged perpetrator made prior to this set of complaints, or whether there have been, or will be, other investigations.

#10: One allegation of inmate-on-inmate sexual abuse was substantiated after a one-year investigation. Two alleged perpetrators were listed on the complaint, and numerous counts were alleged during the course of the investigation. It is not clear which allegation was substantiated, nor whether there will be findings regarding the other counts.

Analysis: Evidence reviewed includes investigations; investigations log; interviews with the PREA Coordinator, investigative staff, facility administrators, and inmates; review of policies such as Executive Directive 72, Section XVII; review or related materials such as retaliation monitoring and Incident Reviews; and the Pre-Audit Questionnaire. No proof of practice was received that demonstrates that proper investigations are routinely completed at this facility.

The PREA Coordinator indicated that all investigations closed during the CAP were provided for review.

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>The Interim Report indicated 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.</p> <p>Analysis: Although the facility appeared to be compliant at the time of the Interim Report, investigations received during the CAP do not show compliance with this Standard. One narrative indicated that even “slight” variations in witness accounts can cause an allegation not to be substantiated; other cases did not seem to consider witness interviews and circumstantial evidence. Evidence reviewed includes Executive Directive 72 (Section XVII.G.), the investigative documentation received, and the content of interviews conducted.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>When investigations are completed, the agency appears to consistently follow this Standard, according to documentation of notifications provided. There were 15 investigations completed; 12 inmates were notified; the other inmates did not require notification under this Standard.</p> <p>Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this Standard. This evidence is divided as follows: reviews of investigations completed in the 12 months prior to the PAQ (which includes documentation of notification of inmate victims); and interviews with the PREA Coordinator and with investigative staff. Policy related to this Standard is found in Executive Directive 72, Section XVII.</p>



<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed the agency policies and investigations, along with related documentation provided, and believes the agency and facility have shown compliance with this Standard. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The agency head, as well as the PREA Coordinator and others interviewed, verify that terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: interviews with investigators and administrators; review of selected investigations completed in the 12 months prior to the PAQ; and policy relating to this Standard found in Executive Directive 72: Section XIX. A &amp; XIV. C. 1.</p>

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor has reviewed the agency policy, which requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: interviews with investigators and administrators; reviews of selected investigations completed in the 12 months prior to the CAP; and policy found in Executive Directive 72, Section XIX.</p>

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

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to policies and documentation provided, inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are required to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The screenings provided to the audit team show that the screening completed pursuant to §115.41 triggers medical and mental health screenings when there is a history of abuse, and that the system documents when those screenings are completed. The PAQ states 100 disclosed prior victimization in the past year, while none revealed that they perpetrated sexual abuse not already known to the agency. Electronic records of several of these screenings were provided.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: Executive Directive 72, Section XII; review of screenings for risk of abusiveness and/or risk of victimization; interviews with staff who perform screenings; interviews with medical staff; and interviews with inmates who reported various risk factors.</p>

<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: interviews with the nurse, First Responders, and facility administrator; review of Executive Directive 72, Section XVI. B. 2. Also, when alleged victims of abuse were interviewed, they usually indicated that they were offered care, including a case that required emergency treatment for possible sexual abuse.</p>

<b>115.83</b>	<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>According to documentation reviewed, the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility provides such victims with medical and mental health services consistent with the community level of care. Inmates who are victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Providers in the community verify services are available. When alleged victims of sexual abuse were interviewed, they usually indicated that they had been offered care as required in this Standard.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: interviews with inmates, the nurse, and the facility administrator; review of health services and psychological services forms; and review of policy found in Executive Directive 72, Section XVI. B.</p>

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the Pre-Audit work, the auditor noticed that the Sexual Assault Incident Reviews (SAIRs) only had the Deputy Warden and Unit Manager on the team. Although these administrators certainly represent investigators and upper-level management, the auditor asked whether they were getting input from medical and mental health staff. The PREA Coordinator stated, “The SAIR team does include medical, mental health and investigator. However, due to scheduling difficulties the recent SAIRs were completed by the DW and Unit Manager/PCM. Going forward, the SAIR team will meet quarterly. If a sexual abuse case that is substantiated or unsubstantiated and falls outside of the quarterly meeting, the team will meet within 30 days.” As previously mentioned, the auditor also suggests this team be utilized in dealing with the alleged culture of oppression toward LGBTI inmates, when they are alleged victims in investigations that are reviewed by the team.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. The audit team reviewed the policy relating to Incident Reviews, the Incident Reviews (SAIRs) themselves; Executive Directive 72, Section XX, and interviewed members of the Incident Review Team.</p>

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: interviews with administrators; data collection; and the agency’s annual report for 2017. Policy compliant with this standard is found in Executive Directive 72, Section XXI. The Annual Report for 2018 came out during the Corrective Action Period.</p>

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Agency reports to their state office in Madison, and the numbers are collected and reported. Each month, the numbers are updated, showing the total for the year to that point. The agency reviews 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, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for the facility.</p> <p>Analysis: By a triangulation of evidence, the auditor can determine that the facility has shown compliance with this Standard. This evidence is divided as follows: interviews with administrators; corrective actions taken; and the published annual reports for 2015, 2016 and 2017.</p>

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

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

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

## 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



<b>115.12 (b)</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.)	yes

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes

	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	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, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies 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 have procedures 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

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 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?	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 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 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.)	yes

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

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

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

115.21 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.21 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	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?	no
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	no

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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes

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

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

115.31 (c)	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

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

115.32 (a)	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

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

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

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

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

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



115.33 (d)	<b>Inmate education</b>	
	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)	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

115.33 (f)	<b>Inmate education</b>	
	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)	<b>Specialized training: Investigations</b>	
	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 receive 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).)	no

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (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 or the agency does not employ medical staff.)	na

115.35 (c)	<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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	<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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes

115.41 (a)	<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

115.41 (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)	<b>Screening for risk of victimization and abusiveness</b>	
	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, as 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, as 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, as 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 an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to 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?	no
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

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

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

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

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

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

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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes

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

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

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	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.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

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

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

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

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

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

115.53 (a)	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	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?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	no
	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).)	no

<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?	no

<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?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no

<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?	no
	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?	no
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no

<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?	no

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

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

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

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

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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes