

# PREA Facility Audit Report: Final

**Name of Facility:** Robert E. Ellsworth Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 07/25/2019

**Date Final Report Submitted:** 11/04/2019

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> Yvonne gorton	<b>Date of Signature:</b> 11/04/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Gorton, Yvonne
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<b>Start Date of On-Site Audit:</b>	06/17/2019
<b>End Date of On-Site Audit:</b>	06/18/2019

<b>FACILITY INFORMATION</b>	
<b>Facility name:</b>	Robert E. Ellsworth Correctional Center
<b>Facility physical address:</b>	21425-A Spring Street, Union Grove, Wisconsin - 53182
<b>Facility Phone</b>	262-878-6000
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
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<b>Warden/Jail Administrator/Sheriff/Director</b>	
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<b>Facility PREA Compliance Manager</b>	
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<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	230
<b>Current population of facility:</b>	466
<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>	Minimum/Minimum Community
<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>	157
<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>	

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

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

## AUDIT FINDINGS

### **Narrative:**

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

### Narrative

A PREA Audit, of the Robert E. Ellsworth Correctional Center (REECC), 21425-A Spring Street, Union Grove, WI, was conducted on June 17 and 18, 2019. The audit was conducted through a multi-state consortium that includes Michigan, Pennsylvania, Wisconsin, and Maryland state correctional agencies. For this audit, the team members were provided by the Michigan Department of Corrections (MDOC). The team members were DOJ Certified Lead Auditor, Yvonne Gorton, US DOJ certified auditors, John Morrell and Matt Silsbury, and Chris Lamentola. A previous audit was conducted, for this facility, on May 16, 2016, with a final report issued on December 12, 2016, finding full compliance with the standards. The WIDOC PREA Director requested dates for facilities to be audited, the third year of the second audit cycle, on June 27, 2018. This auditor was assigned the audit on Friday, August 17, 2018, and the WIDOC PREA Director received confirmation of the scheduled audit, and auditors, during the week of August 21, 2018. The completed Pre-Audit Questionnaire (PAQ) was released to the auditor on May 24, 2019.

### Pre-Onsite Audit Phase

The lead auditor provided notices of the audit dates, and auditor contact information, to Facility Superintendent and PREA Compliance Manager, Paula Stoudt, on May 3, 2019, and requested that date-stamped photographs of the posted notices, in each housing unit and various other locations in the facility where staff and inmates gather, be provided. The purpose of the notices was to inform both staff and inmates that a PREA audit was going to take place and to provide them an opportunity to contact the lead auditor, prior to the on-site phase of the audit, if they wished. On the same day, Friday, May 3, 2019, the lead auditor received photographs, via e-mail, of the postings posted in housing units, and in various other locations throughout the facility, including the main entrance and the visiting room. As a result, one letter, from an inmate, was received on May 6, 2019. The letter writer was interviewed and asked specific questions, and other inmates who were interviewed were asked the same types of questions, to help auditors look for patterns in their responses.

E-mail correspondence, between the lead auditor and the WIDOC PREA Director, began on May 12, 2019, and e-mail correspondence between the lead auditor and the facility Superintendent, who is also facility PREA Compliance Manager (PCM), began on May 3, 2019. A date was sought to conduct a phone meeting, with both the PREA Director, and the PCM, but no date could be found when all three would be available, at the same time, so it was decided to conduct pre-audit contacts via e-mail.

Additional materials were requested, by the lead auditor, after review of the PAQ. Some of those materials were provided, via e-mail, by the Superintendent and facility PCM. They included a facility annual report, an inmate roster, a list of inmates who accepted a referral to Mental Health based on the risk screening, outcome letters sent to inmates who made allegations of sexual abuse or sexual harassment, a list of active volunteers, a list of staff hired or promoted in the past 12 months, and a sample data collection instrument, among other things. Some of the additional requested items were submitted during the pre-onsite audit phase and others were made available during the on-site audit

phase. All materials requested, in addition to those submitted with the PAQ, were provided.

#### On-site Audit Phase

The audit team arrived at the facility at 8:00 am on Monday, June 17, 2019 and were met by Agency PREA Director Leigha Weber and facility Superintendent, Paula Stoudt. The team was escorted to a conference room for an in-briefing where introductions were made. In attendance, in addition to the PREA audit team, were:

- Agency PREA Director
- Facility Superintendent/PREA Compliance Manager
- Facility Security Director
- 2 Captains
- Investigative Staff
- Medical Health Nurse Supervisor
- Social Work Supervisor

Auditors had pre-determined that three of the four auditors would review the facility and the 4th auditor would begin formal interviews immediately after the in-briefing, beginning with interviewing two third shift officers who had been held over. Interviews were conducted with facility administration and other specialized and randomly selected staff, as well as with targeted and randomly selected inmates. Auditors ensured that the requisite number of staffs, and inmates, as identified in the PREA Auditors Handbook, were interviewed. Also interviewed were contracted employees and volunteers. The inmate count, on audit day 1, was 468.

The Agency PREA Coordinator provided, an alphabetic roster of all inmates housed at the facility, rosters of inmates who self-identified as LGBTIQ, who had reported having been sexually assaulted in confinement, with all incidents having occurred at other facilities, and a list of inmates who had been offered a referral to Mental Health Services based on the results of their risk screening. Facility administration said they did not currently house any inmates who were Limited English Proficient, and none who were disabled. However, they did provide a roster of inmates who had been issued some type of medical, or assistive, device by Health Services. That list did identify inmates who had hearing aids, as well as some who were identified as having been issued wheelchairs, walkers, and an elevator pass. In addition, staff were able to identify one inmate, at the facility, who was somewhat cognitively disabled, and that inmate was also interviewed. After targeted inmates were chosen for interview, auditors turned their attention to the complete inmate roster and chose the requisite number of inmates for interview. In all, 28 inmates were interviewed in formal interviews. Another seven inmates were interviewed informally, during the on-site review of the facility.

The random selections were made by dividing the number of the total population by the number of interviews needed. Auditors then started at the top of the roster, counted down the number calculated, chose that inmate for interview, and then repeated the process. When the list of inmates chosen randomly was completed, auditors reviewed the list to ensure that they had chosen inmates from each housing unit. To get a good balance of inmates from all housing units, and to ensure that the selections were truly random, where there were too many chosen from the same housing unit, auditors went to the last name chosen from that housing unit, counted down the same number again on the list, and took that name. They repeated this process until they had the right number of inmates chosen and had a good sample from each housing unit.

Inmates selected for interview included:

- 2 inmates who identified as bisexual
- 1 transgender inmate
- 3 inmates who use hearing aids
- 1 cognitively impaired inmate
- 2 inmates who reported sexual abuse, both of which occurred at other facilities, prior to arriving at Ellsworth
- 2 inmates who reported prior sexual victimization during risk screening
- 17 inmates randomly selected for interview

The Agency PREA Director also provided a list of all staff at the facility, divided into two lists, custody and non-custody employees. Staff reviewed the lists of and identified the targeted staff they wanted to interview. They then used rosters to identify the random selections. That lists identified the assignment location and shift the staff were currently assigned to, so that auditors could ensure their selections covered all shifts and all housing units. Those selections were made by dividing the total number of staffs, minus those already chosen for a targeted interview, by the number needed for random interviews, and counting down the calculated number on the list. When the list was complete, auditors reviewed the list to ensure that it was a good sample representing staff from all housing units and a good variety of assignment types. Staff selected for interview include:

- The Agency PREA Director
- The Superintendent/Facility PREA Compliance Manager
- Intermediate/higher Level Staff
- Incident Review Team
- Medical Health Staff
- Mental Health Staff
- Staff who conduct risk screening
- Investigative staff
- Contracted staff
- Human Resource Staff
- 18 randomly selected staff

The recommended Department of Justice interview protocols were used in conducting both staff and inmate interviews. Interviews conducted via telephone included:

- Agency Head
- Community Advocate, Sexual Assault Services Director
- SANE nurses from both Ascension and Aurora Healthcare

#### Facility Site Review

Auditors entered through the main entrance of the facility and noted that there were audit notices posted there. There was also a wealth of PREA information posted in the entrance, and throughout the facility. The Administration hallway was secure, with limited inmate access. There is no camera coverage in this area and all inmates who come into the area are escorted by staff.

There are 65 cameras throughout the facility, all of which are monitored in the Control Center where auditors were able to view all of them. Cameras cover the various hallways, the living areas, food service, the laundry, the gym, the outside yards and the Visiting Room. They also cover the back loading dock and gate behind the kitchen, the outside recreation area of the main building, the outside of the old loading dock at the main building, and the front door and rear doors of Unit D. All cameras were fixed on

a specific area, except for the cameras in the outside yards. Auditors did not find any cameras that presented problems with cross-gender viewing.

The facility consists of three buildings, two of which are occupied by inmates and one that is not. There are five housing units in the facility, all of which have multiple occupancy rooms. There are no single occupancy rooms in the facility, and there are no open bay/dorm housing units. There are 12 segregation cells at the facility. The main building houses both the Administrative offices and housing units. Units A2, A3, B, and C are in the main building of the facility, and D unit, which houses inmates enrolled in the ERP, is in the annex building located approximately one tenth of a mile down the road from the main building. The rooms house three to four inmates each. Bathrooms, with multiple toilet stalls, are located along the hallways. The toilet stalls have partial doors to provide privacy without jeopardizing security. Also in those bathrooms are individual shower stalls, all of which have curtains on them and dressing rooms in front of them, which also have curtains. At the end of each unit is one larger living area that houses eight inmates in three rooms. These larger living areas have their own bathrooms and showers. The showers have curtains for privacy, but the bathrooms, inside the inmate living areas, have solid wood doors. The facility is in the process of replacing all the solid wood doors with curtains to provide greater safety and security for inmates. There is a common room in the middle of each unit, and, on each side, are sleeping rooms that each house four inmates. D Unit also has community bathrooms, also with partial doors on the toilet stalls and curtains on the showers.

The main building is a large U shaped, three story building. In the Basement is the intake area, the visiting room, laundry, special activities and a food service storage area. There is a recreation room, in the front, that has staff restrooms and a storage room. All three rooms were locked, accessible only with a key. All three of these small rooms had deadbolt locks, and two of them had thumb latches, on the inside. One of them had a deadbolt lock that could only be opened, from the inside, with a key. Auditors recommended that that lock be replaced with the same type that were in the other two rooms, with a thumb latch to open the door from the inside. The intake area is also used as a staging area for the work crews that go out daily. Inmates returning from work are strip-searched. The area allowed plenty of privacy for those searches, and because the facility has bona fide occupational qualification positions, there is never an occasion when a female staff is not available to perform those strip-searches. Past the basement Control Center is a long hallway that houses a garden area, offices, and the mechanical room. Past the mechanical room, and down the hallway, are classrooms and a dayroom. There are 12 cameras in this hallway. Across from the mechanical room is the visiting room, which has six cameras. Going up the stairs, to the first floor, is the administration area on the left and Education on the right. In the administration wing are multiple offices, bathrooms and two conference rooms. There are cameras in the staircases but none in the administrative or education area. The administration hallway is secure with limited prisoner access. The education area consists of program classrooms, as well as a library. Between the administration and the education area is the entrance to the segregation unit. In that entrance is one camera. Down the hall is the health service area.

The Segregation unit is on the main floor. It has three cameras, one on each side of the hall, both at the end of the hall, and one in the middle of the unit. These cameras are connected to two DVR's that record all activity, and they can be viewed by both the Segregation Control Center and the Facility Control Center. The Segregation Control Center is located inside the Segregation Unit. also, off the U shape is the kitchen and dining hall area.

The second floor consists of all housing units. On one side of the building is unit A2 and on the other side is C unit. C unit has two officers' stations, one in the middle of the unit and one at the entrance to the back hallway. The units on the second floor do not have cameras. At the end of the A2 Unit is an officer station. There is at least one officer in A2 unit and two in C unit.



The third-floor houses only inmate living areas. On one side of the building is unit A3, and the other side is B unit. B unit also has two officers' stations, one in the middle of the unit and one at the beginning of the back hallway. There are three cameras on the third floor, in the B Unit hallway, two in the B Unit dayroom. At the end of the A3 unit is an officer station. There is at least one officer in A3 unit and two in B Unit.

There is camera coverage in the hallways and the laundry area does contain a dressing room for inmates to try on clothes. The dressing room has a curtain on the front and, even though it had an open ceiling, it was not visible on the fixed camera in that area.

The rest of the housing areas are in the separate annex building that is located approximately one tenth of a mile from the main building. This building houses inmates who are enrolled in the ERP. It has its own camera system that is viewed by in the building Control Center. The main entrance of this building leads to the dining area and visiting room. Just past these is the Control Center. The building has two dayrooms, a library, classrooms, two computer labs and a health services area.

All housing units, and other areas, had PREA information and audit notices posted, and hotline information was posted by the telephones. Auditors were able to ascertain that the phones, in each housing unit, did work, and that they were able to call both hotline numbers and get through. Just outside each housing unit, at the entry, there is a button, like a doorbell, that staff use to announce the entry of opposite gender staff into the housing unit. Staff seemed to know what the button was for even though there were no notices posted. However, auditors recommend that the administration post some type of printed notice, near the buttons, to ensure that all male staff who might enter the housing units, are aware that they should ring the bell before they enter the unit. Auditors noted well marked boxes for inmates to put completed grievances in, in each of the units.

The food service area was clean and orderly and appeared to have ample staff supervision. Food service employees provided the custody coverage of the area and staff were knowledgeable about general rule, and how to respond to PREA concerns. All the doors, freezers, and coolers, in the food service were locked, and the lights were on in all of them. Camera coverage, in the main area, was suitable, with views of most doors to isolated areas such as coolers and freezers. Staff indicated that they are not allowed to take inmates into secluded areas alone. There is no camera coverage in Health Services, but auditors noted no areas of concern.

There are two inmate yards, and both were observed on a walk through, by camera, and by driving around the facility. The yards are large and have mature trees, but there is camera coverage suitable to view isolated areas behind trees. There are no restrooms on the yard.

Between the main building and the annex is a gym. It is in a separate area, outside the main secure perimeter of the facility, and is only used when inmates are escorted by staff. The gym has suitable camera coverage to enable staff to monitor all areas, as well as the doors to isolated areas such as storage rooms and restrooms.

Auditors were allowed access to all areas of the facility where inmates have access, and conducted informal interviews with both staff and inmates, in every housing unit and in each area of the facility as they walked through. Both groups were well educated on their rights and responsibilities regarding PREA matters and on how to report incidents of sexual abuse and sexual harassment.

### Risk Screening for Risk of Victimization and Abusiveness

Twenty-six inmates' files were reviewed, in addition to nine provided by the facility, and all of them had their initial risk screening completed within 72 hours of their arrival at the facility. Social Workers complete the risk screens at the Ellsworth facility. Two Social Workers were interviewed who said that most often the screening is completed on the day of inmates' arrival. The screening instrument is located in the Wisconsin Integrated Computer System (WICS), a computerized database system that assigns a number score to each answer given and calculates a final score that determines an inmate's risk of victimization and abusiveness. The system is set up so that if an inmate answers yes to having experienced prior sexual victimization, a dialogue box prompts the screener to offer a referral to mental health services. If the inmates accept the referral, the screener checks a box and a referral is automatically made to mental health services. After the follow-up with mental health is completed, staff enter the information into the electronic health record. Staff provided documentation showing that all accepted referrals resulted in timely follow-up meetings.

### Inmate Education

At Intake, inmates are given printed information detailing the agency's zero tolerance policy regarding sexual abuse and sexual harassment. An intake staff facilitator guide was reviewed. The guide calls for inmates to be informed on the agency's zero tolerance policy on sexual abuse and sexual harassment, to be given definitions of sexual abuse and sexual harassment, to have the facility's cross-gender announcement procedure explained, and to have the facility Victim Services Coordinator identified with contact information. Inmates view a video entitled, "Sexual Abuse and Sexual Harassment Prevention and Intervention," and are given form POC-41B, an informational form that lists contact information for a local community sexual assault service provider. All inmates interviewed recalled having received the information at intake and having viewed the video.

### File Reviews

The Human Resource function for this facility is located at another facility but the Human Resources Director came to the Ellsworth facility and brought a requested sample of files with her for auditor's review. Among the samples provided were files of all hires and promotions, within the past year, and all of them demonstrated, upon auditor review, that the required background checks were completed prior to hire or promotion and that the requisite criminal background records check had been done. Auditor was able to locate DOC-1098R forms in the new hire and promotion files provided by the Human Resources Director. These completed forms demonstrate that questions 10 through 12 are additional questions, for positions that may have contact with inmates or juvenile offenders, that ask if the candidate has ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if it has ever been determined that the candidate has ever engaged in any incident of sexual abuse or sexual harassment while employed by the former employer, or if the candidate resigned during a pending investigation of an allegation of sexual abuse or sexual harassment prior to an investigation being completed.

The Human Resources Director said that the facility uses the Portal 100 system for conducting background checks of current employees. She said, "there is a traveling machine that comes here, and they do the ones that are due when the machine is here, or if they are going to be due. We will do those that are due between now and the next time the machine is scheduled to be here so that all those are done timely. The machine is on a rotation, and they do a yearly schedule, so we know when it's coming again so we don't let any checks get overdue." She provided requested samples of employee files, randomly selected by auditors, that verified that the checks are being done as required.

The facility submitted, as documentation, the DOC-1098D Background Check Authorization form, that requires all applicants to answer whether they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if they have ever 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, and if they have ever been civilly or administratively adjudicated to have engaged in any of these activities. Auditors were able to review the completed forms in the files supplied as documentation. The Human Resource Director reported that there have not been any instances, at the facility, where staff were discharged for failing to disclose or to cooperate in the background check process.

The Human Resources Director said, in an interview, " any State of Wisconsin agency can ask us for information, and we will provide it unless we are prohibited by law. If an employee grieved any discipline, or if there was a court order, we would provide that information if we weren't told not to. They might seal the records, but I've never had that happen. Our reference check policy says that if there was an investigation, we can give factual information as part of a reference check." The reference check policy she was referring to is the Department of Corrections Human Resources Policy that lays out the requirements for providing employment references.

The facility conducts background checks, not just on new hires and promotions, but also whenever an employee is moving to a position that has substantially different job responsibilities than his or her current responsibilities. This practice introduces yet another opportunity to conduct checks that enhance the ability to protect inmates from sexual abuse and sexual harassment.

#### Investigations

The facility presented a copy of their investigator training lesson plan. Auditor reviewed the lesson plan and found that it does include the required items. Unit 1, of the training, is entitled, "Sexual Abuse and Sexual Harassment in Confinement, " and it provides definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations, reporting to inmates, sexual abuse incident reviews, and staff duties and responsibilities. Three facility investigators were interviewed and all three confirmed that they had received training specific to conducting sexual abuse investigations in confinement settings and that the training covered techniques for interviewing, proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. They were all well able to describe the investigation process, describe evidence they might be responsible for collecting, and articulate the basis on which they are to judge the credibility of an alleged victim. The facility provided, as documentation of investigator training, a computerized database printout that the agency uses to record, and track, investigator training, showing that the three agency investigators were properly trained.

The agency does not conduct criminal investigations, but instead refers them to local law enforcement, The Racine County Sheriff's Department. The agency reports that one allegation was referred to the Racine County Sheriff for criminal investigation during the audit period.

The facility superintendent, who is also the facility PCM, said that she maintains contact, with the outside agency that conducts criminal investigations, in this case the Racine County Sheriff's Department, by phone and by e-mail. She reported that facility staff have a very good working relationship with them and that they keep in close touch when there is an active investigation in process. The agency PREA Director

said, "all facilities have very good working relationships with local law enforcement. Administrators will request regular updates to be able to be in close touch with any criminal investigations."

Of 11 administrative, or criminal, investigations that were investigated during the audit period, each of the alleged victims were notified of the outcome of the investigation. The standard only requires that alleged victims of sexual abuse be notified but this facility notifies alleged victims of both sexual abuse and sexual harassment. The facility superintendent confirmed, in an interview, that all alleged victims of sexual abuse and sexual harassment are notified of investigation outcomes. Investigative staff who were interviewed confirmed that all complainants are sent a letter notifying them of the outcome of the investigation. In addition, four inmates who filed an allegation were interviewed and all confirmed that they were notified of the outcome of the investigations of their allegations. The documentation submitted by the facility, identifying investigations conducted, during the audit period and the outcomes of those investigations, showed that the proper notifications were made.

#### Exit Conference

An out-briefing was held on the afternoon of Tuesday, June 18, 2019. In attendance were the facility superintendent, the agency PREA Director, the Security Director, and the four DOJ certified PREA auditors. Auditors discussed some of the initial findings and identified work yet to be done before the report could be submitted. Auditors explained that some corrective action is to be expected. Staff were eager to engage in discussion regarding the auditors' findings and indicated that they were willing to address any issues that might be identified as non-compliant by auditors.

#### Post-Audit

Lead auditor conducted phone interviews with the SANE nurses at Ascension Health Care, in Racine Wi, and at Aurora Health Care in Burlington, Wi. Both were very forthcoming with information about the services they provide and the training they have completed. The nurse at Ascension Health Care said her facility is the primary resource for correctional facilities in the local area and, that since she has a staff of seven trained SANEs, there is seldom a time when none are available or on-call. If that does happen, the group at Aurora Health Care, in Burlington, act as back-ups. Both SANEs said that they seldom have requests for forensic exams from the Ellsworth facility, but that when they do, they feel that facility staff are very prompt in transporting inmates, and that they are very respectful in that they allow an inmate brought in for a forensic exam to be in the exam room with just the SANE and the advocacy service.

The director of Sexual Assault Services, the advocacy agency that has entered into an MOU with the Ellsworth facility to provide advocacy services to inmates was also interviewed by telephone. She was very informative and said that she has a very good working relationship with the facility, that she goes into the facility regularly to provide on-going advocacy services to inmates who may have experienced sexual assault in the past. She said she is seldom called to the hospital to provide services to an inmate through a forensic exam, but that she does a lot of work in the facility on a regular basis. She said that the facility Victim Services Coordinator maintains a very open line of communication with her, offers inmates the advocacy services and ensures that the referrals reach her.

An e-mail correspondence with a Lieutenant, from the Racine County Sheriff's Department RCSD, confirmed that the RCSD does investigate allegations of sexual assault, referred by the Ellsworth facility, that may involve potentially criminal behavior. He also verified that the facility has requested that the RCSD comply with the PREA standards.

Communication between the facility superintendent, the agency PREA coordinator, and the lead auditor continued post-audit, as more information was provided and confirmed, and auditors' additional questions were answered. Both the facility superintendent, and the agency PREA coordinator, were very good about providing documentation requested.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Robert E. Ellsworth Correctional Center (REEC) is an adult facility that is part of the Wisconsin Women's Correctional System, which is comprised of three facilities that house female inmates. All adult female correctional facilities, in the Wisconsin Department of Corrections (WIDOC), were joined together, as the Wisconsin Women's Correctional System, in August of 2005. The REEC is a minimum, and minimum-community custody, work release facility, thus, many of the females incarcerated there are employed in the local community. Inmates who attain the minimum community custody security level are eligible for the work release program that is designed to help them reintegrate back into their communities, teach them job skills and work ethics, and supply them with the financial support they will need to be successful. The work release program offers inmates employment in various fields, such as industrial, food service, hair care, and customer service. REEC has a total capacity limit of 530 inmates, ages 19-71, who are close to their release date. The average length of stay, at REEC, is four years.

REEC sits on 40 acres of land and is located at 21425 A Spring Street, in Union Grove, Wisconsin. The facility was built in 1954, as part of the Southern Wisconsin Center. In 1989, the WIDOC converted it to a correctional facility. In 2016, an annex building, located approximately one tenth of a mile down the road, was renovated and opened as an 84-bed treatment unit. That unit houses inmates who are close to their release date and are enrolled in the Earned Release Program (ERP). The ERP is a five-month program comprised of evidence-based programming, including the Cognitive Based Intervention Substance Abuse program, (CBISA) and work release. Other programs offered through the ERP include Anger Management and Parenting.

The facility consists of three occupied buildings, the Main building, the Annex and the Gym, and a fourth building that is closed, and is only entered by maintenance staff, on a very limited basis. No inmates ever go into this building. The Main building houses the Administration, Health Care, Intake, 12 Segregation cells, Education, a mechanical room, a visiting room, a maintenance area, classrooms, a small workout room, the kitchen and dining room, and four of the five Housing Units. Housing Units in this building are A2, A3, B, and C. Housing Unit D which is in the annex building located approximately a tenth of a mile away from the main building, houses inmates enrolled in the ERP. The housing units are multiple occupancy rooms. There are no single occupancy rooms at this facility. Between the Main building and the annex is a gym.

REEC has 157 staff, currently employed, that have contact with inmates. The majority are security staff, responsible for direct supervision of inmates. The facility has 26 bona fide occupational qualification (BFOQ) positions, positions that can only be filled by females. There is a minimum staffing pattern of one custody officer per housing unit, per shift, with a Housing Unit Sergeant in each of the two buildings that house inmates. Other staff include the Administrative Staff, higher level custody staff, education staff, food service staff, maintenance, and medical and mental health staff. There are both psychologists and social workers employed at the facility. The Human Resources function is located some distance away, at another facility.

Most of the inmates at the facility are engaged in work outside the facility, but they also have an array of programs available to them. Among them, in addition to the ERP, are both academic and vocational programs and the Second Chance Pell Grant Program, a partnership between WIDOC and Milwaukee Area Technical College. A restorative justice program, the Helping Hands Community Service Program, provides inmates an opportunity to give back to the community by donating various items to organizations that provide parenting and children's programs. For staff, an Employee Services Program (ESP) Committee involves various security, and non-security, staff in sponsoring events they can participate in throughout the year, such as holiday, and Employee Week, potlucks and treats.

The Wisconsin Women's Correctional System identifies, in its purpose statement, that it will, "provide female inmates a safe and secure confinement environment which is gender responsive and which utilizes gender-specific guiding principles to assist in positive growth through treatment, education, and appropriate supervision, thereby fostering a successful transition for their return to their families and communities."

## 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>	4
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0

#### Standards Exceeded: 4

115.17: The facility conducts background checks, not just on new hires and promotions, but also whenever an employee is moving to a position that has substantially different job responsibilities than his or her current responsibilities. This practice introduces yet another opportunity to conduct checks that enhance the ability to protect inmates from sexual abuse and sexual harassment. Therefore, the facility is found to exceed the standard.

115.53: The facility maintains regular, open communication with the agency and invites the advocacy agency staff in regularly, the facility refers inmates to the agency and allows agency to provide weekly, ongoing support for as long as inmate needs, and the advocacy agency staff have participated in Prisoner Orientation and trainings on occasion and reports that the facility is very easy to work with. Therefore, the facility is found to exceed the standard.

115.71: The standard only requires that written reports of administrative and criminal investigations be retained for as long as the alleged abuser is incarcerated, or employed, by the agency plus five years, but the agency imposes an added burden upon itself and retains the documentation for as long as the alleged abuser is incarcerated, or employed, by the agency plus ten years.

115.73: The standard requires notification of investigate outcomes to complainants of sexual abuse but the facility also notifies alleged victims of sexual harassment as well.

#### Standards Met: 41

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115.403

Standards Not Met: 0

115.42

Corrective Action:

The facility does not use screening information to assign inmate jobs. The facility is a correctional center, as opposed to a correctional facility, which means that the majority of inmates housed there have jobs in the local community. While the facility cannot control who inmates work with at jobs in the local community, they do also have some work crews assigned to jobs at the facility, largely supervised by staff, but a primary area of concern is the inmate van driver position, because that inmate transports inmates, who work off-site, to and from their jobs with only inmates present in the van. Facility staff acknowledged that they do not use screening information to make that job assignment. They said that they have only one inmate at the facility, currently, who scores ROA, and they know that person is not assigned to the van driver position. However, the facility needs to review their facility job positions, including the van driver, where they do control the assignments, and create a process for using screening information in assigning those jobs.

Corrective Action Completed - The facility reviewed the current inmate job assignments and ensured that there are no opportunities for inmates who score ROV and ROA to be working together, away from staff and other inmates. The only position where two inmates might possibly be alone is that of the inmate van driver who drives all work release inmates to their offsite jobs. Staff know that the inmate who is currently assigned to that position does not score either ROV or ROA, and there is only one of these positions at the facility. The facility has also devised a process for ensuring that information from risk screening will be used in making job assignments going forward. The facility holds a weekly Multi-Disciplinary Team meeting to discuss, among other things, inmates who are being reviewed for work release. Present at these meetings are the superintendent, security staff, the security director, education staff, social work staff, housing unit staff, and staff from both health services and psychological services.

The report of the review of inmates for work release is presented on a table that lists inmate name and number, and provides a comment box where staff discussions are recorded. As a way of ensuring that work release jobs are reviewed with the goal of keeping separate inmates who score as being at high risk of being victimized (ROV) from those who score at high risk of being abusers (ROA), a column has been added to the report form where a score of ROV or ROA can be appropriately recorded for any inmate, being considered for work release, who scores either ROA or ROV. This provides an at-a-glance view of all inmates being considered for work release and their risk of being either abusive or victimized. With that information readily available, staff can ensure that work assignments will always be made appropriately. At the time the Interim Report was submitted, the facility agreed to submit, as documentation, minutes of these weekly meetings, through the end of October 2019, to ensure that the process was in place. They have now done that, along with the review of current job assignments. Auditor was provided meeting minutes from August, September, and October, for review that showed that information from risk screening is now being considered when making inmate job assignments with the goal of keeping inmates who score as being at high risk of being abusive from inmates who score as being at high risk of being victimized. Thus, they have satisfied the corrective action requirements and the facility is now found to be compliant with the standard.

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

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

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation</p> <ol style="list-style-type: none"> <li>1. Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>2. Agency PREA Director Position Description</li> <li>3. Agency Organizational Chart</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Agency PREA Director</li> <li>2. Facility PREA Compliance Manager</li> </ol> <p>Discussion</p> <p>(a)-1 Executive Directive #72 outlines the Department's policy, procedure, and processes regarding the prevention, detection and response to sexual abuse and sexual harassment of inmates incarcerated in its correctional facilities. The Directive says, in Section V, that the WIDOC has zero tolerance for sexual abuse, sexual harassment, and for report-related retaliation in its facilities, including those with which it contracts for the confinement of offenders.</p> <p>(a)-2 Executive Directive #72 outlines how the facility implements the Department's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>Methods employed to prevent and detect sexual abuse and sexual harassment include:</p> <ul style="list-style-type: none"> <li>*the Department's refusal to hire or promote anyone who has engaged in sexual abuse in a confinement facility, has been convicted of engaging or attempting to engage in non-consensual sexual activity in the community, or who has been civilly or administrative adjudicated to have engaged in such activity,</li> <li>*considering any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee,</li> <li>*the performing of background checks prior to hiring new staff and anyone who may have contact with offenders, as well as performing the same background checks, every five years, for current employees,</li> <li>*making best efforts to obtain reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment,</li> <li>*requiring all staff, contractors, and volunteers to complete a formal training every two years, with a refresher provided in the off year, that covers, the Department's zero-tolerance policy for sexual abuse and sexual harassment, responsibilities for preventing, detecting and responding to incidents, offenders' right to be free from sexual abuse and sexual harassment, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with offenders, how to communicate effectively and professionally with offenders including lesbian, gay, bisexual, transgender, intersex or gender nonconforming, instruction specific to the unique needs and attributes of juveniles, appropriate methods of conducting cross-gender pat searches and searches of transgender and intersex offenders, and</li> </ul>	

specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity, and Oddsen warnings, and evidence collection for investigative staff. Medical and mental health staff also receive training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how, and to whom, to report allegations or suspicions,

- \*educating all offenders, including those who are Limited English Proficient (LEP) and physically or cognitively disabled, using methods they can understand, at intake and upon transfer to another facility, on the Department's zero-tolerance policy and how to report such incidents or suspicions,

- \*the development of, and adhering to, a staffing plan that provides for adequate levels of staff, and where applicable, video monitoring, as well as the at least yearly review of the plan to determine whether the plan is adequate or if adjustments are needed,

- \*the use of unannounced rounds by Supervisors, on all shifts, with a prohibition on staff alerting other staff that these supervisory rounds are taking place,

- \*the announcement of opposite gender staff entering an offender housing unit,

- \*a prohibition on cross-gender pat-down searches and strip or body cavity searches except in exigent circumstances,

- \*performing a risk screening of all offenders, within 72 hours of arrival at the facility, and again upon transfer to another facility, for risk of being sexually abused or being sexually abusive, using objective criteria, and using the results of that screening to aid in determining housing, bed, work, education and program assignments with the goal of keeping those at risk of being abused separate from those at risk of being sexually abusive,

- \*keeping youthful inmates separate from adult offenders in housing, dayrooms, shower areas, and any other common spaces, and

- \*requiring all employees to accept all reports of sexual abuse and sexual harassment including verbal and/or written reports, reports made anonymously, and reports made by third parties, and holding all staff responsible for immediately reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, any incidents of retaliation for having reported such an incident, and any employee neglect, or violation, of responsibilities that may have contributed to an incident or retaliation.

#### (a)-3

Executive Directive #72 provides definitions of prohibited behaviors that constitute sexual abuse of an offender by another offender or by an employee. The definitions given describe the types of prohibited physical contact and intentional touching. The Directive also identifies that attempts, threats, or requests to engage in the defined activities are also considered sexual abuse. Behaviors that constitute sexual harassment are also defined in the Directive.

#### (a)-4

Sanctions for employees who are found to have violated the WIDOC sexual abuse, sexual harassment and retaliation policy include discipline up to, and including, termination of employment, with termination being the presumptive sanction for a staff member who engaged in sexual abuse. Discipline for staff also includes reporting to any relevant body. Offenders found to have committed offender-on-offender sexual abuse are subject to disciplinary sanctions, pursuant to a formal disciplinary process, that considers whether mental illness, or mental disability, may have contributed to the behavior when determining what type

of sanction should be imposed.

(a)-5

Executive Directive #72 identifies that the WIDOC provides a coordinated victim-centered response to sexual abuse and sexual harassment that includes medical and mental health services, investigates all allegations of sexual abuse and sexual harassment, provides multiple avenues for reporting incidents of sexual abuse and sexual harassment, trains all staff, contractors, and volunteers to recognize, respond to and report sexual abuse and sexual harassment, educates offenders on their right to be free from sexual abuse and sexual harassment and report-related retaliation, and employs a data collection method that tracks incidents, assists in identifying core causal factors of sexual abuse and sexual harassment, and takes corrective action so as to align with a zero-tolerance environment.

(b)-1

The Agency submitted, as documentation, a position description, for the position of PREA Director, that outlines the responsibilities for that position as being the direction of the PREA provisions in the agency and identifies the scope of the position as encompassing the entire WIDOC, and identifies the person in the position as the Department expert on PREA who provides both oversight and consultation to management.

(b)-2

When asked if she had sufficient time to manage all of the PREA-related responsibilities of her job, the agency PREA Director replied, "Yes. We have a growing team that includes two investigators and a research analyst. In addition, we are in the process of filling three of four positions that are currently open. Those positions are Program Policy Analyst positions and filling them will help to balance the the statewide workload so that facilities will feel well supported and audits won't be as traumatic."

(b)-3

An organizational chart, also submitted as documentation, identifies that the position of PREA Director has full access to the Agency Director and is able to develop, implement, and oversee WIDOC's efforts to comply with the PREA standards.

(c)-1, (c)-2, (c)-3, (c)-4

The facility employs a Superintendent who also fills the role of Facility Compliance Manager (FCM). She indicated, in an interview, that she does have enough time to manage all of her PREA related responsibilities. The Superintendent reports to the Warden of the Correctional Center Program.

## CONCLUSION

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

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 450 360">Documentation</p> <p data-bbox="252 371 1433 528">MOAs for 10 County Sheriff Agencies, in Wisconsin, for the temporary housing of inmates DAI Policy #410.000.01 PREA Compliance Review of Contracted Facilities, effective 4/1/18 DOC-2845 Contract Compliance Review Reports from County Sheriffs Letters of Commitment from County Sheriffs</p> <p data-bbox="252 584 384 618">Interviews</p> <p data-bbox="252 629 544 663">Agency PREA Director</p> <p data-bbox="252 719 392 752">Discussion</p> <p data-bbox="252 763 395 797">(a)-1, (a)-3</p> <p data-bbox="252 808 1477 999">The agency currently has 10 active contracts, with County Sheriff Departments in the State of Wisconsin, for the temporary housing of inmates. Submitted as documentation were copies of MOAs held with all 10 County Sheriff agencies. The MOAs are written for a one year period and have the option of automatic renewal, for the next consecutive year, in the absence of the execution of a new or modified Agreement.</p> <p data-bbox="252 1055 320 1088">(a)-2</p> <p data-bbox="252 1099 1485 1514">Each MOA, in paragraph Q, identifies that each of the 10 County Sheriffs that contract with WIDOC has agreed to comply with the Federal Prison Rape Elimination Act of 2003, and that if the Sheriff is not in full compliance, they will take all feasible and necessary steps to work toward full compliance until full compliance is achieved, and that they will then maintain full compliance. WIDOC has established a monitoring process that enables them to better ensure the prevention, detection, and response to sexual abuse and sexual harassment methods are in place in the agencies it contracts with. DAI Policy \$410.00.01 PREA Compliance Reivew of Contracted Facilities outlines the review process. They use the DOC-2845 Contract Compliance Review Report form for documenting this review. These completed forms were submitted as documentation.</p> <p data-bbox="252 1570 1481 1727">The MOAs also require that during the years when the County Sheriff agency is not audited by a US DOJ PREA auditor, WIDOC will conduct an annual compliance review to ensure that the Sheriff is compliant with PREA standards. One of the agencies recently hosted a Field Audit Training at their facility.</p> <p data-bbox="252 1783 320 1816">(a-4)</p> <p data-bbox="252 1827 1465 1939">The agency reports having 10 current MOAs, with County Sheriffs, for the temporary housing of inmates. All 10 MOA require the County Sheriff to gain, and maintain, full compliance with the PREA standards.</p> <p data-bbox="252 1995 395 2029">Conclusion</p> <p data-bbox="252 2040 1270 2074">Based on the above evidence, the facility is found compliant with the standard.</p>





115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation</p> <p>Spreadsheet showing the date of annual review of Facility Staffing Plans for the WIDOC Staffing Plan for Robert E. Ellsworth Correctional Center bearing most recent review date of April 2019</p> <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Unannounced Rounds Documentation - Logbook Excerpts from each area of the facility</p> <p>Post Order Example</p> <p>Interviews</p> <p>Superintendent</p> <p>Facility Compliance Manager</p> <p>PREA Director</p> <p>Discussion</p> <p>(a)-1</p> <p>Executive Directive #72, in Section IX, Paragraph A, says, "each facility shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of employees and, where applicable, video monitoring, to protect offenders against sexual abuse." The Directive requires that in calculating adequate staffing levels and determining the need for video monitoring, the facilities must consider,</p> <ul style="list-style-type: none"> <li>*generally accepted correctional practices,</li> <li>*any judicial, federal investigative and internal/external oversight agency findings of inadequacy,</li> <li>*the facility's physical plant including blind spots or areas where employees or offenders may be isolated,</li> <li>*the composition of the offender population,</li> <li>*the number of placement and security staff,</li> <li>*institution programs occurring on a particular shift,</li> <li>*the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and</li> <li>*applicable State or local laws, regulations, standards and other relevant factors.</li> </ul> <p>The facility submitted a copy of their staffing plan dated April 2019. A review of the plan revealed that it does consider all of the factors listed above. The Superintendent verified, in an interview, that all of the above are considered when reviewing the staffing plan. She said that she would like to have more video monitoring capability, and the plan also does identify that an ongoing need for extra cameras exists.</p> <p>(a)-2, (a)-3</p> <p>The facility reports the average daily number of inmates, since the last PREA audit, as 470, and the same number, 470, as the average daily number of inmates on which the staffing plan was predicated.</p> <p>(b)-1</p> <p>The facility reports that they do not deviate from the staffing plan. The staffing plan identifies</p>

that the facility uses an electronic scheduling program to assist with planning and that when a security shift vacancy occurs, overtime is hired. As identified in the staffing plan, there are no instances where a post is left unattended. In an interview, the Superintendent said she believes the staffing plan does provide for staffing levels that are adequate to protect inmates against sexual abuse and noted that they have not had any incidents that were related to lack of staff coverage. She also said that they always follow the staffing plan and will use forced overtime to ensure that all posts are covered.

(c)-1

Documentation submitted on the PAQ included a spreadsheet used to track review of staffing plans. The spreadsheet showed that the facility staffing plan was reviewed in February of 2017, April of 2018 and April of 2019. The Agency PREA Director verified, in an interview, that she is consulted regarding any assessments of, or adjustments to, the facility staffing plan, and that the assessments take place yearly. She identified that the agency recently conducted a workshop for facility staff involved in reviewing staffing plans.

(d)-1, (d)-2, (d)-3

Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) requires, in Section IX, Paragraph D, that supervisory staff conduct and document unannounced rounds, on all shift, to identify and deter employee sexual abuse and sexual harassment. The Directive includes a prohibition on staff from alerting other employees that the supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The facility submitted copies of logbook documentation of these rounds, from all areas of the facility and on all three shifts, as evidence that these rounds do take place. In addition, auditors were able to review additional documentation of unannounced rounds, in all areas of the facility and all three shifts during the on-site review.

(d)-4

Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section IX, Paragraph D, includes a prohibition on staff alerting other staff that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. Auditors interviewed Captains and the Security Director, regarding this issue, and all said that they have not had any such instances where staff were found to have been alerting other staff of the supervisory rounds being made. They said that they vary their routes, so as not to be predictable, and that staff are aware of the prohibition and there has not been any issue with staff violating that part of the policy.

Conclusion

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

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Letter from the Administrator of the Division of Adult Institutions  Division of Adult Institutions Policy #302.00.20, Effective 03/01/18</p> <p>Interviews  Superintendent</p> <p>Discussion  (a)-1  Executive Directive #72 identifies, in Section XIII, Paragraph C, that WIDOC will not place youthful inmates in a housing unit where they might have sight, sound or physical contact with any adult offender through use of shared dayrooms, or other common areas, shower areas or sleeping quarters.</p> <p>(a)-2, (a)-3, (a)-4, (a)-5, (a)-6  In 2016, WIDOC moved all juvenile inmates, those under 18 years of age, out of facilities that also housed adult offenders and into facilities that house only juvenile offenders. A letter from the Administrator of the Division of Adult Institutions, identifying that change and authorizing the movement of all juvenile offenders out of adult institutions, was submitted as documentation. In addition, both the Agency PREA Director and the Facility Superintendent verified that there are no youthful inmates housed at the Robert E. Ellsworth Correctional Center.</p> <p>Conclusion  Based on the above evidence, the facility is found compliant with the standard.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation</p> <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Division of Adult Institutions Policy #036.17.02 Searches of Inmates  Division of Adult Institutions Policy #306.16.01 Use of Body Cameras  Division of Adult Institutions Policy #410.20.01 Inmate PREA Education  Division of Adult Institutions Policy #500.70.27 Transgender Inmates  Training Lesson Plan</p> <p>Interviews</p> <p>Random Staff  Random Inmates  Transgender/Intersex Inmates</p> <p>Discussion</p> <p>(a)-1, (a)-2, (a)-3  Executive Directive #72 outlines, in Section X, Paragraph B, that WIDOC facilities do not permit cross-gender strip or body cavity searches of female offenders except in exigent circumstances or when performed by medical practitioners. Additionally, the facility has a total of 26 bona fide occupational qualification (BFOQ) positions because it is a facility that houses female offenders. The facility is a Correctional Center and most of the offenders housed there participate in work release programs that allow them to hold jobs in the nearby community. Offenders are strip searched prior to leaving the facility for their jobs, and sometimes upon return. Thus, the facility was granted 26 BFOQ positions. Documentation of those positions was submitted as documentation. These positions occur on all three shifts so there is never a time, barring exigent circumstances, when a female staff will not be available to conduct a required strip search of an offender. The facility reports that, in the last 12 months, no cross-gender strip searches, or body cavity searches, of female offenders took place at the facility.</p> <p>(b)-1, (b)-2, (b)-3, (b)-4  Executive Directive #72, in Section X, Paragraph A, prohibits cross-gender pat-down searches of female offenders. Again, because the facility has 26 BFOQ positions, covering all three shifts, there is never a time, outside of any potential exigent circumstance, when female staff are not available to perform pat-down searches of the female offenders housed at the facility. A Staff randomly selected for interview said there would never be a time when inmates' access to program or out-of-cell opportunities would be restricted because of the lack of female staff available to conduct a pat-down search because the facility has BFOQ positions which guarantee that there are always female staff in the building. The facility reports the number of cross-gender pat-down searches, of female offenders in the last 12 months, as being zero.</p> <p>(c)-1, (c)-2  Executive Directive #72, in Section X, Paragraph C, requires that all cross-gender pat-down, strip and body cavity searches of females be documented. The facility reports that no cross-gender pat-down, strip, or body cavity searches of female offenders took place, at the facility,</p>

in the last 12 months.

(d)-1, (d)-2

Executive Directive #72, in Section IX, Paragraph E, identifies that employees of the opposite gender are required to announce their presence when entering a housing unit. Auditors noted that the facility provides a buzzer, that can be accessed outside the housing units, for opposite gender staff to use to announce their presence when entering a housing unit. Division of Adult Institutions Policy#306.17.02 outlines, in Paragraph B, that staff are required to provide comprehensive PREA education to inmates, within 30 days of intake, that includes viewing a video entitled, "Sexual Abuse and Sexual Harassment Prevention and Intervention," and a staff facilitated discussion, following the video, on the facility's cross-gender announcement procedure. Inmates who were selected at random for interview said, "they ring a doorbell that they told us in Orientation means a man is coming in the unit." One said, "there is a bell and they will say it over the speaker, and, obviously, it's a man's voice." All randomly selected inmates verified, in interviews, that the sound is not used for anything other than to let people know that a man is coming into the housing unit. Staff who were randomly selected for interview said, "we have buttons and they will announce that there is a male entering the unit, so inmates have two ways to be informed." Staff also verified that the tone is not used for anything else at the facility.

(e)-1, (e)-2

Executive Directive #72, in Section X, Paragraph D, prohibits searching, or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. The facility reports that no such searches were performed in the last 12 months. All staff who were randomly selected for interview were readily familiar with this prohibition and said things like, "oh, we would never do that," and, "that is prohibited by policy so we would not do it." Three LGBTQI inmates were interviewed and said they were confident they had never been searched for that reason.

(f)-1

The facility reported that 100% of their security staff were trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner and submitted a training lesson plan and documentation of the training. Staff who were randomly selected for interview said they had received the training and were able to accurately describe the training they received.

Conclusion

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

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation</p> <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Division of Adult Institutions Policy #300.00.35 Americans with Disabilities Act  Contract for In-Person Interpretation Services for American Sign Language, 11/1/18 through 10/31/20  Contract for Video Remote Interpreting (VRI) Services for American Sign Language (ASL), 10/1/18 through 9/30/20  Contract for In-Person Interpretation Services for Foreign Language, 11/1/18 through 10/31/20  Division of Adult Institutions Policy #300.00.61 Language Assistance for Limited English Proficiency (LEP) Inmates  Contract for Written Foreign Language Translation Services  Contract for Statewide Telephone Interpretation Service</p> <p>Interviews</p> <p>Agency Head  Random Staff  Inmates with Disabilities or Who are Limited English Proficient</p> <p>Discussion</p> <p>(a)-1, (b)-1</p> <p>Executive Directive #72, in Section XI, Paragraph B, No. 4, calls for offenders with disabilities, or who have limited English proficiency, to have equal opportunity to participate in, or benefit from, all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment, including having access to interpreters who can interpret effectively, accurately, and impartially. Division of Adult Institutions Policy #300.00.35, in Section 1, Paragraph C, requires facilities to modify their practices, or procedures, to make services, programs, and activities accessible to individuals with disabilities. Paragraph F, of the same policy, says that inmate access to adaptive hearing devices for telephone calls must be equivalent to access to telephone calls by hearing inmates and allows for inmates using adaptive devices for phone calls to be allowed up to three times the amount of time usually permitted for phone calls. This policy also requires identifies that accommodations that must be made may include a qualified sign language interpreter. To that end, the department has entered into contracts with various providers of services such as in-person interpretation and video remote interpreting services for American sign Language, and a contract for language translation/interpretation services. They also provide PREA posters and Inmate educational materials in both English and Spanish which auditors were able to view.</p> <p>The Agency Head said, in an interview, that staff identify inmates at intake who are disabled or Limited English Proficient to ensure that they know which inmates are in need of which assistive services. She also said that the agency has disability coordinators to help match inmates with the services they need and identified that PREA information is available in three languages and on a close captioned video, all of which auditors were able to view. An inmate</p>

with a cognitive disability verified, in an interview, that the facility has provided information about sexual abuse and sexual harassment that she could understand and that she works with a social worker who helps her be informed about her rights in the facility. All staff randomly selected for interview were well familiar with the agency policy requirements and said that they would not allow an inmate to translate for another inmate unless the situation was dire. They were all familiar with the interpretation and translation services and said they would use them rather than allow an inmate to interpret or translate. They described the iSpeak cards that they can provide an inmate, that show print in different languages. The inmate can then point to the language they can read, and speak, so staff know which translation service to use for communicating with them.

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Executive Directive #72 stipulates, in Section XVI, Paragraph A, No. 4, that staff will not rely on offender interpreters, offender readers, or other types of offender assistants, except in exigent circumstances where an extended delay in obtaining an interpreter could compromise personal safety of either staff or inmates, or the ability to perform first responder duties or investigations of allegations. It also requires that any exigent circumstances that result in offender assistants being used be documented. All of the staff who were randomly selected for interview said that they could not recall any instances of exigent circumstances that necessitated using inmate interpreters or translators and the facility reports that, in the past 12 months, there were no instances where inmate interpreters, readers, or other types of inmate assistants have been used.

Conclusion

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

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documentation</p> <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Executive Directive #42 Police Contact, Arrest, and Conviction Policy for Current Employees  Division of Adult Institutions Policy #309.06.03  Wisconsin Department of Corrections Background Check Procedure  Form DOC-1098D, Background Check Authorization  Wisconsin Department of Corrections Fingerprint Procedures  Division of Adult Institutions form DOC-2674, DAI Volunteer Application  Wisconsin Department of Corrections Human Resources Policy #200.30.507 Employment  References-Guidelines for Obtaining and Providing References  Department of Corrections form DOC-1098R Candidate Reference Check</p> <p>Interviews</p> <p>Human Resources Staff</p> <p>Discussion</p> <p>(a)-1 (b)-1</p> <p>Executive Directive #72, in Section VI, Paragraph A, No. 1, prohibits the hiring or promoting of anyone who has engaged in sexual abuse in a confinement facility, anyone who has been convicted of engaging or attempting to engage in non-consensual sexual activity in the community, or anyone who has been civilly or administratively adjudicated to have engaged in activity described above. The same directive also requires the agency to consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee. In addition, the Department of Corrections Human Resources Background Check Procedure outlines when background checks are to be completed and describes the methods used, and identifies, in Section III, that the agency also requires a criminal background check to be completed when a current employee is moving to a position which has significantly different duties than his or her current position. The Human Resource function for this facility is located at another facility but the Human Resources Director came to the Ellsworth facility and brought a requested sample of files with her for auditor's review. Among the samples provided were files of all hires and promotions, within the past year, and all of them demonstrated, upon auditor review, that the required background checks were completed prior to hire or promotion.</p> <p>©-1 (d)-1, (d)-2</p> <p>Executive Directive #72 requires, in Section VI, Paragraph A, No. 3, that prior to hiring new staff members and enlisting the services of any new employee who may have contact with offenders, the DOC shall perform a criminal background records check. This same directive defines, "employee," as any staff member, contractor or volunteer who performs work inside of a DOC-operated facility. The directive goes on to say, that the DOC must make its best effort to obtain reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. Files of all new hires, in the past year, were</p>



submitted for review and all showed the requisite criminal background records check having been done. The facility also provided, as documentation, a blank DOC-1098R Candidate Reference Check form that shows that questions 10 through 12 are additional questions, for positions that may have contact with inmates or juvenile offenders, that ask if the candidate has ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if it has ever been determined that the candidate has ever engaged in any incident of sexual abuse or sexual harassment while employed by the former employer, or if the candidate resigned during a pending investigation of an allegation of sexual abuse or sexual harassment prior to an investigation being completed. Auditor was able to locate these completed forms in the new hire and promotion files provided by the Human Resources Director and all were completed as required.

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Executive Directive #72 says, in Section VI, Paragraph A, No. 3b, "The DOC shall conduct a criminal background records check every five years for current employees." In addition, the Department of Corrections Human Resources Background Check Procedure also identifies, in Section III, that fingerprints of current employees must be retaken at least once every five years. Submitted as documentation was the Department of Corrections Human Resource Fingerprint Procedure that outlines the process for having fingerprint checks done on current employees. The Human Resources Director said that the facility uses the Portal 100 system for conducting background checks of current employees. She said, "there is a traveling machine that comes here, and they do the ones that are due when the machine is here, or if they are going to be due. We will do those that are due between now and the next time the machine is scheduled to be here so that all those are done timely. The machine is on a rotation, and they do a yearly schedule, so we know when it's coming again so we don't let any checks get overdue." She provided requested samples of employee files, randomly selected by auditors, that verified that the checks are being done as required.

(f)-1

The facility submitted, as documentation, the DOC-1098D Background Check Authorization form, that requires all applicants to answer whether they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if they have ever 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, and if they have ever been civilly or administratively adjudicated to have engaged in any of these activities. Executive Directive #42 Police Contact, Arrest, and Conviction Policy for Current Employees imposes a continuing duty to report by saying, in Section VI, Paragraph A, that employees who fail to disclose police contact, arrests and/or criminal convictions, fail to provide accurate details regarding criminal convictions or fail to cooperate in the background check process, including being fingerprinted, may be subject to disciplinary action up to and including discharge. Auditors were able to review the completed forms in the files supplied as documentation.

(g)-1

Executive Directive #42 Police Contact, Arrest, and Conviction Policy for Current Employees says, in Section VI, Paragraph A, that employees who fail to disclose police contact, arrests and/or criminal convictions, fail to provide accurate details regarding criminal convictions or fail

to cooperate in the background check process, including being fingerprinted, may be subject to disciplinary action up to and including discharge. The Human Resource Director reported that there have not been any instances, at the facility, where staff were discharged for failing to disclose or to cooperate in the background check process.

(h)-1

Executive Directive #72 requires, in Section VI, Paragraph A, No. 3a, that the DOC provide reference information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. The Human Resources Director said, in an interview, " any State of Wisconsin agency can ask us for information, and we will provide it unless we are prohibited by law. If an employee grieved any discipline, or if there was a court order, we would provide that information if we weren't told not to. They might seal the records, but I've never had that happen. Our reference check policy says that if there was an investigation, we can give factual information as part of a reference check." The reference check policy she was referring to is the Department of Corrections Human Resources Policy that lays out the requirements for providing employment references. It says, in Section VI, Paragraph A, No. 9, that, "if a confinement entity (e.g. federal or state prison, county or local jail) requests information regarding prior sexual abuse or sexual harassment allegations, . . . the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee."

#### CONCLUSION

The facility conducts background checks, not just on new hires and promotions, but also whenever an employee is moving to a position that has substantially different job responsibilities than his or her current responsibilities. This practice introduces yet another opportunity to conduct checks that enhance the ability to protect inmates from sexual abuse and sexual harassment. Therefore, the facility is found to exceed the standard.

115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation None</p> <p>Interviews Superintendent Facility Compliant Manager</p> <p>Discussion (a)-1, (b)-1 The facility reports that it has not made substantial expansion, or modification, to the facility since their last PREA audit, nor have they installed, or updated, a video monitoring system, electronic surveillance system, or other monitoring technology. The Superintendent, said, in an interview, "we have some bathrooms being remodeled because they were leaking water, so we are demo-ing stalls and replacing them. We are due for a new building, and, if we ever get approval for it, we will be looking at a lot more electronic monitoring systems that we could put into play." She did also say that resources are always a challenge that they face.</p> <p>The agency head, said that they are always looking for continuous improvement, that when thinking about acquiring new facilities, or modifying existing facilities, they talk with facility staff, the Agency PREA Director, and the Secretary's office, to make sure they are getting the appropriate emphasis. They also look at other facilities for historical perspective, so the view is broader than just a building. She identified that they look at other states to identify correctional best practices.</p> <p>Conclusion Based on the above evidence, the facility is found compliant with the standard.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation</p> <p>Division of Adult Institutions Policy #306.00.14 Protection, Gathering and Preservation of Evidence</p> <p>Division of Adult Institutions Policy #500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse</p> <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>Division of Adult Institutions: Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates</p> <p>E-mail correspondence documenting transportation of inmate for SANE Exam</p> <p>Agenda of Support Services Workshop</p> <p>Sexual Abuse and Sexual Harassment in Confinement Reference Guide</p> <p>PREA Victim Accompaniment Guide</p> <p>DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist</p> <p>Interviews</p> <p>Random Staff</p> <p>SAFE/SANE Staff</p> <p>PREA Compliance Manager</p> <p>Inmates Who Reported a Sexual Abuse</p> <p>Discussion</p> <p>(a)-1, (a)-2, (a)-3, (a)-4, (b)-1, (b)-2</p> <p>Executive Directive #72, in Section XVII, Paragraph A, says, "the DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment . . ." The same Directive identifies, in Paragraph B, that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior are to be referred to local law enforcement for investigation. The local law enforcement agency designated to investigate allegations, for the facility, that involve potentially criminal behavior, is the Racine County Sheriff's Department (RCSD). Submitted as documentation is e-mail correspondence, from a Lieutenant at the RCSD, to the facility Security Director, identifying to whom, at the RCSD, cases involving potentially criminal behavior should be forwarded for investigation. In addition, e-mail correspondence with the Lieutenant, at the RCSD, verified that the agency does investigate allegations, made at the facility, that may involve potentially criminal behavior. The correspondence also revealed that the evidence protocol used by the RCSD is based on the National Commission on Correctional Health Care Response to Sexual Abuse. The facility does not house youthful offenders so there is no requirement for the protocol to be developmentally appropriate for youth.</p> <p>©-1, ©-2, ©-3, ©-4, ©-5, ©-6, ©-7, ©-8, ©-9, ©-10</p> <p>Executive Directive #72 requires, in Section XVI, Paragraph B identifies that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment, that forensic medical examinations will be performed by Sexual Assault Nurse Examiners (SANEs) where possible, that the forensic medical exams will be provided to the victim without financial cost,</p>

and that if SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Directive also requires the facility to document its efforts to provide SANEs. Health care staff report that the facility does not conduct forensic exams onsite. Instead, any offender requiring a SANE exam is transported to Ascension All Saints Hospital in Racine or to Aurora Healthcare in Burlington, WI. An interview with a SANE, at Aurora Healthcare, confirmed that the healthcare facility does perform SANE exams for the facility when needed. She said, "we conduct forensic exams for whomever they bring us." She also identified that there two Healthcare systems available to the Ellsworth facility for performing forensic medical exams, both of whom employ SANEs, so there is always a SANE available when needed. The facility reports that one forensic medical exam was conducted during the past 12 months and submits, as evidence of the event being documented, a report made by the staff who accompanied the victim to the hospital for a SANE exam. The facility reports no forensic medical exams performed by a qualified medical practitioner during the past 12 months.

(d)-1, (d)-2, (d)-3, €-1

Executive Directive #72, in Section XVI, Paragraph B, identifies that the facility will attempt to make an advocate, from a local sexual assault service provider, available to the victim to accompany and support the victim through the forensic medical examination process and investigatory interviews. The Wisconsin Department of Corrections Victims Services Coordinator Sexual Abuse and Sexual Harassment in Confinement Reference Guide also identifies that victims will be given access to outside victim advocates for emotional support services. Submitted as documentation is a copy of the MOU between the Wisconsin Department of Corrections and Focus on Community/Sexual Assault Services. Outlined in the MOU are the services Sexual Assault Services agency agrees to provide. Those services include providing an advocate to accompany and support victims of sexual abuse through the forensic medical examination, and investigatory interview processes, as required by the victim via DOC. An interview with the Director of the Sexual Assault Services agency confirmed that the agency is contacted anytime an inmate is transported to the hospital for a forensic medical exam and that Sexual Assault Services does provide an advocate each time it is requested. The Facility PREA Compliance Manager also verified that the facility does have an MOU with Sexual Assault Services and said that they ensure that it meets the qualifications of the standard by meeting with them, telling them what the standard requires and receiving assurance that the local agency can meet the requirements. She also said that WIDOC correctional facilities each have a victim services coordinator, who has been screened for appropriateness and has the necessary educational background, who can fill the advocate role if necessary.

(f)-1

Allegations of sexual abuse that involve potentially criminal behavior are referred to the Racine County Sheriff's Department for investigation. The facility submitted, as documentation, a formal communication sent to the RCSD, by Secretary Carr, requesting their compliance with the PREA standards.

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

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual harassment in Confinement (PREA)  Division of Adult Institutions Policy# 303.00.05  <a href="https://doc.wi.gov">https://doc.wi.gov</a></p> <p>Interviews  Agency Head  Investigative Staff  Lieutenant - Racine County Sheriff's Department</p> <p>Discussion  (a)-1, (a)-2, (a)-3, (a)- 4, (a)-5  Executive Directive #72 says, in Section XVII, Paragraph A, that the agency will ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. The facility reports that, in the past 12 months, 14 allegations of sexual abuse and sexual harassment were received and that all 14 resulted in an Administrative investigation. Of those 14 allegations, and the resulting Administrative investigations, one allegation was referred for criminal investigation. As of May 13, 2019, two of the 14 investigations remained open. The agency head said, in an interview, "we do conduct investigations for all allegations . . ."</p> <p>(b)-1, (b)-3  Executive Directive #72 says, in Section XVII, Paragraph B, that allegations of sexual abuse or sexual harassment that involve potential criminal behavior will be referred for investigation to local law enforcement and that all such referrals will be documented. Additionally, Division of Adult Institutions policy #303.00.05, Law Enforcement Referrals, identifies a variety of offenses that the Warden/designee shall refer to Law Enforcement for investigation. On that list is, "Sexual abuse per Executive Directive 72, Staff sexual assault of an offender per Executive Directive 16A, and Sexual assault per Wisconsin Statutes s. 940.225." This policy also identifies that the Warden may also refer, to law enforcement, "any other incident deemed appropriate." The agency head said, ". . . we refer a criminal investigation, should the administrative investigation warrant the referral, to local law enforcement in Racine County." investigative staff also verified that all allegations are investigated and that investigations that involve potentially criminal behavior are referred to the Racine County Sheriff's Department for investigation. Auditor contacted the Racine County Sheriff Department where the Lieutenant in charge of investigating for the Ellsworth facility confirmed that his agency does accept, and investigate, allegations that involve potentially criminal behavior.</p> <p>(b)-2, (c)-3  The facility offered, as documentation, a printout of a page found on the Agency web site. In addition, auditors did review the Agency web site and were able to determine that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency web site.</p>

Conclusion

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

115.31	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation</p> <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Online Training Module - PREA Prison Rape Elimination Act  State of Wisconsin Department of Corrections Correctional Officer Preservice Program  Department of Corrections Wisconsin Women's Correctional System New Employee Orientation Checklist  Training Lesson Plan, Female Manipulation Training  Wisconsin Department of Corrections PREA Pages  Agency Computerized Database Printout of Healthcare Staff PREA Training Completions  Agency Computerized Database Printout of PREA Refresher Training Completions  Agency Computerized Database Printout of Correctional Officer Pre-Service PREA Training Completions  DOC-1158 Form Employment Statement of Acknowledgement  Agency Computerized Database Printout of Staff PREA Course Training Completions</p> <p>Interviews</p> <p>Random Staff</p> <p>Discussion</p> <p>(a)-1 through (a)-10</p> <p>Executive Directive #72, in Section XI, Paragraph A, No. 1, requires the agency to train all new staff members on the department's zero-tolerance policy for sexual abuse and sexual harassment. The directive also calls for all current staff to receive formal PREA training every two years, with a refresher provided during the in-between years. The directive outlines specific topics that are to be covered in the training, and those topics include all the elements listed in the standard. The facility provided the lesson plans, the online training modules, for PREA training for new Correctional Officers, and the same type of lesson plan used to train all current staff on PREA matters, at the required training that is done every two years. Auditors were able to review the lesson plans and ascertain that the training does cover all required elements.</p> <p>The facility also provided computerized database printouts showing completions of the required trainings for new and current employees. Also submitted as verification of the required training were a Correctional Officer Pre-service Program, a listing of all training taught at the officers' academy, and a New Employee Orientation Checklist used to ensure that all required trainings, for new employees, are completed. The Correctional Officer Preservice Program identifies that all new officer recruits must complete a 2.5 hour PREA training as part of their pre-service training.</p> <p>Twelve randomly chosen staff were interviewed, as well as a group of targeted staff, and all of them verified that they receive PREA training every two years with a refresher in between. All of them were well able to articulate what their training covered and were very knowledgeable about the topics included in their trainings.</p>



(b)-1, (b)-2

Employees of the Robert E. Ellsworth facility also complete a training entitled, Female Manipulation. The facility submitted the lesson plan for this training which is delivered in an online module. Staff who were interviewed were familiar with this training and all said they had completed it.

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The facility submitted computerized database printouts of all staff PREA training completions verifying that all new staff are trained prior to beginning employment and that all current staff are trained every two years with a refresher in between. Interviews with staff confirmed this training. Auditors were able to review training records that showed that staff are required to complete a test to demonstrate their comprehension of the training they received, that they are required to achieve a certain score on the test, and that they are required to affix their signature to their test, with a passing score, verifying that they did understand the training they received.

#### Conclusion

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

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation</p> <p>Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors</p> <p>Division of Adult Institutions Policy# 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns Orientation materials</p> <p>Wisconsin Department of Corrections Contractor &amp; Volunteer Training: Sexual Abuse &amp; Sexual Harassment in Confinement Prison Rape Elimination Act</p> <p>E-mail Instructions on Documenting Volunteer orientations</p> <p>DOC-2809 Sample Volunteer orientation Roster Attendance Record</p> <p>DOC-2786 Acknowledgment of Receipt of PREA Training</p> <p>Sample Training Records of Volunteers and Contractors</p> <p>Interviews</p> <p>Volunteers/Contractors</p> <p>Discussion</p> <p>(a)-1, (a)-2, (b)-1, (b)-2, (c)</p> <p>Executive Directive #72, in Section XI, Paragraph A, No. 2, outlines the agency requirements for the training of all volunteers and contractors who may have contact with offenders. It calls for contractors and volunteers to be trained on the agency's zero-tolerance policy as it relates to sexual abuse and sexual harassment, and on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Division of Adult Institutions policy #309.06.03 Volunteers, Pastoral Visitor, Program Guests and Interns, requires volunteers to complete an orientation, prior to facility entry and interaction with inmates, that includes a thorough review of orientation information and includes an opportunity for volunteers to ask questions of staff. There was not a Volunteer Orientation scheduled, at the time auditors were on-site at the facility, but staff presented copies of materials used to train volunteers. Auditors reviewed these materials and determined that they do explain that the Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-related retaliation. In addition, the materials clearly outline the responsibilities of volunteers, and contractors, under the agency's policies and procedures, regarding sexual abuse and sexual harassment prevention, detection and response.</p> <p>Training materials reviewed included a pamphlet entitled, "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors," that includes information on responsibilities of reporting any knowledge, suspicion or information about sexual abuse or sexual harassment, retaliation against a victim or reporter, and violation of responsibilities that may have contributed to an incident or retaliation. The training materials also contain definitions of sexual abuse and sexual harassment, describe, "red flags," that may indicate abuse, give information about how to avoid inappropriate relationships with inmates, and provide contact information for the Facility PCM and the Facility Victim Services Coordinator. They also provide information on different avenues for reporting actual, or</p>

suspected, sexual abuse, and caution the reader that information related to a sexual abuse report should not be shared with anyone other than to the extent necessary to make a report.

No volunteers were present at the facility, while auditors were on-site, but an opportunity to conduct a phone interview was provided. In that interview, the volunteer verified that he had completed an online PREA training prior to entering the facility and had received multiple printed orientation materials from the facility staff. He also was well able to articulate the agency's zero-tolerance policy on sexual abuse and sexual harassment and was familiar with his responsibility to report any knowledge or suspicion of sexual abuse or sexual harassment, how to report he could make such a report.

The facility reported that 169 volunteers and contractors, who may have contact with inmates, have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. However, the Superintendent, who is also the facility PCM, said that only 18 of those volunteers are currently active. Auditors were able to review training records for all volunteers that showed that all of them have received, and understood, the appropriate training. The facility maintains this documentation and willingly presented it for auditors' review.

#### Conclusion

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

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation</p> <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Division of Adult Institutions Policy #410.20.01 Inmate PREA Education  WIDOC Division of Adult Institutions, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates (In English and Spanish)  Inmate and Youth PREA Education Facilitator Guide  Photo of Inmate ID with PREA Information on the Back  POC-41B Sexual Abuse in Confinement, A Resource for Offenders  OTRT480 - Acknowledge Receipt of PREA Information  POC-99 Acknowledgment of Receipt of/Access to Information Prison Rape Elimination Act (PREA) Education</p> <p>Interviews</p> <p>Intake Staff  Inmates Randomly Selected for Interview</p> <p>Discussion</p> <p>(a)-1, (a)-2</p> <p>Executive Directive #72 requires that all inmates receive information detailing the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. Division of Adult Institutions Policy #410.20.01 requires all institutions to provide education to inmates, upon intake, explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment, including report-related retaliation and agency response procedures. Presented as documentation was POC-0041C, Inmate and Youth PREA Education Facilitator Guide. That Facilitator Guide calls for inmates to be informed on the agency's zero tolerance policy on sexual abuse and sexual harassment, to be given definitions of sexual abuse and sexual harassment, to have the facility's cross-gender announcement procedure explained to them, and to have the facility Victim Services Coordinator identified with contact information. Inmates view a video entitled, "Sexual Abuse and Sexual Harassment Prevention and Intervention, " and are given form POC-41B, an informational form that lists contact information for a local community sexual assault service provider. The auditor did view the video and it is available on YouTube. In addition to the material presented at intake, as of December 19, 2018, the agency's zero tolerance statement and reporting methods are printed on the back of new, or reprinted, inmate identification cards. The facility reports the number of inmates admitted, in the past 12 months, who were given this information, at intake, as 632. Auditor interviewed the facility Victim Services Coordinator, who is also the facility Intake staff, and she verified that she does give all incoming inmates information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. She explained that she shows the agency PREA video, gives the inmates a Red Book with more PREA information, and documents the intake for each inmate present. All inmates who were randomly chosen for interview were able to recall that they had received the printed information, and had viewed the video, on the day they arrived at the facility. They all also said that they had been informed</p>

about their right to not be sexually abused or sexually harassed, and all could articulate how they would make a report of sexual abuse or sexual harassment, for themselves or someone else, if they needed to.

(b), (b)-1,

Executive Directive #72 also requires that, within 30 days of intake at adult facilities, the facility will provide a comprehensive education to offenders, either in person or on video, regarding the agency's zero-tolerance policy, offenders' right to be free of sexual abuse, sexual harassment and report related retaliation, and the agency's policies and procedures for responding to such incidents. The facility reports that 100% of all inmates admitted during the last 12 months, whose stay was for 30 days or more, were provided this required, comprehensive education. Inmates who were interviewed remembered receiving the comprehensive education and, again, were able to articulate how to make a report if they needed to. They identified the availability of the 777 and 888 numbers and said they could call either one or report to staff.

(c)-4

Executive Directive #72 requires, in Section XI, Paragraph B, No. 3, that offenders who transfer to another facility are to receive, upon transfer, education specific to the facility's sexual abuse, sexual harassment and report-related retaliation policies and procedures to the extent they differ from the previous facility. Intake staff said that they ensure that all inmates received at the facility get the proper information, and view the video, at intake, that they receive comprehensive education within 30 days, at Orientation, and that the video is played on the institution channel. In addition, auditors noted that PREA information, including hotline numbers, is well displayed throughout the facility.

(d)-1, (d)-2, (d)-3, (d)-4, (d)-5

The facility presented orientation materials written in Spanish and English and verified that the Red Book is also available in Braille and audio versions. Currently, there are no Limited English Proficient inmates at the facility, but the Victim Services Coordinator said, in an interview, that an interpreter would be provided if needed because the facility does have a contract, with a translation agency, for that service. She also said that either she, or a staff Social Worker would present the information in formats inmates with disabilities might need, i.e., an audio recording, and/or video for visually impaired inmates and printed material for hard of hearing inmates. The facility does not currently house any inmates who are visually impaired but inmates who are hard of hearing were interviewed and affirmed that they were given the information in print, and a cognitively disabled inmate was interviewed and she said that she does not read well but that her Social Worker read the material to her and explained things she had questions about.

€-1

The facility maintains documentation of all inmate participation in PREA education sessions. Intake staff presented sample POC-99 Acknowledgment of Receipt of /Access to Information Prison Rape Elimination Act (PREA) Education forms that bore both inmate and staff signatures to verify that staff presented the information and inmates received it. Inmates' signatures verified that the PREA information was read by, and/or read and explained to them by staff.

(f), (f)-1

The facility ensures that key information about the agency's PREA policies is continuously and readily available to inmates through posters, inmate handbooks and other written formats. Auditors observed many posters, throughout the facility, with the PREA information, including hotline numbers for reporting, and contact information for advocacy services. In addition, the Orientation video is aired on the institution channel. Inmates who were interviewed were also well aware of the posted information throughout the facility.

Conclusion

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

115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  WIDOC Training Module 2, Sexual Abuse and Sexual Harassment Investigations  Computerized Database Printout Recording Agency Investigator Training</p> <p>Interviews  Investigative Staff</p> <p>Discussion  (a), (a)-1, (b)  Executive Directive #72, in Section XI, Paragraph A, No. 4, requires all staff who investigate incidents of sexual abuse and sexual harassment to receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. It also requires the agency to maintain documentation of the training completions. The facility presented a copy of their investigator training lesson plan. Auditor reviewed the lesson plan and found that it does include items listed above. Unit 1, of the training, is entitled, "Sexual Abuse and Sexual Harassment in Confinement, " and it provides definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations, reporting to inmates, sexual abuse incident reviews, and staff duties and responsibilities. Three facility investigators were interviewed and all three confirmed that they had received training specific to conducting sexual abuse investigations in confinement settings and that the training covered techniques for interviewing, proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. They were all well able to describe the investigation process, describe evidence they might be responsible for collecting, and articulate the basis on which they judge the credibility of an alleged victim.</p> <p>©, ©-1, ©-2  The facility provided, as documentation of investigator training, a computerized database printout that the agency uses to record, and track, investigator training. The facility reports that the agency currently has 443 trained investigators and provided a printout that shows the name of each investigator, their job title, where they work, and the date they completed the training. The printout verified that the three investigators at the facility have completed the appropriate training.</p> <p>Conclusion  Based on the above evidence, facility is found compliant with the standard.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Wisconsin Department of Corrections, PREA for Healthcare Workers, Training Module  Agency Computerized Database Printout of Health Care Staff Training Completions</p> <p>Interviews  Medical and Mental Health Care Staff  SANE Nurse - Ascension Health Care, Racine, WI</p> <p>Discussion  (a)-1, (a)-2, (a)-3, (c)-1  Executive Directive #72, in Section XI, Paragraph A, No. 5, requires all medical and mental health care practitioners, who work regularly in agency facilities, to be trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how, and to whom, to report allegations or suspicions of sexual abuse and sexual harassment. The facility submitted screenshots of the online module all Wisconsin Department of Corrections healthcare employees are required to complete upon hire and in yearly trainings. Understanding of the training is assessed, at the end of the module, in the form of a quiz. Receipt of the training is tracked electronically. Auditor reviewed the module and found that the training does cover the topics required by agency policy. The facility reports that 22 medical and mental health care workers, 100% of health care workers employed at the facility, completed the required training and presented a computerized database printout verifying that all 22 staff had successfully completed the training. The printout lists staff name, job title, training type, and the date of successful completion.</p> <p>(d)  Both medical and mental health care staff were interviewed. The Health Care Administrator, for the facility, verified that she had received training on how to detect and assess signs of sexual abuse, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims, and how, to whom, to report allegations, or suspicions of sexual abuse and sexual harassment. She reported that the training for new health care staff is a four day, lecture type training, and that annual training, that all other employees also have, is completed through an online module. Mental health staff also confirmed that they were trained, on the same items as the medical staff reported, at orientation and that they receive the same PREA training as all other staff, through yearly online trainings.</p> <p>(b)-1  Medical staff at the facility do not conduct forensic medical exams. The facility uses Ascension Healthcare Services in Racine as their primary forensic exam provider and Aurora Health Care, in Burlington, WI, as a back-up. Auditor interviewed SANE staff from both places and learned that Ascension Healthcare has five to seven SANE nurses on staff, so they are almost</p>



never in the position of not having someone available upon demand. The Program Director said that they serve multiple correctional facilities, in the greater Racine area, and that they have very few calls for forensic exams of inmates from the local facilities. She said that the facility always calls ahead, if they need their services, so they have ample time to have a SANE nurse available, and she also said that she appreciates the respectful way the facility staff treat both nurses and inmates. She said that they always allow for privacy during exams, with only the inmate, SANE nurse and community advocate in the examination room.

Conclusion

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

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Division of Adult Institutions Policy #410.30.01  ISSS065B- PREA Admission - Adult Female Facility, Risk Screen, Completed (9)  DOC-2781B, PREA Screening Tool, Adult Male Facility, Blank  DOC-2781A, PREA Screening Tool, Adult Female Facility, Blank</p> <p>Interviews  Staff Responsible for Risk Screening  Inmates Randomly Chosen for Interview</p> <p>Discussion  (a)-1, (b)-1, (b)-2  Executive Directive #72 says, in Section XII, Paragraph A, "Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, and again upon transfer to another facility, for risk of being sexually abused by other offenders or sexually abusive toward other offenders." The facility reports that 632 inmates, whose length of stay at the facility was longer than 30 days, entered the facility in the last 12 months and that 100% of them were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of their entry into the facility. The facility provided copies of nine completed screens, as documentation on the PAQ, and allowed auditor to review more screens on-site. Twenty-six inmates' files were reviewed, in addition to the nine provided by the facility, and all of them had their initial risk screening completed within 72 hours of their arrival at the facility. Social Workers complete the risk screens at the Ellsworth facility.</p> <p>Two Social Workers were interviewed who said that most often the screening is completed on the day of inmates' arrival. Twenty-six Inmates who were interviewed recalled that they had been interviewed by staff, shortly after they got to the facility, about things like whether they had ever been incarcerated before, whether they had ever been sexually abused, if they identified with being lesbian, bisexual or transgender, and if they felt safe at the facility. Most of them recalled that interview having taken place soon after they arrived at the facility, and many of them remembered it taking place on the day they arrived. During the facility walk-through, eight randomly chosen inmates were asked if they recalled being asked questions regarding their view of their sexual safety when they first arrived at the facility. All of them said they did recall being asked those questions soon after they arrived.</p> <p>(c), (d), €  The facility provided a copy of the instrument used to screen inmates for risk of victimization and abusiveness. The screening is divided into two sections. Section A involves an inmate interview to obtain information. Inmates are asked their age, height, weight, all questions that can be verified by the screener. Section A also includes questions about the inmates' own perception of themselves and their safety, including whether they consider themselves lesbian</p>

or bisexual and if others think they are lesbian or bisexual, if they are transgender or have an intersex condition, if they have ever been the victim of unwanted or abusive sexual contact in the community, if they have ever been the victim of unwanted or abusive sexual contact while confined, if they have ever had sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them, and if they have any concerns about their safety in this particular facility.

Answers to questions in Section B can be obtained from a file review. Those questions include whether the inmate has a mental illness, developmental limitation or physical disability that might make them vulnerable in a confinement setting, if the inmate is serving a first prison sentence and has been confined for less than one year, if the inmate has any convictions for violent offenses or sexual offenses, if the inmate has a history of previous sexual victimization while confined or has ever been the perpetrator in a substantiated sexual abuse case while confined, and if the inmate has ever received a conduct report for either sexual assault, or physical assault, while confined.

The assessment tool has, at the top of the page, instructions to staff completing the screening. It tells them what information to read to inmates, as they conduct interviews with inmates being screened. The tool has a scoring mechanism, based on inmate answers, that calculates an objective number score denoting the inmates' risk of victimization or abusiveness. The assessment tool is automated through the Wisconsin Integrated Corrections System (WICS), a computerized agency database. It asks all inmates the same questions and each response has a numeric value assigned to it. The numbers are totaled, for each part of the assessment, that allows a determination to be made if the offender is at risk of either victimization (ROV) or abusiveness (ROA) and factors into making decisions regarding housing, program and work assignments. The WICS database system allows users to sort the data and print lists of inmates who score ROV, ROA, who identify as LGBT, who reported sexual abuse, who revealed prior sexual abuse during risk screening, etc. It is a very good system that makes it easy for staff to ensure that all risk screening is completed within the appropriate time constraints.

(f), (g)

Executive Directive #72 also requires that, in addition to the initial screening, within 30 days of arrival, the facility will reassess inmates' risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening was completed. The risk screening instrument includes the 30 day reassessment on the original screen for ease of conducting the reassessment with the previous information at the ready, to enable staff to easily note any changes. The Case Managers who were interviewed said, and auditor confirmed, that most of the reassessments are conducted somewhat earlier than at 30 days. Of the 26 inmates who were interviewed,

Twenty-six inmates' files were reviewed, 25 of those inmates were at the facility for longer than 30 days, and all but one demonstrated that the reassessment was conducted within 30 days of the initial screening. One was done about three months late. Staff were not sure why that happened, but it appeared to be an anomaly. After the 30 day reassessment, inmates' risk level is to be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Staff reported that no reassessments of this type have been warranted at the facility.

(h)

Executive Directive #72 states that offenders will not be disciplined for refusing to answer or for failing to disclose information in regard to the assessment questions. In addition, the screening instrument itself includes a paragraph staff conducting the screening are required to read to the inmate being interviewed. Included in those statements is one that informs inmates that they are not required to answer any of the questions, and that, if they wish, they may answer some, but not all of the questions. Staff who were interviewed verified that inmates are not disciplined, in any way, for refusing to respond to, or for not disclosing complete information related to any of the questions.

(i)

Executive Directive #72 requires appropriate controls to be placed on the dissemination of information gleaned in initial and follow-up screenings of inmates to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders. It limits any information related to sexual victimization or abusiveness occurring in an institutional setting to medical and mental health practitioners and to other employees, as necessary, to make housing, program and work assignments, or as otherwise required by law.

Conclusion

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

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Division of Adult Institutions Policy #306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization  PREA Screen Information Shared at Multi-Disciplinary Meeting, Example</p> <p>Interviews  PREA Compliance Manager  Staff Responsible for Risk Screening  Transgender Inmates</p> <p>Discussion  (a)-1, (b)-1  Executive Directive #72, in Section XIII, Paragraph A, requires that information obtained from the initial, or follow-up screening, be used to inform housing, bed, work, education and programming assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The policy identifies that during programming, education, work and recreation activities, the line-of-sight monitoring by DOC staff is enough to maintain separation. It also calls for individualized placement determinations to be made for each offender.  Division of Adult Institutions Policy #306.0072 Screening for Risk of Sexual Abusiveness and Sexual Victimization also addresses this issue by saying, in Section II, Paragraph A, that staff are to use the screening information in making housing and bed assignments, and in making programming, education and work assignments. This policy says that the expectation is that the information will be used to keep separate inmates who are high risk for being sexually victimized from those who score as high risk for being sexually abusive. Both policies identify that individual determinations about how to ensure the safety of each inmate are to be made.</p> <p>When asked this question, in an interview, the facility PCM said the screenings are always considered when making housing and bed assignments. She went on to say, “we talked about programming, and keeping tabs on who is together in any of those areas, but as far as work release, we are working toward that. Work release placement needs to work on looking closer at those work assignments and how far our control extends in those job assignments.” She said that there could be a chance that an inmate who scored as a high risk for abusiveness, and an inmate who scored as high risk of being victimized, might be assigned to the same outside job site. The facility work crew has direct supervision all the time, of inmates working in the facility, but at a community jobsite, inmate workers are under the supervision of the outside employer. She identified that if the facility receives reports from an employer, the facility will follow-up on those reports and they follow up on reports from their inmate workers as well. She related an incident where a thrift shop had an employee that some of the inmates, who also worked there, said made them uncomfortable. When they reported that to the Work Release Coordinator, the facility immediately pulled all their inmates back until that employee was terminated. The employer opted to work with the facility and let that employee</p>

go. The van that takes inmate workers to work, at off-site locations, has an inmate driver. Typically, there are multiple inmates in the van, at any given time, but it is possible that two inmates can be alone in the van, and the facility does not currently use the screening information to make those assignments. The facility PCM said that the Work Release Coordinator does make unannounced visits to worksites, but is not regularly in the van as inmates are traveling to and from work. She identified that the facility currently houses only one inmate who screens as being ROA, meaning at risk of abusiveness, and she knows that the inmate is not currently assigned as the van driver. However, because they are not using the risk screen information to assign jobs, that situation could occur. Auditors felt that the facility should institute a process that ensures that information from risk screens is always used in making job assignments. Staff responsible for risk screening also identified that the screening information is always considered in making housing and bed assignments, but that it is not necessarily used in making job assignments. Screening information is required by policy to be entered in to the Agency's electronic database system, WICS, and that system is programmed to prevent inmates who score ROV and ROA from being improperly housed so that an inmate's safety might be jeopardized. The same is not true for job assignments.

©, (d), €, (f), (g)

There is currently one inmate at REECC who identifies as being transgender. Facility PCM said, " We take their own thoughts about their safety into consideration and we do not house them in a specific place based on their status, but we take their own views, with respect to their safety and security into consideration." She explained that transgender inmates are on a schedule for reclassification every six months but that if Psychological Services Unit staff, or Social Work staff, feel it necessary, those meetings will be held as often as weekly to stay in close touch with transgender inmates and be aware of their needs. She said, "our classification system is set up to bring them up for review more often, but we are also more attuned to that population, and they have more unique concerns, so we have more regular conversations about those individuals and we are always learning better ways of handling each situation, always learning better ways of addressing their unique concerns."

She identified that they have a separate shower their transgender inmate can use but that he is not forced to, and that all their shower stalls are individual but are in a shared room, so the facility made a separate, single shower stall available to him if he chooses to use it. The transgender inmate was interviewed, and he said that the facility staff do ask questions about his safety. He said, "they asked me how I preferred to be addressed, asked me if I was having problems with staff or other inmates being disrespectful, and I was told that if I had problems with getting unwanted attention, I could feel free to let staff know. I don't feel unsafe. I'm at the end of my sentence. I graduate from ERP in 32 days and I will go home then." This inmate also said that he had never been housed in an area that was only for transgender inmates and that he did not believe he had ever been strip searched for the sole reason of determining his genital status. The Agency PREA Director said, in an interview, "We don't have dedicated units for any demographic other than security level or programming needs. Any unit may house any gender identity or sexual orientation, unless they have certain programming or security needs."

#### Conclusion

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

Corrective Action - The facility should review all inmate job descriptions, and current job assignments, to ensure that there are no opportunities for inmates who score ROV and ROA to be working together away from staff and other inmates. Where those opportunities do exist, the facility should construct a process for ensuring that information from screening is always used in making job assignments.

Corrective Action Completed - The facility reviewed the current inmate job assignments and ensured that there are no opportunities for inmates who score ROV and ROA to be working together, away from staff and other inmates. The only position where two inmates might possibly be alone is that of the inmate van driver who drives all work release inmates to their offsite jobs. Staff know that the inmate who is currently assigned to that position does not score either ROV or ROA, and there is only one of these positions at the facility. The facility has also devised a process for ensuring that information from risk screening will be used in making job assignments going forward. The facility holds a weekly Multi-Disciplinary Team meeting to discuss, among other things, inmates who are being reviewed for work release. Present at these meetings are the superintendent, security staff, the security director, education staff, social work staff, housing unit staff, and staff from both health services and psychological services.

The report of the review of inmates for work release is presented on a table that lists inmate name and number, and provides a comment box where staff discussions are recorded. As a way of ensuring that work release jobs are reviewed with the goal of keeping separate inmates who score as being at high risk of being victimized (ROV) from those who score at high risk of being abusers (ROA), a column has been added to the report form where a score of ROV or ROA can be appropriately recorded for any inmate, being considered for work release, who scores either ROA or ROV. This provides an at-a-glance view of all inmates being considered for work release and their risk of being either abusive or victimized. With that information readily available, staff can ensure that work assignments will always be made appropriately. At the time the Interim Report was submitted, the facility agreed to submit, as documentation, minutes of these weekly meetings, through the end of October 2019, to ensure that the process was in place. They have now done that, along with the review of current job assignments. Thus, they have satisfied the corrective action requirements and the facility is now found to be compliant with the standard.

115.43	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abusiveness and Sexual Harassment in Confinement (PREA)  Division of Adult Institutions Policy #306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization  DOC-30 Review of Inmate in Restrictive Housing – Blank</p> <p>Interviews  Facility Superintendent  Staff Who Supervise Inmates in Segregated Housing</p> <p>Discussion  (a)-1, (a)-2  Executive Directive #72 stipulates, in Section XIII, Paragraph B, No.1, that, “Offenders at high risk for sexual victimization shall not be separated from the general population unless an assessment of all viable alternatives has been made and a determination has been made that there is no available alternate means of separation from likely abusers. If an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment.”</p> <p>Division of Adult Institutions Policy #306.00.72 says, in Section II, Paragraph I, “Inmates at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers.” The facility reports the number of inmates at risk of sexual victimization who were held in involuntarily segregated housing, for one to 24 hours, awaiting completion of assessment as zero. The Facility Superintendent said, in an interview, “We would never use segregated housing, except as a last resort if there were no other options. We would use different housing assignments, possibly moving the perpetrator to another facility, and we would obviously take steps to protect the individual but would not allow their freedom, or any program opportunities, to be restricted. We would not want to allow any punitive measures to be taken against them as victims.” Staff who supervise inmates in Segregation confirmed that it never happens that an inmate is held in Segregation because, “the facility will make a different arrangement before they will do that.” They identified unit moves and transfer to another facility as measures the facility would take before they would put an inmate at high risk of victimization in Segregation.</p> <p>(b), (c), (d), (d)-1, € , €-1  Both agency policies identified above also say that if an inmate is involuntarily separated from the general population the facility is required to document the basis for the facility’s concern for the offender’s safety and the reason an alternative placement cannot be determined, that any such separation from the general population ordinarily will not exceed 30 days, but, that if it does exceed 30 days, a review of the circumstances will be done, every 30 days, to determine if the need for separation continues to exist. The policies also say that offenders who are separated from the general population for this purpose will be given access to</p>



programs, privileges, education or work opportunities to the extent possible and that if the facility does restrict access to any of these things they will document the opportunities limited, the reason for the limitations and the duration of the limitation. Both the Facility PCM and the staff who supervise Segregation verified that they are aware of the policy requirements and will follow them if this type of situation occurs, but that it has never occurred at REECC.

**Conclusion**

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

115.51	<b>Inmate reporting</b>
	<p data-bbox="248 168 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 284"><b>Auditor Discussion</b></p> <p data-bbox="248 329 448 365">Documentation</p> <p data-bbox="248 371 1377 407">Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p data-bbox="248 414 580 450">PREA Postings in English</p> <p data-bbox="248 456 592 492">PREA Postings in Spanish</p> <p data-bbox="248 544 384 580">Interviews</p> <p data-bbox="248 586 316 622">Staff</p> <p data-bbox="248 629 357 665">Inmates</p> <p data-bbox="248 716 392 752">Discussion</p> <p data-bbox="248 759 715 795">(a), (b), (c)-1, (c)-2, (d), (d)-1, (d)-2</p> <p data-bbox="248 801 1477 1391">Executive Directive #72 identifies the many ways the Agency provides for both staff and offenders to report sexual abuse and sexual harassment and any employee neglect or violation of responsibilities that may have contributed to an incident. The policy requires employees to accept reports made verbally, in writing, anonymously, and from third parties. Employees who receive reports are required, by policy, to document them immediately and to immediately report any knowledge, suspicion or information about an incident of sexual abuse or sexual harassment, any incidents of retaliation against offenders, or staff, for having reported, and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation to a supervisor who is not the subject of the allegation. Policy also requires the agency to provide a method for employees to privately report sexual abuse and sexual harassment of offenders. The agency provides phone numbers for inmates to report privately to agency officials, and to a public or private entity that is not part of the agency by printing phone numbers on the postings that are everywhere in the facility and are easily visible.</p> <p data-bbox="248 1442 1477 1816">Auditors saw numerous postings, throughout the facility, that had information on how to report an incident of sexual abuse or sexual harassment, staff neglect or violation of responsibilities that led to an incident, and any retaliation against inmates or staff for having reported an incident. The posters identified that inmates can report verbally, in writing, anonymously or for someone else either to staff or to someone outside the agency by dialing either of the numbers, 777 or 888, that are identified on the posters. Auditors were able to use the phones in the housing units, determined that all the telephones were in working order, and were able to get through to the agency provided to receive the report. The calls are free and do not require a PIN.</p> <p data-bbox="248 1868 1477 2157">Both staff and inmates, who were interviewed through formal and informal interviews, were very well informed on the avenues available for reporting incidents of sexual abuse and sexual harassment. In fact, auditors noted that, overall, both groups were very well educated on how to report. Many inmates said they could name several staff they would be willing to report to, staff they trusted to make their safety a priority. Many of the also said they were aware they could call, or write, a friend or family member, and have them report for them. During random interviews, staff confirmed that they would document any and all reports they received and</p>

immediately report them to a supervisor who was not the subject of the complaint.

Conclusion

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

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Division of Adult Institutions Policy #310.00.01 Inmate Complaints Regarding Staff Misconduct</p> <p>Interviews  Inmates Who Reported a Sexual Abuse</p> <p>Discussion  (a)-1, (b)-1, (b)-2, (c)-1 (c)-2, (d)-1, (d)-2, (d)-3, €-1,  Wisconsin State Statute, Chapter DOC 310, requires that inmates in institutions be afforded a process by which grievances may be, "expeditiously raised, investigated, and decided." In DOC 310.08, PREA Complaint Procedure, the statute says that complaints filed under this section will be referred for a PREA investigation and that DOC policy must address the requirements that investigations regarding allegations of sexual abuse or sexual harassment be completed within established time frames.  Agency policy, Executive Directive #72, says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System will be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. The policy requires that:</p> <ul style="list-style-type: none"> <li>* inmates be notified within 30 days of the initial complaint filing that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced and the Inmate Complaint process has concluded,</li> <li>*time limits not be imposed on when an offender may submit a complaint regarding an allegation of sexual abuse or sexual harassment,</li> <li>*the complaint process not include a mandatory informal resolution requirement,</li> <li>* offenders who allege sexual abuse or sexual harassment may submit a complaint without submitting it to an employee who is the subject of the complaint and that the complaint is not referred to an employee who is the subject,</li> <li>*third parties, as outline in State Statute, will be permitted to assist an offender in filing complaints related to sexual abuse and sexual harassment.</li> </ul> <p>All of the above apply when inmates chose to use the Complaint Review System for reporting an allegation of sexual abuse or sexual harassment. However, inmates are not required to use the Complaint Review System to report, and when they do, the complaint is immediately removed from the process and referred for investigation.  The facility reports that, within the past 12 months, there have been no grievances files that alleged sexual abuse.  (f)-1. (f)-2, (f)-3, (f)-4, (f)-5, (f)-6  Paragraph E identifies that if an offender alleges that he or she is subject to a substantial risk of imminent sexual abuse, he or she can contact any employee who is not the subject of the allegation and staff will immediately forward the allegation to facility leadership for action. When that happen, facility leadership is required to provide an initial response within 48 hours and issue a final decision within five calendar days. The facility reports that there were no</p>

emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

(g)-1, (g)-2

Paragraph F identifies that the facility may discipline an inmate for filing a complaint of sexual abuse or sexual harassment only if staff can demonstrate that the complaint was filed in bad faith. The facility reports that no inmates have been disciplined for having filed an allegation of sexual abuse, or sexual harassment, in bad faith, in the past 12 months. However, after the PAQ was completed and released to auditors, during the course of an investigation being conducted by the Racine County Sheriff's Office, an inmate alleging that a staff member had sexually assaulted her revealed that she had lied. That inmate ultimately, was disciplined for filing an allegation in bad faith. The investigation packet was reviewed by auditors to confirm this information.

Conclusion

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

115.53	<b>Inmate access to outside confidential support services</b>
	<p data-bbox="248 168 925 201"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="248 246 523 280"><b>Auditor Discussion</b></p> <p data-bbox="248 324 446 358">Documentation</p> <p data-bbox="248 369 1356 403">Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p data-bbox="248 414 1117 448">POC-41B Sexual Abuse in Confinement, A Resource for Offenders</p> <p data-bbox="248 459 829 492">Poster - Sexual Assault Services Information</p> <p data-bbox="248 504 526 537">Red Book Addendum</p> <p data-bbox="248 548 1420 616">MOU between the Wisconsin Department of Corrections and Focus on Community/Sexual Assault Services</p> <p data-bbox="248 672 383 705">Interviews</p> <p data-bbox="248 716 351 750">Inmates</p> <p data-bbox="248 761 766 795">Inmates Who Reported a Sexual Abuse</p> <p data-bbox="248 806 1037 840">Director - Inmate Advocacy Agency, Sexual Assault Services</p> <p data-bbox="248 929 391 963">Discussion</p> <p data-bbox="248 974 877 1008">(a)-1, (a)-2, (a)-3, (a)-4, (b)-1, (b)-2, (c)-1, (c)-2,</p> <p data-bbox="248 1019 1468 1388">Agency policy, Executive Directive #72, in Section XVI, Paragraph B, No. 5, identifies that the facility will provide offenders with access to outside victim advocates and that the agency will maintain, or attempt to enter into, a memorandum of understanding, with such an agency that will provide emotional support services related to sexual abuse, for inmates at the facility. The facility provided a copy of an MOU between the facility and a victim advocate service in the local community, Sexual Assault Services. The MOU outlines the scope of the agreement and the terms of service. The outside agency agrees to provide advocates to accompany victims through a forensic medical exam and investigatory interview processes. They also agreed to participate in inmate orientation and to tour the facility.</p> <p data-bbox="248 1444 1468 1736">The facility provided a copy of a poster that tells inmates that a service, outside the facility, is available to provide emotional support services related to sexual abuse. The posting provides the name of the agency, and contact information, both phone numbers and a mailing address, and informs inmates that their PIN is not needed to make the call and that the calls are not monitored or recorded. Auditors observed multiples of this posting in every housing unit, and in every other area of the facility where inmates may be, i.e., classrooms, library, health care, etc.</p> <p data-bbox="248 1792 1468 1904">Auditors dialed the number, from the phones in the housing units, and were able to reach the agency and report that they were PREA auditors checking the phones. Facility staff were able to provide the information received, from the service, documenting auditors' calls.</p> <p data-bbox="248 1960 1468 2072">Facility staff also provided a form, that is part of orientation materials, that explains the service and the availability of the service, and provides contact information. Every inmate at the facility is given one of these forms at Orientation.</p> <p data-bbox="248 2128 1436 2161">Inmates who were interviewed said, when asked if they were aware of such a service, "yes,</p>

there are hotlines and phone numbers on postings, " and "yes, I watched the video. My social worker showed it to me." When asked if they knew what kind of services were available, one said, "I'm getting that service here because I'm dealing with a lot of sexual abuse." Others identified that they thought they were trauma counseling services and mental health and support types of services but weren't sure because they weren't using them themselves. One inmate said she thought the information was posted but that she would just ask her social worker for a referral because she was certain her social worker would do that for her if she needed it. Overall, only two inmates, of all inmates interviewed, said they were not sure what the services were all about because they did not have a need for them but, that if they did, they would look more closely at the postings and/or talk to a social worker.

When asked if they got mailing addresses and telephone numbers, for these services, inmates said, "that stuff is on the postings," and, "when we leave, they will give us a packet so we can keep using the services." When asked if they had been able to talk to people from these services, they said they asked their social worker for that type of service and she arranged it for them. The inmates who reported using the services said they felt what they said remained private unless them said they were going to harm themselves or someone else.

Auditors interviewed the Director of Sexual Assault Services, the local advocacy agency that the facility has an MOU with. She identified that she goes into the facility weekly to meet with offenders, in the visiting room, who have requested her services. She said that there are very few calls, or allegations, from the facility but that the facility Victim Services Coordinator makes many referrals to her from inmates who have requested her services. She said she is not currently working with any inmates who report having been abused in the facility but that inmates she is working are more often people who have been assaulted outside of incarceration settings. She said that her relationship with the facility has been going on since 2005, and that she does attend trainings and inmate orientations on occasion. She said she spends a lot of time at the facility, that she is allowed to keep working with inmates, typically, as long as they report needing her services, and that the staff, and the agency PREA Director are very accommodating and very responsive. She said that social work staff is very good about making referrals for inmates who want her services. She has not been called to a SANE exam in a long time but is very willing to provide that service whenever it might be needed. She said that she always informs inmates about the limits of confidentiality. When asked if she felt that the agency has a good relationship with the facility, she said, "I feel like it works really well there because facility staff are very responsive and easy to work with."

#### Conclusion

Auditor finds that the facility exceeds the standard for the following reasons:

1. Facility maintains regular, open communication with the agency and invites the advocacy agency staff in regularly,
2. Facility refers inmates to the agency and allows agency to provide weekly, ongoing support for as long as inmate needs,
3. Advocacy agency staff have participated in Prisoner Orientation and trainings on occasion.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Web Site Printouts  Agency Posting - Zero Tolerance Policy</p> <p>Discussion  (a)-1, (1)-2  The facility submitted, as documentation that the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment, copies of a posting that explains the agency's zero-tolerance stance on sexual abuse and sexual harassment and identifies how to report on behalf of an inmate. Specifically, the poster identifies telling any staff person, reporting on the WIDOC web site, and contacting local law enforcement as options for third party reporting. Auditors saw many of these posters, in various locations, throughout the facility.</p> <p>The facility also submitted copies of the agency web site page that addresses PREA matters. On that page, it says, "To notify DOC on behalf of an inmate or youth, a third party may report by email." Included are instructions on what information the third party reporter might include in the report, such as the name of the victim, age, date of birth, DOC number, description of the incident, suspect information and the reporters contact information.</p> <p>Conclusion  Based on the above evidence, the facility is found compliant with the standard.</p>



115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>Interviews Staff Facility Superintendent Medical and Mental Health Staff Agency PREA Director</p> <p>Discussion (a)-1, (a)-2, (a)-3 Agency policy, Executive Directive #72, in Section XIV, Paragraph C, No.1, requires all employees to accept reports made verbally, in writing, anonymously, and from third parties, to promptly document any verbal reports and to immediately report: a. any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC; b. any incidents of retaliation against offenders or employees who reported such an incident; and/or c. any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff are required to immediately report to a supervisor who is not the subject of the allegation. All random staff who were interviewed were aware of this policy requirement When asked if all staff are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, their answers were, "absolutely, " "yes, that's my responsibility," and "yes, the requirements are located in policy." There was not one staff person interviewed that did not know the answer to this question.</p> <p>(b)-1 The same agency policy stipulates that employees are not to reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators and designated officials. It identifies that such information is to be limited to information necessary to make treatment, investigation and other security and management decisions only. When asking staff if they had an obligation to report, auditors asked a follow-up question, "is there anyone you wouldn't tell?" Responses were, "I would only tell my supervisor," and "I would only tell staff who need to know." They were all well aware of the impropriety of talking to other staff and inmates about the report they received.</p> <p>© Paragraph C, No. 6 holds medical and mental health practitioners responsible for reporting sexual abuse and informing offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Medical and Mental Health Staff who were</p>

interviewed said that they are required by policy to report any knowledge, suspicion or information, identified that they are mandatory reporters and that they always discuss the limitations of confidentiality, and their duty to report, at the initiation of services to an inmate. Mental Health staff identified that they have inmates sign a form after they have gone over staff reporting responsibilities with them. They identified the form as DOC-19223.

(d)

In No. 8, the policy says that if the alleged victim is under 18, the facility shall promptly, in no later than 14 days, report the allegation to the alleged victim's parents or legal guardians, unless the facility has documentation showing that the parents or guardians should not be notified, to the child welfare caseworker, if the alleged victim is under the guardianship of the child welfare system, or to the attorney, or other legal representative, if a juvenile court has jurisdiction over the alleged victim. The facility superintendent said, in an interview, "We would report to the state agency immediately. And, we would investigate just like any other allegation." The agency PREA Director said, "we would report to child or adult protective services and to law enforcement for those vulnerable populations."

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Agency policy requires that all reports of sexual abuse and sexual harassment be reported to agency investigators for investigation. The superintendent verified that all reports of sexual abuse and sexual harassment are reported to agency investigators in order for an investigation of the allegations to begin.

Conclusion

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

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>Interviews Facility Superintendent Staff</p> <p>Discussion (a)-1, (a)-2, (a)-3 Agency policy, Executive Directive #72, says, in Section XVI, that when the department or facility learns that an offender is subject to an imminent risk of sexual abuse, it shall take immediate action to protect the offender. The facility reports the number of times an inmate was in immediate danger of being sexually assaulted, in the last 12 months, as zero. The superintendent said that the facility, “would act immediately, document the incident, not let the person return to the same housing unit, take immediate action, take steps to protect the individual from harm, and take the necessary steps to keep them safe.” All staff who were interviewed said, they would, “keep the inmate in danger in their line of vision,” “report it to my supervisor immediately and move the inmate to another housing unit,” “split them up and don’t let them anywhere near each other,” “protect the health and safety of the identified inmate in danger.” A teacher who was interviewed said she would dismiss all students except the identified inmate in danger, keep that person in the classroom with her and call for her supervisor.” All staff were very well able to identify the policy requirement and to give examples of what they would do if that situation arose.</p> <p>Conclusion Based on the above evidence, the facility is found compliant with the standard.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Documentation of Notification</p> <p>Interviews Agency Head Superintendent</p> <p>Discussion</p> <p>(a)-1, (a)-2, (a)-3, (b)-1, (c)-1 Agency policy, Executive Directive #72 says, in Section XIV, Paragraph C, No. 9 that within 72 hours of receiving an allegation that an offender was the victim of sexual abuse at another facility, the information shall be forwarded to the head of the facility where the alleged abuse occurred. The facility reports that, in the last 12 months, staff received one report of sexual abuse that occurred at another facility that is outside the WIDOC system. The facility reports that the allegation was reported to the head of the facility where the alleged abuse occurred, and provided written documentation of the report that was made, verifying that the report was made within 72 hours after becoming aware of the allegation.</p> <p>The agency head verified, in an interview, that when another agency, or facility, refers an allegation of sexual abuse or sexual harassment that occurred at the facility, "the designated point of contact is the PREA Director, in Central Office, or the Warden of the facility where the alleged incident occurred. If the PREA office is notified, they notify the facility head and, whoever receives it, determines how the investigation should take shape, and follows through and ensures the investigation, and all required follow-up takes place.</p> <p>The facility superintendent said, when asked what happens when the facility receives an allegation from another facility, or agency, that an incident of sexual abuse or sexual harassment occurred in the facility, "we would open that as an investigation when we receive the report from another facility and we would carry out that investigation just as though it happened here. We would not do anything different."</p> <p>(d)-1, (d)-2 Executive Directive #72 requires that all allegations of sexual abuse and sexual harassment be investigated, including those received from third-parties and anonymous sources. The facility reports that they did not receive any reports, from other facilities, during the audit period.</p> <p>Conclusion Based on the above evidence, the facility is found compliant with the standard.</p>



115.64	<b>Staff first responder duties</b>
	<p data-bbox="248 168 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 284"><b>Auditor Discussion</b></p> <p data-bbox="248 329 451 365">Documentation</p> <p data-bbox="248 371 1377 407">Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p data-bbox="248 414 1174 450">Training Module - Sexual Abuse Incident response for Healthcare Staff</p> <p data-bbox="248 456 1201 492">Training Module - Sexual Abuse Incident response for Non-Security Staff</p> <p data-bbox="248 499 1137 535">Training Module - Sexual Abuse Incident response for Security Staff</p> <p data-bbox="248 629 384 665">Interviews</p> <p data-bbox="248 672 480 707">First Responders</p> <p data-bbox="248 714 767 750">Inmates Who Reported a Sexual Abuse</p> <p data-bbox="248 757 316 792">Staff</p> <p data-bbox="248 887 392 922">Discussion</p> <p data-bbox="248 929 1161 965">(a)-1, (a)-2, (a)-3, (a)-4, (a)-5, (a)-6, (a)-7, (a)-8, (a)-9, (a)-10, (a)-11,</p> <p data-bbox="248 972 1453 1043">Executive Directive #72, in Section XVI, Paragraph A, No.1 identifies actions the first security staff to respond to an allegation of sexual abuse is required to take. Those actions include:</p> <ul data-bbox="248 1055 1485 1429" style="list-style-type: none"> <li>*separating the alleged victim and abuser,</li> <li>* preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence,</li> <li>* requesting that the alleged victim not take any actions, i.e., brushing teeth, washing, changing clothes, defecating, urinating, smoking, drinking, or eating, that might destroy physical evidence, and</li> <li>* ensuring that the alleged abuser does not take any actions that could destroy physical evidence, i.e., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.</li> </ul> <p data-bbox="248 1485 1485 1816">The facility reports that it received 11 reports, in the past 12 months, that an inmate was sexually abused. Of those 11 allegations, only 1 was received within a time period that still allowed for the collection of physical evidence, and the facility reports that staff did preserve and protect the crime scene until appropriate steps could be taken to collect evidence, did request that the alleged victim not take any actions, i.e., washing, brushing teeth, urinating, defecating, smoking, drinking or eating, that could destroy physical evidence. In that one instance cited, staff were not able to ensure that the alleged abuser not take actions that could destroy physical evidence.</p> <p data-bbox="248 1872 1477 2029">All first responders who were interviewed were well able to articulate what their responsibilities as first responders are. In addition, all staff who were randomly chosen for interview were also aware of what their responsibilities are if they are the first person to respond when an inmate alleges that they were sexually abused.</p> <p data-bbox="248 2040 1469 2157">Four inmates who reported a sexual abuse were interviewed. Three of them said they did not report the incident in time for any physical evidence to be collected but one did report in time and said that staff responded immediately and did collect physical evidence.</p>

(b)-1, (b)-2. (b)-3, (b)-4, (b)-5

ED #72 outlines the same responsibilities for first responders who are not security staff, and adds the requirement that they immediately notify security staff, as well as appropriate medical and mental health staff, and that they not rely on inmate translators, or interpreters, or other types of offender assistants, except in exigent circumstances that are documented. The facility reports that of the allegations received, in the past 12 months, in none of the instances was the first responder a non-security staff.

Conclusion

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

115.65	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation REECC Coordinate Response Plan, 2019</p> <p>Interviews Superintendent</p> <p>Discussion (a)-1 The facility indicated that it does have a coordinated response plan to identify the actions to be taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The superintendent said, in an interview, "We have an updated plan that outlines each discipline's responsibility and gives clear direction to everyone involved." The facility submitted a copy of their written response as documentation.</p> <p>The documentation submitted outlines the responsibilities of security and non-security staff, the security supervisor, the facility PCM, medical staff, mental health staff, the facility's Victim Services Coordinator, investigative staff, and sexual abuse incident review teams. The plan includes a list of names, and contact information, for the employees in these different positions. Listed are the agency head, the superintendent, the deputy warden, the security supervisor, the facility PCM, the facility victim services coordinator, the health services and mental health services managers, SANEs who provide forensic exams for the facility, the victim advocacy agency in the local community, and facility staff who make up incident review teams. The plan also includes a Sexual Abuse Incident Flowchart that outlines the process, in flow chart style, of responding to an incident of sexual abuse. The chart identifies the steps to be taken, in order, and the staff who are responsible for carrying out each step.</p> <p>Conclusion Based on the above evidence, the facility is found compliant with the standard.</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>Interviews Agency Head</p> <p>Discussion The facility reports that it has not entered into any collective bargaining, on the agency's behalf, since the last PREA audit. The agency head said, in an interview, "in Wisconsin, we have a state statute, Act 10, that prohibits any collective bargaining for our employees."</p> <p>Conclusion Based on the above evidence, the facility is found compliant with the standard.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  DOC-2767 Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator  Response Checklist  Sexual Abuse Allegation Staff Retaliation Monitoring</p> <p>Interviews  Agency Head  Facility Superintendent  Staff Member Charged with Monitoring Retaliation  Inmates Who Reported a Sexual Abuse</p> <p>Discussion  (a), (b), (c)  Executive Directive #72 identifies, in Section XVII, Paragraph, that all WIDOC facilities are required to designate employees to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and sexual harassment are protected. Paragraph B specifies that, for at least 90 days following a report of sexual abuse, designated staff are to monitor the conduct and treatment of the offender, or employee, who reported the sexual abuse, and the offender who was reported to have experienced the sexual abuse, to determine if retaliation has occurred. The monitoring should include periodic status checks and employees are required to act promptly to remedy any such retaliation. The policy calls for the monitoring to continue beyond 90 days if the initial monitoring indicated a continuing need. If offenders, or employees, express fear of retaliation, the facility is required to take appropriate protective measures to protect them. Agency policy also identifies that if the allegation is determined to be unfounded, the agency's obligation to monitor will terminate.</p> <p>Identified, on the PAQ were the names and job titles of staff who are charged with monitoring retaliation. They include two social workers and the facility superintendent.</p> <p>(b), (c)-1, (c)-2, (c)-3, (c)-4, (c)-5  When asked how the facility protects inmates and staff from retaliation for having made sexual abuse or sexual harassment allegations, the Agency Head said, " We have Executive Directive #72, and and we have Victim Services Coordinators, at each facility, and their general task is to monitor inmates who make allegations. Then we also have status checks that we make, so we can identify any potential instances of retaliation. We have some certain things we look for, like housing changes, program changes, job changes, etc. We also have PCMs monitor inmates for retaliation."</p> <p>The facility superintendent said, "we use a check-in process to determine if they're experiencing retaliation, and we look for things like if they're avoiding coming to work or isolating themselves. We have more conversations with them and we will extend the</p>

monitoring period if we need to and address any instances we see, or think we may see." A social worker who is charged with monitoring retaliation said, in an interview, that she checks in with inmates at least monthly, if not more often, to make sure no retaliation is happening. She said that she talks to staff to see how things are going with the inmate, looks at any reports that have been written, and would have an inmate moved if she thought it was warranted. She also said that she monitors for at least 90 days, and longer if its necessary, and said that there is no maximum length of time that she would monitor conduct and treatment. She said she will monitor inmates as long as necessary.

Four inmates who reported sexual abuse were interviewed and all of them reported feeling that staff took retaliation monitoring seriously. One said, "the staff here is good. They do a good job of protecting us." All of them were aware that the facility has staff designated as retaliation monitors who were available to them if they needed their services and said that they can also report any problems they have to their social worker.

The facility reports that there have been no instances of retaliation in the past 12 months.

#### Conclusion

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

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  DOC-30 Review of Inmate in Restrictive Housing</p> <p>Interviews  Facility Superintendent  Staff Who Supervise Inmates in Segregation</p> <p>Discussion  (a)-1, (a)-2, (a)-3, (a)-4,  Agency policy, Executive Directive #72, says, in Section XIII, Paragraph B, No.1, that offenders at high risk for sexual victimization shall not be separated from the general population 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. The facility reports that there were no inmates at risk of sexual victimization who were held in involuntary segregated housing, in the past 12 months.</p> <p>(b), (c)  The facility does not separate offenders at high risk of sexual victimization from the general population, but agency policy does address the issue. Executive Directive #72 says that offenders separated from the general population for this purpose will have access to programs, privileges, education or work opportunities to the extent possible and that if the facility does restrict any of these things, they will document the opportunities that have been limited, the duration of the limitation, and the reason for the limitations.</p> <p>Auditors interviewed the Superintendent and staff who supervise inmates in segregation, and both confirmed that the facility does not separate offenders at high risk for sexual abuse from the general population. The superintendent said that other options, including moving an inmate to a different housing unit and even to a different facility, are preferred solutions, and staff who work in segregation verified that inmates in segregation are not there because there was no other way to protect them from sexual victimization.</p> <p>Based on the above evidence, the facility is found compliant with the standard.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Records Retention/Disposition Authorization</p> <p>Interviews  Investigative Staff  Facility Superintendent  Agency PREA Director  Facility PREA Compliance Manager</p> <p>Discussion  (a)-1, € (f), (g), (h)-1, (i), (j), (k), (l)  Section XVII, of Executive Directive #71, is the agency policy related to criminal and administrative agency investigations. This section provides for:  * investigations to be completed for all allegations of sexual abuse and sexual harassment,  * allegations that involve potentially criminal behavior to be referred to local law enforcement for investigation,  * agency investigators to follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions and is adapted from a comprehensive and authoritative protocol developed after 2011, and to request that any investigating law enforcement agency follow the same protocol when investigating allegations for the agency,  *investigators to collect and preserve any direct and circumstantial evidence, to interview alleged victims, suspected perpetrators and witnesses and to review prior complaints and reports involving the suspected perpetrator,  *assessing the credibility of an alleged victim, suspect or witness on an individual basis and not on the person's status as an offender and not requiring a complainant to submit to a lie detector, or other truth-telling device as a condition for proceeding with the investigation,  * administrative investigations to include an effort to determine whether employee actions or failures to act contributed to the abuse,  *the DOC to impose no higher standard than preponderance of the evidence,  * all investigations to be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the agency plus ten years,  * the departure of an alleged abuser or victim from employment or control of the facility, or the recantation of the allegation, to not provide a basis for terminating an investigation,  *for the facility to cooperate with outside agencies that investigated allegations for them and to work to remain informed about the progress of the investigation,  * the agency to inform all victims, following an investigation, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and to document the notification,  *the agency to inform an alleged victim when an employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the</p>

agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse and to document such notification, and  
\*the agency to inform an alleged victim whenever the agency learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse and to document the notification.

Agency policy requires all staff who investigate incidents of sexual abuse and sexual harassment to receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. It also requires the agency to maintain documentation of the training completions.

The facility presented a copy of their investigator training lesson plan. Auditor reviewed the lesson plan and found that it does include items listed above. Unit 1, of the training, is entitled, "Sexual Abuse and Sexual Harassment in Confinement, " and it provides definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations, reporting to inmates, sexual abuse incident reviews, and staff duties and responsibilities. Three facility investigators were interviewed and all three confirmed that they had received training specific to conducting sexual abuse investigations in confinement settings and that the training covered techniques for interviewing, proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. They were all well able to describe the investigation process, describe evidence they might be responsible for collecting, and articulate the basis on which they are to judge the credibility of an alleged victim. The facility provided, as documentation of investigator training, a computerized database printout that the agency uses to record, and track, investigator training, showing that the three agency investigators were properly trained.

(d), (h)-2

Because the agency does not conduct criminal investigations, investigative staff who were interviewed said they do not consult with prosecutors prior to conducting compelled interviews. In fact, they do not conduct compelled interviews at all. If necessary, those are done by investigators from the Racine County Sheriff's office which is the agency that conducts criminal investigations for REECC. The agency reports that one allegation was referred to the Racine County Sheriff for criminal investigation during the audit period.

The facility superintendent, who is also the facility PCM, said that she maintains contact, with the outside agency that conducts criminal investigations, in this case the Racine County Sheriff's Department, by phone and by e-mail. She reported that facility staff have a very good working relationship with them and that they keep in close touch when there is an active investigation in process. The agency PREA Director said, "all facilities have very good working relationships with local law enforcement. Administrators will request regular updates to be able to be in close touch with any criminal investigations."

Conclusion

Based on the above evidence, the facility is found to exceed the standard. The standard only requires that written reports of administrative and criminal investigations be retained for as long as the alleged abuser is incarcerated, or employed, by the agency plus five years, but the agency imposes an added burden upon itself and retains the documentation for as long as the alleged abuser is incarcerated, or employed, by the agency plus ten years.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>Interviews Investigative Staff</p> <p>Discussion (a) Agency policy requires, in Section VII, Paragraph G, that the agency will impose no standard higher than preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. Three investigative staff were interviewed, and all confirmed that they were trained to rely on a preponderance of evidence and to treat all parties the same. Auditors reviewed the lesson training plan for investigators and found that the preponderance of evidence standard is taught in investigative training.</p> <p>Conclusion Based on the above evidence, the facility is found compliant with the standard.</p>

115.73	<b>Reporting to inmates</b>
	<p data-bbox="252 170 927 203"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 448 360">Documentation</p> <p data-bbox="252 371 1453 528">Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Sample Notification Documents - (3), Substantiated, Unsubstantiated, Unfounded Computerized Database Printout Identifying all Investigations of Allegations of Sexual Abuse and Sexual Harassment During the Audit Period</p> <p data-bbox="252 584 384 618">Interviews</p> <p data-bbox="252 629 767 741">Facility Superintendent Investigative Staff Inmates Who Reported a Sexual Abuse</p> <p data-bbox="252 931 392 965">Discussion</p> <p data-bbox="252 976 480 1010">(a)-1, (a)-2, (a)-3</p> <p data-bbox="252 1021 1485 1559">Agency policy, Executive Directive #72, requires, in Section XVII, Paragraph, K, that following an investigation of an allegation that an offender suffered sexual abuse in the facility, the facility shall inform the alleged victim, and document that notification, whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. The facility reports that of 11 administrative, or criminal, investigations that were investigated during the audit period, each of the alleged victims were notified of the outcome of the investigation. The standard only requires that alleged victims of sexual abuse be notified but this facility notifies alleged victims of both sexual abuse and sexual harassment. The facility superintendent confirmed, in an interview, that all alleged victims of sexual abuse and sexual harassment are notified of investigation outcomes. Investigative staff who were interviewed confirmed that all complainants are sent a letter notifying them of the outcome of the investigation. In addition, four inmates who filed an allegation were interviewed and all confirmed that they were notified of the outcome of the investigations of their allegations.</p> <p data-bbox="252 1615 480 1648">(b)-1, (b)-2, (b)-3</p> <p data-bbox="252 1659 1461 1861">Executive Directive # 72 requires that if the facility did not conduct the investigation, it must request the relevant information, from the investigating agency, in order to inform the alleged victim. The facility reports that one allegation was investigated by an outside agency, but, during the interviews, the complainant revealed that she had made a false complaint, which changed the outcome of the investigation.</p> <p data-bbox="252 1917 687 1951">©-1, ©-2, ©-3, (d)-1, €-1, €-2, €-3</p> <p data-bbox="252 1962 1469 2152">Executive Directive #72, in Section XVII, Paragraph L, outlines that, following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the agency is required to inform the alleged victim, and document the notification, whenever the employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency</p>



learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The Directive goes on to say, in Paragraph M, that the agency will notify an alleged victim whenever it learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The documentation submitted by the facility, identifying investigations conducted, during the audit period and the outcomes of those investigations, showed that the facility was responsible for notifying one inmate. Auditor reviewed the investigative file and found that the proper notification was made.

Auditor randomly selected eight, of 11 investigations conducted during the audit period, for review. Investigations are documented in written reports that include a description of the physical and testimonial evidence, investigative facts and findings, the rationale behind credibility assessments and efforts to determine if staff neglect contributed to an incident. Investigative interviews indicate that all aspects of an allegation are considered and documented.

#### Conclusion

Based on the above evidence, the facility is found to exceed the standard in that the standard requires notification of investigate outcomes to complainants of sexual abuse but the facility also notifies alleged victims of sexual harassment as well.

115.76	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>Discussion (1)-a, (b)-1, (b)-2 Executive Directive #72, in Section XIX, outlines administrative sanctions for staff who are found to have violated the agency’s sexual abuse, sexual harassment, and retaliation policies as up to, and including, termination and that termination is the presumptive sanction for a staff member who engaged in sexual abuse. This policy guides facility practice regarding disciplinary sanctions for staff. The facility reports that, in the past 12 months, no employees have violated agency sexual abuse and sexual harassment policies and no staff have been terminated for any such violations. A review of investigation documents revealed that there was one allegation of staff on inmate sexual abuse that was investigated and determined to be unfounded.</p> <p>©-1, ©-2 The Executive Directive goes on to say that disciplinary sanctions will be commensurate with the nature and circumstances of the violation, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by staff with similar histories. The facility reports that no facility staff have been disciplined, short of termination, for violation of the agency’s sexual abuse and sexual harassment policies.</p> <p>(d)-1, (d)-2 Executive Directive #72 says, in Paragraph A, No.3, that all terminations for violations of the agency’s sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies. The facility reports that, in the past 12 months, no facility staff have been reported to any relevant licensing boards, following terminations, or to any law enforcement agencies, for violating agency sexual abuse and sexual harassment policies. The facility did not have any substantiated cases of staff on inmate sexual abuse or sexual harassment in the past 12 months. Therefore, no employees were reported to law enforcement or relevant licensing bodies for violating agency sexual abuse and sexual harassment policies.</p> <p>Conclusion Based on the above evidence, the facility is found complaint with the standard.</p>

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>Interviews Facility Superintendent</p> <p>Discussion (a)-1, (a)-2, (a)-3, (a)-4, (b)-1 Section XIX, Paragraph A, No. 4, of Executive Directive #72, says that any volunteer or contractor who engages in sexual abuse will be prohibited from contact with offenders and will be reported to relevant licensing bodies. It goes on to say that appropriate remedial measures will be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors. The facility reports that, in the past 12 months, they have not reported any volunteers, or contractors, to any law enforcement agencies, or to any relevant licensing bodies, for engaging in sexual abuse, or sexual harassment of any inmates. Investigation documents confirmed that there were no allegations of sexual abuse or sexual harassment against any facility volunteers or contractors. The facility superintendent verified, in an interview, that if any volunteer or contractor was found to have engaged in sexual abuse or sexual harassment of an inmate, "there would be no more contact, we would report to authorities, to their employers and we wouldn't allow them back and we would, of course, pursue any criminal charges."</p> <p>Based on the above evidence, the facility if found compliant with the standard.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>Interviews Facility Superintendent Director of Psychological Services</p> <p>Discussion (a)-1, (a)-2, (a)-3, (a)-4, (b) Executive Directive #72, in Section XIX, Paragraph B, No 1, explains that offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. It goes on to say that sanctions shall be commensurate with the nature and circumstances of the violation, the offender’s disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories. The facility reports that, in the past 12 months, there have been three administrative findings of inmate-on-inmate sexual abuse, at the facility, and no criminal findings of guilt for inmate-on-inmate sexual abuse. A review of the misconduct documents indicated that inmates are disciplined in accordance with agency policy.</p> <p>When talking about various sanctions for inmates, the facility superintendent said they will use things like room confinement, in separate rooms, or transfers to another facility. She said, “We have a lot of avenues that we can use because we don’t recognize consent. We don’t allow it. It is a violation. “</p> <p>© In No.3, the Executive Directive identifies that the disciplinary process will consider whether a perpetrating offender’s mental disabilities, or mental illness, contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A review of misconduct documents noted a specific area for "psychological services in put for serious mentally ill inmate." None of the misconduct reports reviewed indicated a need for this consideration. The facility superintendent said, “Psych staff weighs in on whether the disciplinary action would exacerbate any of their mental health conditions. And, we might take more steps to protect if the inmate wasn’t capable of making good, sound decisions on her own behalf.”</p> <p>(d) In No. 4, the Executive Directive says that the facility will consider requiring perpetrating offenders to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse, as a condition of access to programming and other benefits. The director of psychological services was interviewed, and he said that his department would offer general monitoring of inmates and that, based on their needs, treatment plans would be tailored to the individual. He verified that any individual, victim or perpetrator, would be assessed and offered services at the facility or even transferred to another facility if that was necessary to obtain the appropriate services for them. He said he</p>

has not seen the therapy requirement, as a condition of access to programming and other benefits, but he acknowledged that there may be cases where it would be appropriate.

€, (f)-1

In No.5, agency policy says that an offender will only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact, and, in No.6, it says that inmates will not be disciplined for filing an allegation in good faith, based upon reasonable believe that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the claim.

(g)-1, (g)-2

In No. 7, the agency policy identifies that while consensual sexual activity between offenders is prohibited in all agency facilities, sexual activity between inmates that is not coerced will not be considered sexual abuse.

Conclusion

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

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation</p> <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Division of Adult Institutions Policy #500.70.01 Mental health Screening, Assessment and Referral</p> <p>Computerized Database Printouts - Electronic Medical Record Note, Referral to PSU  PREA Referral Tracking Spreadsheet</p> <p>Sample Risk Screen – Completed</p> <p>DOC 2468, Limits of Confidentiality of Health Information  DOC-1163, Authorization for Disclosure of Non-Health Confidential Information  DOC-1163A, Authorization for Use and Disclosure of Protected Health Information (PHI)</p> <p>Interviews</p> <p>Inmates who Disclosed Sexual Victimization at Risk Screening  Staff Responsible for Risk Screening  Medical and Mental Health Staff</p> <p>Discussion</p> <p>(a)-1, (a)-2, (a)-3, (a)-4, (b)-1, (b)-2, (b)-3, (b)-4</p> <p>By agency policy, Executive Directive #72, if either the initial, or a follow-up, screening indicates that an offender has previously experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional or community setting, staff are required to refer them for a follow-up with a mental health provider within 14 days of the initial, or follow-up screening, whenever the prior victimization was revealed. DAI policy #500.70.01 holds staff who conduct PREA risk screening responsible for offering inmates a follow-up meeting with PSU staff when the screening reveals that the inmate has experienced prior sexual victimization or has been previously sexually abusive. If an inmate accepts the follow-up meeting with PSU staff offer, that meeting is to take place within 14 days of the PREA screening.</p> <p>The agency's computerized database system, used to record screenings of inmates, has the referral process built into the system. Question 6 asks the offender if they have ever been the victim of unwanted or abusive sexual contact in the community or while confined. An affirmative response generates a radio box that prompts staff to then offer the referral to mental health services. If an affirmative response is given to the offer of mental health contact, the system automatically documents the date of acceptance and the referral is electronically generated. When the follow-up meeting takes place, healthcare staff make a notation, in the electronic medical record noting the date, time, reason for the meeting, as well as the name of the staff who met with the inmate. WICS can then be queried, and a printout generated, documenting the referrals made and the date the follow-up meetings were conducted. The facility provided printouts for review, showing that 100% of inmates who reported having experienced prior victimization were offered a follow-up meeting, with mental health staff, and all referrals that were electronically generated during risk screening resulted in follow-up meetings, with mental health staff, within 14 days of the screening date.</p>

Staff who perform risk screening were interviewed and both verified that the referrals are made at the time of risk screening and that they are made electronically. When asked when the follow-up meetings take place, they identified that the rule is that the meeting is to take place within 14 days of the screening, but both said that they typically take place within a few days.

Two inmates who disclosed prior sexual victimization during risk screening were interviewed as well. Both said they were offered a referral to mental health services. One accepted and one declined because she works regularly with a social worker and did not feel she also needed to meet with PSU. She also identified that staff from Sexual Assault Services, the local advocacy agency, come into the facility regularly and her social worker provided her a referral to meet with them as well.

(d)-1, (d)-2

Executive Directive #72, in Section XII, Paragraph E, says that appropriate controls shall be placed on the dissemination of information gathered during initial, and follow-up, screenings so that sensitive information cannot be exploited to the offender's detriment. It goes on to say that any information related to sexual victimization or abusiveness occurring in an institutional setting is considered confidential and access to that information is strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment and program assignments or as otherwise required by law. On-site, staff demonstrated that the information is stored electronically and is protected by user profile. Access to the information is controlled by restricting log-in and password information to only those employees who need access to perform their jobs.

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Agency policy, Executive Directive #72, in Section SXX, Paragraph F, states, in part, "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." The agency provided several forms that are completed and require the inmate's signature prior to disclosure of such information.

Medical staff indicated that upon receiving information that an inmate experienced prior sexual victimization that did not occur in an institutional setting, informed consent would be obtained. They also reported that prior to disclosure, the inmate is required to sign a form allowing staff to release this information. Mental health staff reported that there is no specific mental health form. However, there is a disclaimer contained within the mental health assessment form regarding informed consent.

Conclusion

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

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Division of Adult Institutions Policy #500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse</p> <p>Interviews  Medical and Mental Health Staff  Inmates Who Reported a Sexual Abuse  Security Staff and Non-Security Staff First Responders</p> <p>Discussion  (a)-1, (a)-2, (a)-3  Executive Directive #72, in Section XVI, Paragraph B, No.1, states, “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.” No. 2 states, “All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care. DAI Policy #500.30.19 says, “Timely and unimpeded access to emergency medical treatment without cost to the inmate patient.” Collectively, these policies guide facility practice regarding access to emergency medical and mental health services.  Medical staff reported that inmate victims of sexual abuse are seen immediately for stabilization services. Inmates are subsequently referred to the local hospital for further evaluation and additional services. Additionally, medical staff are on call 24-7 and, if medical staff are not immediately available, inmates will be transported to a local hospital. Medical staff reported that treatment services are provided in accordance with the professional judgment of the practitioner. The medical area was observed during the review of the facility. Based on conversations with employees, and on-site observations, facility medical staff provide general medical services and basic services. Any significant medical procedures are performed off-site at a local hospital.  Four inmates who reported a sexual abuse were interviewed. Three of them said they were provided medical or mental health care they needed immediately, and one said that she did not report the incident until several months after it happened but that she was then offered care, which she refused.</p> <p>(b)  Executive Directive #72, in Section XVI, Paragraph B, No 1, says that if there are no qualified medical or mental health practitioners on duty when a report of abuse is made, security staff first responders will take preliminary steps to protect the victim and will immediately notify appropriate medical and mental health care staff. The facility reported three substantiated allegations of sexual abuse in the past 12 months. In each instance, the abuser and victim were separated. All allegations involved touching over clothing and did not involve penetration</p>



of any kind. All victims were referred to the facility victim's services coordinator for services. It was also noted that facility medical staff are always available on-site or on-call. Security and Non-security Staff First Responders who were interviewed were all well able to articulate that they would immediately notify medical and mental health care staff as appropriate when responding to an instance of sexual assault.

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Executive Directive #72, in Section XVI, Paragraph B, No.3, says, "The DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infection prophylaxis." The facility reports that, in the past 12 months, there were three substantiated allegations of sexual abuse that all involved touching over the clothing and did not involve any penetration. Therefore, none of the victims required information about, or timely access to, emergency contraception or sexually transmitted disease prophylaxis.

Medical staff reported that inmates are provided timely information about access to emergency contraception and sexually transmitted infection prophylaxis. STD testing and medication will be administered at a local hospital and on-site health care will follow up with necessary treatment. If follow-up treatment cannot be completed on-site, an inmate will be transported off-site for that treatment. Medical staff also reported that decisions regarding patient care are made in accordance with the professional judgment of medical staff and in accordance with professionally accepted standards of care.

(d)

Executive Directive #72, Section XVI, Paragraph B, No. 2, says, " All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care." Investigation documents were reviewed on-site and none of the documentation indicated that inmates were charged for services related to an allegation of sexual abuse or sexual harassment.

Conclusion

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

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Investigation documentation</p> <p>Interviews Medical and Mental Health Staff Inmates Who Reported Sexual Abuse</p> <p>Discussion (a), (b), (c), (d), (e), (f), (g) Executive Directive #72, in Section XVI, Paragraph B, No.6, says, “The facility will offer medical and mental evaluations, and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release .</p> <p>Documentation was obtained, reviewed, and retained for audit purposes. The documentation indicated three substantiated allegations of sexual abuse. In all three instances, the abuse involved touching over the clothing. All three victims were referred to the facility Victim’s Services Coordinator for services, including advocacy services.</p> <p>Medical staff reported that inmate victims of sexual abuse are seen immediately for stabilization services. Upon completion of stabilization services, the inmate will be referred to the local hospital for further evaluation and additional services as necessary. Medical staff also reported that medical orders will be received from the local hospital and on-site health care will follow through with treatment.</p> <p>Mental health staff reported that follow-up services are available and are based on the needs of the inmate. Medical and mental health staff reported that decisions regarding patient care are made pursuant to professional clinical judgment and in accordance with the National Commission on Correctional Health Care Standards. Furthermore, clinician judgment supersedes agency policy if its in the best interest of the patient. Mental health staff reported that treatment plans are crafted to meet the needs of the individual, that frequency of care is determined on the needs of the individual, and that services are consistent with community level of care.</p> <p>Outlined in Executive Directive #72, Section XVI, Paragraph B, No 7, is the information that victims of sexual abuse will be offered tests for sexually transmitted infections and that victims of sexually abusive vaginal penetration will be offered pregnancy tests in addition to timely and comprehensive information about, and timely access to lawful pregnancy-related medical services. Investigation documents that were reviewed indicated that, in the past 12 months, the facility reported no incidents of sexual abuse that included vaginal penetration. Therefore,</p>

the facility did not provide documentation related to timely information and access to all lawful pregnancy-related services. Medical staff reported that if pregnancy results from an incident of sexual abuse, victims will be given timely information and access to all lawful pregnancy-related services. Medical staff reported that services would be initiated at the local hospital and will include sexually transmitted disease testing, medication and a medical order for follow-up treatment. Agency policy requires that all medical and mental health treatment services will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Conclusion

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

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  DOC-2863, Sexual Abuse Incident Review (SAIR)  Investigation documentation</p> <p>Interviews  Facility Superintendent  Facility PREA Compliance Manager  Incident Review Team</p> <p>Discussion  (a)-1, (a)-2, (b)-1, (b)-2, (c)-1, (d)-1, €  Executive Directive #72, in Section XX Paragraph A, says that the facility must conduct a review, within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The review must, by policy, be conducted by a team that consists of upper level management officials with input from supervisors, investigators, and medical and mental health staff. The review team is required to:</p> <ul style="list-style-type: none"> <li>*consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse,</li> <li>*consider whether the incident or allegation was motivated by race, ethnicity, gender identify, LGBTI identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility,</li> <li>*examine the area in the facility where the incident alleged occurred to assess whether physical barrier in the area may enable abuse,</li> <li>*assess the adequacy of staffing levels in that area during different shifts,</li> <li>*assess whether monitoring technology should be deployed or augmented to supplement supervision by employees, and</li> <li>*prepare a report of its findings, including but not limited to, determinations made in the above items, and any recommendations for improvement and submit the report to the facility head and facility PCM.</li> </ul> <p>The facility reports that, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only, “unfounded” incidents, that were followed by a sexual assault incident review, was eight. The sexual abuse incident review documentation was examined, and it was determined that the reviews are documented on the Sexual Abuse Incident Review form #DOC-2863. These forms identify the team members and contain their signatures, and auditors were able to ascertain that the teams include the Security Director, the PSU Manager, the Health Services Manager, and the Facility Superintendent.</p> <p>The elements reviewed by the team were a description of the area where the incident was alleged to have occurred, identification of any physical barriers, staffing levels in the area during the time of the incident, potential motivations for the incident including race, ethnicity,</p>

gang affiliation, group dynamics at the facility, LGBTI identification or perception, whether departmental and facility policies and procedures were followed in response to the allegation, whether the allegation, or result of the investigation indicate any policy change needs, and the identification of any changes made as a result of the review. None of the Sexual Incident Review reports reviewed indicated a need for any changes to be made.

The health care director said, in an interview, that the team does consider all factors, and does review the case and findings in a team meeting. All team members are encouraged to provide input and thoughts on a case. The team uses a form to document the incident review team meeting but there are no formal meeting minutes prepared.

The facility superintendent said, “obviously, we're looking at what we can do to prevent this from happening again, what we need to work on whether it is a physical plant problem, or a staffing issue, and how we rectify that situation. Maybe this individual was being singled out and targeted. We look at the big picture and determine what we might be missing and how we rectify that. And going forward, we consider if we need to make additional video monitoring requests or more staffing requests, all quality improvement and quality assurance type work, and keeping people safe.” She verified that the team does prepare a report of the findings and auditors were provided copies of completed reviews from the past 12 months. She also said that she, as a member of the team, has not noticed any trends.

#### Conclusion

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

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Survey of Sexual Victimization , 2016  E Correspondence Documenting Submission of SSV Wisconsin, 2016</p> <p>Discussion  (a)-1, (b)-1, (c)-1, (d)-1  Agency policy, Executive Directive #72, requires the collection of accurate, uniform data from incident based documents such as reports, investigation files, and sexual abuse incident reviews, for every allegation of sexual abuse within facilities, including facilities with which the agency contracts for the confinement of offenders, using a standardized instrument and set of definitions. It also requires that the extracted data, at minimum, include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. The policy requires that the data be aggregated annually, reported to the Department of Justice as requested, and, with personal identifier removed, posted publicly to the agency's website annually.</p> <p>The agency collects data via the agency wise Sensitive Investigation Network Communication (SINC) database. SINC allows for the collection of allegation data as the allegations are received. SINC collects sexual abuse and sexual harassment data for each agency facility, pursuant to the definitions set forth in agency policy. As allegations are received, each allegation results in a specific data point within the system. The incident-based data extracted from SINC is subsequently utilized to complete the Survey of Sexual Victimization (SSV) 2017 and the WIDOC PREA annual report.</p> <p>The SINC database serves as the agency's standardized instrument for collecting accurate and uniform allegation data. A review of the agency's most recent SSV 2017 submission noted that the data collected via SINC provided the information necessary to complete the SSV.</p> <p>Annual reports, dating back to 2010, are published online and can be found on the agency website. A review of the Wisconsin Department of Corrections, Prison Rape Elimination Act Annual Reports, from 2016 and 2017, noted that the agency does aggregate incident-based sexual abuse and sexual harassment data on an annual basis. Data is reported for each facility as well as for the agency as a whole.</p> <p>€  Each private facility the WIDOC contracts with submits a SSV to the agency who then aggregates this information and incorporates these results into the agency's SSV that is submitted to the US Department of Justice (US DOJ). SSV documentation submitted by contracted facilities, to the agency, was obtained, reviewed, and it was determined that the agency does collect incident based and aggregated data from private facilities with which it contracts for the confine of inmates.</p>

(f)

The agency provided the most recent SSV and e-mail documentation of having submitted that documentation to the US DOJ.

Conclusion

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

115.88	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation  Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)  Prison Rape Elimination Act (PREA) 2017 Annual Report - WIDOC  Prison Rape Elimination Act (PREA) 2016 Annual Report - WIDOC</p> <p>Interviews  Facility Superintendent  Facility PREA Compliance Manager  Department PREA Director</p> <p>Discussion  (a)-1, (b)-1, (b)-2  Executive Directive #72, in Section XXI, Paragraph A, No. 2, states, in part, "The data collected and aggregated shall be analyzed to assess and improve effectiveness of the DOC's sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility as well as the DOC as a whole."  The agency does aggregate incident-based sexual abuse data at least annually. Annual reports are published online and can be found on the agency website. Annual reports dating back to 2010 are available for review. A review of the WIDCOC, Prison Rape Elimination Act Annual Reports for 2016 and 2017 note aggregated incident-based sexual abuse and sexual harassment data for every facility, under the jurisdiction of the Wisconsin Department of Corrections, and corrective action measures, taken, noted in the achievement sections of the reports. The 2017 report noted a total of 37 specific measures taken to improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training. Efforts to identify problem areas and resolve correction action, at the agency and facility, were also noted.  Agency head designee reported that the incident review team looks at a variety of factors when assessing and improving the sexual abuse, prevention, detection, and response policies, practices, and training. Data collected by the PREA office and corrective action plans are reviewed to determine best practices. Allegation based data is reviewed to by the incident review team to determine the adequacy of the physical plant, policy and procedure, evidence collection procedures, emotional support services, and retaliation prevention measures.</p> <p>The agency PREA coordinator reported that facility level information stats, number of sexual abuse incidents, and number of sexual harassment incidents are compiled annually. Corrective action is ongoing, relevant to the data collected, and noted in the annual report which is posted on the agency website.</p> <p>(b)-1, (b)-2  Executive Directive #72 goes on to say, "The report shall, additionally, include a comparison of the current year's data and corrective actions with those from previous years and shall provide</p>



an assessment of the DOC's progress in addressing sexual abuse.”

A review of the WIDOC Prison Rape Elimination Act Annual Reports for 2017 and 2016 demonstrates that the agency does compare current year data with those from prior years. A review of the agency's most recent annual report revealed several actions (e.g. enhanced training, physical plant changes, advocacy partnerships) that have been taken to enhance the agency's implementation and compliance efforts.

The report also includes an assessment of the department's overall progress regarding incidents of sexual abuse. The annual report noted a 54% decline in sexual abuse and sexual harassment allegations. The agency attributed this decline to a shift in the agency's data collection methods. The agency analyzed the types of reports received in previous years and learned that a significant number did not meet the definition of sexual abuse or sexual harassment as defined by the standards. Efforts were made to correctly categorize allegations which resulted in a significant decline in allegations.

Agency policy requires the annual report to include a comparison of the current year's data and corrective actions with those from previous years and shall provide an assessment of the DOC's progress in addressing sexual abuse. A review of the agency's annual report demonstrates a year to year comparison of sexual abuse and sexual harassment data

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Annual reports dating back to 2010 are published and available for review through the agency's website. These reports are easily accessible and can be found through a basic internet search. A review of the annual reports was conducted, and it was noted that both were signed by the agency head.

(d)-1, (d)-2

Executive Directive 72, in Section XXI, Paragraph A, No.2 states, in part “The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.”

The agency PREA coordinator reported that there is no personally identifiable information, or sensitive information, contained within the annual report, thus, there is no need to redact information from it. A review of the report verified that there is no personally identifiable information, or sensitive information, contained within it.

Conclusion

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

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>Interviews Agency PREA Director</p> <p>Discussion</p> <p>(a) Executive Directive #72, in Section XXI, Paragraph A, No. 3. states, “All data shall be securely retained and maintained for at least 10 years after the date of the initial collection.” The agency PREA coordinator said that hard copy data pursuant to §115.87 is secured behind a locked door, in a locked filing cabinet. Electronic data is secured via user profile access and password protection.</p> <p>(b) Executive Directive #72, in Section XXI, Paragraph A, No 2, requires that corrective action reports be posted publicly to the agency's website. It also says that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p>Annual reports dating back to 2010 are published and available for review through the agency website. A review of the Wisconsin Department of Corrections, Prison Rape Elimination Act Annual Reports for 2016 and 2017 does show a comparison of current year data with those from prior years. These reports include aggregated sexual abuse data for all facilities.</p> <p>The agency makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts via the annual report published on the agency website.</p> <p>© Executive Directive #72, in Section XXI, Paragraph A, No. 1, says that data must be aggregated annually, reported to the US DOJ with personal identifiers removed, and posted publicly to the agency's website. It goes on to say that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must include the nature of the material being redacted.</p> <p>The agency PREA coordinator reported, and a review of annual reports for 2016 and 2017 verified, that there is no personally identifiable information, or sensitive information, contained within the annual report. Therefore, there is no need to redact information from the annual report.</p> <p>(d) Executive Directive #72, in Section XXXI, Paragraph A, No.3, says that all data must be</p>

securely retained and maintained for at least 10 years after the date of the initial collection.

Annual reports dating back to 2010 are published and available for review. A review of the 2016 and 2017 annual reports verified that the data, absent personal identifiers, is maintained as required.

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

115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination: Meets Standard</b></p> <hr/> <p><b>Auditor Discussion</b></p> <p>Discussion</p> <p>(a) (b) The agency has ensured that all facilities it operates, and any operated by private organization on behalf of the agency, was audited at least once, and that during each one-year period since August 20, 2013, at least one-third of each facility type was audited.</p> <p>(h), (i) Auditors were allowed access, and the ability to observe, all areas of the facility. Auditors were provided all documents they requested at all phases of the audit.</p> <p>(m) Auditors were permitted to conduct private interviews with inmates. Facility staff provided four separate rooms, one for each auditor, to conduct private interviews.</p> <p>(n) Facility staff did provide photos of the audit notices after they posted them in the facility and auditors were able to observe the postings as they walked through the facility. Lead auditor did receive one correspondence from an inmate, and inmates verified in interviews that they had seen the postings prior to the audit date.</p> <p>Conclusion Based on the above evidence, the facility is found compliant with the standard.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Agency website</p> <p>Interviews Agency PREA Director</p> <p>Discussion Auditor reviewed agency website and determined that all audit reports are posted appropriately.</p> <p>Conclusion Based on the above evidence, the facility is found compliant.</p>

## Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.)	na

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

115.22 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does 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)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

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

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

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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).)	yes

115.34 (b)	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	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: 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.)	no

115.52 (f)	<b>Exhaustion of administrative remedies</b>	
	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)	<b>Exhaustion of administrative remedies</b>	
	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?	yes

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

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

<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

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

<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

115.81 (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

115.81 (c)	<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

115.81 (d)	<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

115.81 (e)	<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

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

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

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

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

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

<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.)	yes

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

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

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

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

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

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

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

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

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

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

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

<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. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes