

PREA Facility Audit Report: Final

Name of Facility: Flambeau Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/27/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Yvonne Gorton	Date of Signature: 12/27/2019

AUDITOR INFORMATION	
Auditor name:	Gorton, Yvonne
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Email:	yvonnegorton@yahoo.com
Telephone number:	
Start Date of On-Site Audit:	11/20/2019
End Date of On-Site Audit:	11/20/2019

FACILITY INFORMATION	
Facility name:	Flambeau Correctional Center
Facility physical address:	N671 County Road, Hawkins, Wisconsin - 54530
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Carmen Dohms
Email Address:	Carmen.Dohms@wisconsin.gov
Telephone Number:	715-585-6394

Warden/Jail Administrator/Sheriff/Director	
Name:	Quala Champagne
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Telephone Number:	608-240-5310

Facility PREA Compliance Manager	
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Facility Health Service Administrator On-site	
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Facility Characteristics	
Designed facility capacity:	100
Current population of facility:	98
Average daily population for the past 12 months:	92
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	
Age range of population:	18-71
Facility security levels/inmate custody levels:	Minimum/minimum community
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	22
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	2
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	12

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

Agency Chief Executive Officer Information:	
Name:	Kevin Carr
Email Address:	Kevin.Carr@wisconsin.gov
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Agency-Wide PREA Coordinator Information			
Name:	Leigha Weber	Email Address:	Leigha.Weber@wisconsin.gov

AUDIT FINDINGS

Narrative:

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

Pre-Onsite Phase

In September of 2019, Great Lakes PREA Auditing and Consulting, LLC, submitted a bid, to the Wisconsin Department of Corrections (WIDOC), for performing PREA Audits of WIDOC facilities, in the 2019-2020 audit year. The bid was accepted, and the Flambeau Correctional Center was identified as one of the WIDOC facilities to be audited. This audit was scheduled to take place on November 20, 2019. Lead auditor was DOJ certified PREA auditor, Yvonne Gorton, assisted by DOJ certified PREA auditor, Wendy Hart, and two support staff, Paul Gorton and Vicki Close. The last PREA audit, of the Flambeau Correctional Facility, took place in September of 2017. That audit was conducted by DOJ Certified PREA auditor, Yvonne Gorton, assisted by several support staff, as part of a multi-state consortium between multiple states. There were no barriers to conducting the current audit.

Communication Between the Facility and Posting of Audit Notices

Communication, between the auditor and the facility, began approximately six weeks prior to the on-site portion of the audit, when audit notices, in both English and Spanish, were sent to the facility. Lead auditor Gorton sent the notices and requested that they be posted on or before October 9, 2019. She also provided instructions on how, and where the notices should be posted. Specifically, it was requested that the notices be printed on bright colored paper, in large font, and that they be posted at a height where a person sitting in a wheelchair could easily read them. It was requested that the facility remit confirmation of the postings, as soon as they were posted, identifying locations, inside the facility, where they were posted.

The Agency PREA Director provided photos of the postings in four locations: the main hallway bulletin board, the basement hallway bulletin board, in the control center facing inmates, and in the staff breakroom. She also provided photos of the postings that enabled auditors to ascertain that they were properly printed and properly posted. This posting of notices is required by standard 115.401, which states, "Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel." This allowance is made so that inmates can make confidential reports of information they might not want staff to know they were providing, i.e., that the facility does not investigate all allegations of sexual abuse and sexual harassment, or perhaps that inmates are retaliated against for reporting instances of sexual abuse and sexual harassment. No correspondence was received from inmates at the Flambeau Correctional Center.

E-mail correspondence continued and on 10/29/19, a telephone call was made, by Lead Auditor Gorton, to Superintendent Dohms. Discussed, during that call were, the date of the audit, anticipated time of the audit team's arrival at the facility, and the plan for the audit day. It was discussed that an entrance briefing would take place, upon the arrival of the team at the facility, and that an onsite review of the facility would immediately follow. Because the team consisted of four auditors, it was agreed that three of the auditors would conduct an on-site review of the facility, and the 4th auditor would immediately begin conducting interviews. Lead auditor explained which staff and inmates the audit team would want to interview, and discussed, with Superintendent Dohms, how those interviews could be scheduled

considering the small number of staff employed at the facility and the work schedules of inmates. Superintendent Dohms agreed to provide rosters of both staff and inmates to aid the team in making selections of both staff and inmates to interview. She also agreed to provide places, inside the facility, where confidential interviews could be conducted. It was agreed that, at the end of the audit day, an exit briefing would be held.

Pre-Audit Questionnaire

The agency and the auditors agreed that the Online Audit System (OAS) would be used, for the audit, and on 10/24/19, the Pre-Audit Questionnaire (PAQ), for this audit, was created. The PAQ is an audit instrument that identifies the minimum information, and supporting documents, that the facility should submit to the auditors prior to the onsite portion of the audit. Auditors were able to review the PAQ, and supporting documents, and identify what other documentation, if any, they would want to review during the on-site portion of the audit.

Request for Documentation

In further discussion, during the introductory phone call, Auditor Gorton and Superintendent Dohms discussed the information that had already been provided on the PAQ, including agency-wide policies, procedures, and reports, a diagram of the physical plant, and a facility staffing plan. Lead Auditor Gorton also requested that the facility provide specific pieces of information auditors would need to carry out the audit. Specifically requested, of the facility, were:

A complete inmate roster, based on the population on Audit Day 1

A list of inmates who are Limited English Proficient

A list of inmates who identify as LGBTQI

A list of inmates who reported sexual abuse

A list of inmates who disclosed prior sexual victimization during risk screening

A complete staff roster

A list of contractors who have contact with inmates

A list of volunteers who have contact with inmates

A list of all allegations of sexual abuse and sexual harassment made, at the facility, in the past 12 months

A list of hotline calls made in the past 12 months

On-Site Phase

The audit team arrived, at the Flambeau Correctional Center, at 7:00 a.m. Central Time, on Wednesday, 11/20/19, to conduct the onsite audit. An entrance briefing was held with facility leadership. Present at that briefing were Superintendent Dohms, who also acts as the Facility PREA Compliance Manager (PCM), Agency PREA Director, Leigha Weber, and the audit team. Introductions were made and the lead auditor explained the audit process and methodology that would be employed during the audit. It was explained, during this briefing, that corrective action is typical at most facility audits, that it is to be expected and not to be viewed as a negative. Rather, it should be viewed as assistance to the facility in the team's identifying things the facility can do to ensure greater sexual safety for inmates incarcerated there. It was explained that an Interim Report of the findings would be presented to the facility within 45 days of the date of the audit and that if the team did not find that any corrective action was necessary, that Interim Report would serve as the Final Report.

Agency PREA Director, Leigha Weber and Superintendent Carmen Dohms presented auditors with up-to-date rosters of offenders housed at the facility and staff assigned to the facility. The facility is part of the Wisconsin Department of Correction's Correctional Center program, which has a primary focus on work release and preparation for reentry to society. Housed at the facility are minimum security offenders who are evaluated on criteria such as offense history, risk assessment, conduct history, length of sentence and victim concerns, to be eligible for participation in a work release program.

The facility has one housing unit, a health services office, a food service area and an administration wing. There are laundry facilities and a food service operation inside the Housing Unit, and the Visiting Room is in the lobby of the Administration area. Housed in the basement, of the Housing Unit, are a classroom, program areas, a food service director's office and multiple storage rooms. All areas of the Housing Unit/Administration Building, with offender access, are outfitted with video monitoring, mirrors and locked doors with large windows in them. There are cameras placed inside, and outside, the center to supplement the security and observation rounds for offenders during the shift. Camera placement is arranged to maximize use.

During the review of the facility, auditors talked with inmates and staff and noted that both groups were very well versed in the Department's zero tolerance policy. At least one inmate and one staff member, in each area of the facility, were informally interviewed. Inmates were very aware of their rights, and how to report instances of sexual abuse and sexual harassment, and staff were aware of their responsibilities. Both staff and Inmates answered questions readily, and accurately, and reported having been recipients of considerable education on the subject.

When the site review was completed, auditors turned their attention to selecting both inmates and staff for interview. The inmate population was 98, and interviews included 18 randomly selected inmates. There were no targeted inmates housed at the facility, so all inmate interviews were random interviews. Inmates were randomly chosen for interview, from the roster provided, by counting down 6 names, continuing with the counting until the right number was identified.

Ten randomly chosen and nine specialized staff interviews were conducted, including staff from all shifts. One contracted staff and one volunteer were also interviewed. Because of the low staffing, at the facility, several staff fill more than one position and interviews were conducted to reflect that. Staffs were chosen from a daily staffing sheet. The Agency Head, the Warden, Human Resources staff and the Security Director do not have offices at the Correctional Center, so they were interviewed over the telephone.

Risk Screening for Risk of Victimization and Abusiveness

Inmate files, for all the inmates who were randomly chosen for interview were reviewed. The reviews revealed that all the inmates had their initial risk screening completed within 72 hours of their arrival at the facility. A Social Worker completes the risk screens. 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 WICS 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. None of the inmates interviewed had indicated that they had experienced prior sexual victimization.

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.

Allegations of Sexual Abuse and Sexual Harassment

Information provided by the facility, regarding allegations of sexual abuse and sexual harassment made

over the past 12 months revealed that no allegations of either sexual abuse or sexual harassment had been made, in the facility, during that time frame. Superintendent Dohms relayed that no such allegations had been made in at least the last 24 months. The agency PREA coordinator confirmed that no hotline calls were made from the facility in the past 12 months. The agency does not have a grievance procedure for allegations of sexual abuse and sexual harassment. Any grievances filed, alleging sexual abuse or sexual harassment, are immediately removed from the grievance process and referred for investigation of the allegations. Superintendent Dohms and PREA Director Weber confirmed that no such grievances had been filed, at the facility, in the past 12 months.

Investigations

Because there were no allegations of sexual abuse or sexual harassment made, in the past 12 months, there were no investigations required. The agency did provide a copy of their investigative training that does include all required elements. 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 exams, evidentiary standard for administrative investigations, reporting to inmates, sexual abuse incident reviews, and staff duties and responsibilities. Two facility investigators were interviewed and both 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. The facility investigators do conduct administrative investigations, when necessary, but any allegation of sexual assault that may involve criminal behavior is immediately referred to the Sawyer County Sheriff's Department. A telephone call to that agency confirmed that the County Sheriff's office will conduct any required investigation for the facility and will work with the facility staff to complete any such investigation. The Sheriff's department also confirmed that they have not had any requests to conduct any such investigations, for the Flambeau Correctional Center, in that past 12 months.

Facility investigators said that if they referred an allegation to the Sawyer County Sheriff's Department for investigation, they would conduct a parallel investigation in order to be able to assist the Sheriff's Department, that they would work closely with the Sheriff's Department and would maintain close contact with them via telephone and e-mail.

Post-Audit Phase

External Contacts

Lead auditor contacted Embrace, a local agency that provides advocacy and emotional support services for prisoners who seek them out. The facility provides a hotline number that inmates can call. Posters inside the facility, as well as orientations materials given to prisoners, identify that no inmate PIN is required to make the call and that any calls to the advocacy agency are not recorded. Lead auditor contacted the agency to discuss the services provided to the Flambeau Correctional Center. The Director of Embrace identified that the agency does have an MOU with the Correctional Center, and that, if called upon, they will provide an advocate to accompany an inmate who has alleged sexual abuse through a SANE exam. A representative would meet the inmate at the local hospital, where the exam is to be performed, and would be present with the inmate throughout the exam. An Embrace advocate will also be present with an inmate victim through any investigative interviews, if the inmate requests it. The agency representative said that, to her knowledge, there have been no allegations of sexual abuse but that they do visit the facility, on occasion, to give various presentations to both staff and inmates. She identified that typically, after a presentation is given to inmates, the agency will receive some calls from inmates who may have experienced prior sexual victimization, or childhood trauma, that they would like some counseling for. The agency will talk with inmates on the telephone and will also make a call, at the facility, to meet with them in person. The in-person meetings will continue as long as the inmate expresses a need. She said that the superintendent is very supportive of this relationship, is very easy to

work with, and always welcomes staff from the advocacy agency to the facility and provides space for the advocate to meet privately with an inmate. She feels that the two agencies have a very good working relationship.

Lead auditor also contacted Oakwood Haven, a community-based advocacy agency that would act as a backup if Embrace staff were not available. Staff there confirmed that relationship but said they have not been called on to provide advocacy services. They said that they would, if needed, accompany an inmate through a forensic exam and through any investigatory interviews. Staff also confirmed that they had visited the correctional center, at the invitation of facility staff, and gave a presentation on their services, to inmates, but said that they do have occasion to go there on a continuing basis. They reported a good working relationship with facility staff, said that they did not experience any difficulty entering the facility and that staff were welcoming and provided them the space and resources they needed to conduct their presentation there.

Lead auditor also contact the Sawyer County Sheriff's Department where staff confirmed that they would conduct any criminal investigations that might be necessary for the facility. Staff said they have not been called on to perform any criminal investigations, as a result of allegations of sexual abuse, for the Flambeau Correctional Center, in the last 12 months.

Lead auditor was also able to contact Sacred Heart hospital staff, in Eau Claire, WI, who confirmed that they will perform forensic exams, for inmates from the facility, when necessary. Staff said they did not recall having been called on to provide that service for the facility, in at least the last 12 months. The representative there also said that there are multiple staff who are trained in performing SANE exams, at Sacred Heart, and that if one was not on staff when needed, there would be one on call who would be available when needed.

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.

FACILITY CHARACTERISTICS

The Flambeau Correctional Center is a minimum security/minimum community security level correctional center for male offenders. It has a designed facility capacity of 100 offenders and an average daily population, for the last 12 months, of 92 offenders. The population on the audit day was 98. There were 235 inmates admitted to the facility, in the last 12 months, 234 whose length of stay, in the facility was for 72 hours or more, and 217 whose length of stay, in the facility, was 30 days or more. The age range, of inmates at the facility, is 18 to 71 years and the average length of stay is 188 days at the facility. There are currently 22 staff employed at the facility. Six staff, who may have contact with inmates were hired, by the facility, in the last 12 months. Two contracts were entered into, in the last 12 months, for services with contractors who may have contact with inmates, and there are currently two contractors, who may have contact with inmates, who are authorized to enter the facility. The facility has 12 volunteers, who may have contact with inmates, currently authorized to enter the facility.

The facility is part of the Wisconsin Correctional Center System, an "institution" comprised of 14 adult, male correctional centers, overseen by a single warden whose office is centrally located in Madison. The primary goal of the Wisconsin Correctional Center System is to prepare offenders for release to the community by helping them, through the work release program, obtain employment that will allow them to develop and demonstrate good work habits, pay their obligations and save money for release. The facility staff evaluate offenders' risk for placement in the community by considering offense history, risk assessment, conduct history, length of sentence and victim concerns. Other factors that affect placement on work release are the local job market, offenders' individual work skills and their willingness to work.

The Flambeau Correctional Center project crew assists the Department of Natural Resources, local government agencies and non-profit organizations on a variety of work projects, incorporating a positive work experience, building new skills, and giving back to the community. Community service opportunities are also offered with staff or agency supervision. In addition to working on local DNR projects, there are eight inmates, at the facility, who are employed at a local dairy. Inmates are transported to and from their employment by staff and by an inmate driver who job it is to transport inmates to and from the dairy, in a facility vehicle.

The Center is a small facility, consisting of one main building that houses offenders on one side, administrative offices on the other side, and is divided by the Control Center and the lobby that doubles as a Visiting Room. The administrative offices include three treatment staff offices, a program supervisor's office, a financial specialist's office, the Captain's office, a Social Worker's office, and the Superintendent's office. To the front of the lobby/visiting room is the Health Services area. The Control Center opens into both the lobby area, on one side, and into the inmate living area, on the other side. The outside visiting area is monitored by cameras, one of which sits atop a high pole and provides a view of the outdoor visiting area. Two cameras monitor the outdoor visiting area and cover the grounds toward the river where inmates may catch and release fish. A machine for making Christmas wreaths was stored in the outside visiting area, and Superintendent Dohms reported that inmates enjoy making wreaths for local nursing homes and hospitals.

Auditors began the on-site review by entering the inmate living area. Just inside the door, to the right, is

the Food Service area. To the left, are a dayroom, and a main stairway that leads to the basement. Both staff and inmates use this stairway. The remainder of the living area is a long hallway with shorter halls leading off the main hallway. These shorter halls have inmate rooms along them, some of which are three-man rooms and some that are four-man rooms. These shorter halls, with living spaces, are called dorms. There is also one 12-man room in one of the dorms. All rooms have names and photos of the inmates assigned to them, on the doors, allowing staff to recognize the inmates in the rooms. At the end of a small hallway auditors could look out the window and see where inmates had built snowmen and a short snowball fort, on the grounds, during a recent snowfall.

Along the main hallway are a barbershop, laundry room, a library and a gym. The barbershop is closed and locked during meals and at count times. Auditors noted a mailbox and a box for grievances in this main hallway. Both boxes are locked. The mail is picked up on third shift and only the Captain has a key to the grievance box. The laundry function is currently housed in two separate rooms, one where institutional laundry is done and another room, a little farther down the main hallway, where inmate personal laundry is done. A renovation is currently taking place that will combine both laundry functions into the same room. There is an inmate worker, in the laundry room. There are no blind spots in the room, the door opens into the main hallway, and there is a half door on the room, where inmates pick up their laundry. No inmates enter the laundry to retrieve their clean laundry. There is a property room, behind the laundry room, that has large windows to the outside, on all three sides of the room. The gym has no blind spots, has a camera with a 360 view and zoom capability.

Noted along the main hallway are phones for inmate use. Auditors noted that there were PREA posters, with hotline numbers and information on multiple ways to report sexual abuse and sexual harassment. Posters were easy to read, were very visible, and were printed in both English and Spanish. In addition, auditors also noted multiple audit notices posted throughout the living area. Auditors did dial hotline numbers, on the telephones designated for inmate use, and were able to place calls without providing a pin and did note that the calls were identified as being confidential and not recorded. The agency provides hotline numbers for reporting both inside and outside the agency. Auditors placed calls to both numbers and, a little later, the Agency PREA Director provided them documentation verifying the receipt, and report, of the calls they had made.

The inmate bathroom, along the main hallway, has single man showers, with shower curtains, and the stalls have half doors on them so that inmates can shower and use the toilet without being observed by staff of the opposite gender. There are two security staff assigned per shift, who do make unannounced rounds, and cameras are used to supplement these security rounds.

After reviewing the entire inmate living area, auditors returned to the front of the inmate living area and used the front stairway to access the basement. The basement holds three class/program rooms where inmates can study, and test, for their GED, as well as program rooms where inmates complete required programming. Also housed in the basement is the Food Service Director's Office, the maintenance area and a woodshop, as well as several storage and mechanical rooms. The cameras in the main hallway provide coverage for entry or exit of this area. The Food Service Director's office is locked and off limits to inmates. There is a red line, painted on the floor, that inmates may not cross, and a wooden arch that they are not permitted to go beyond. There is also a convex mirror, outside of the office, and interviews, or evaluations, of inmate kitchen workers are done upstairs, in the visiting room or dining room.

There are cameras at both ends of the basement hallway, and one in the middle of the hallway, that provide very good coverage of the basement area. In addition, most of the doors have windows large enough to provide a good view into the rooms. Superintendent Dohms pointed out that the facility has installed new cameras since the last PREA audit was conducted, in 2017, and that many of the windows in the doors, throughout the facility, were installed during her tenure at the facility, and at her request. Security staff make rounds, through the basement, every one half to one hour, and ensure that the rounds are done at irregular times. Higher level staff also make unannounced rounds, at least once per

shift. Documentation of these unannounced rounds was reviewed by auditors.

A second stairway leads from the basement to the dining room which is located adjacent to the Control Center. There is a mirror, above the stairway, allowing for visibility of the stairway from the kitchen. The kitchen and dining room have adequate camera coverage and auditors noted PREA information posters there also.

Generally, female staff work every day and auditors noted that female staff do announce their presence prior to entering the Housing Unit area. In addition, a blue light, when illuminated, signifies that a female Sergeant is on shift. As soon as a female staff enters the building, a blue light, and audible tone that sounds like a doorbell, are activated in the inmate living area.

The facility also has a detached maintenance shop and a garage, both of which have adequate camera coverage. Inmates at the facility are employed at DNR projects and at the local United Pride Dairy where inmates milk cows. Vans used to transport inmates to and from work locations are parked inside the garage. All the cameras in the facility are viewed in the Control Center. Staff demonstrated all views, of all cameras, that they have access to. Auditors were able to ascertain that none of the cameras provided views of the inside of inmate cells or bathrooms and none of the provided a view of inmates in states of undress.

Custody staff assigned to the Flambeau Correctional Center include a Superintendent, a Captain, and 12 Correctional Sergeants. There is a minimum staffing pattern of 2 Sergeants on each shift. The Health Services Unit employs two nurses, and one Social Worker is also employed at the facility, but no mental health staff, or programming, are available at Flambeau Correctional Center.

Programming available to offenders includes: AODA treatment, Self-paced Reentry Modules Work Release Project Crew Non-Vocational Woodshop These programs are offered to all offenders at the facility and volunteers conduct Alcoholics/Narcotics Anonymous and religious services for offenders housed at the facility.

The Inmate Handbook informs offenders that the Facility's goal is, "to provide a safe and secure environment with programs and activities to assist in your reentry to the community."

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	2
Number of standards met:	43
Number of standards not met:	0

Audit Findings

Number of Standards Met: 43

115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

115.12 Contracting With Other Entities for the Confinement of Inmates

115.13 Supervision and Monitoring

115.14 Youthful Inmates

115.15 Limits to Cross-gender Viewing and Searches

115.16 Inmates with Disabilities and Inmates Who are Limited English Proficient

115.18 Upgrades to Facilities and Technologies

115.21 Evidence Protocol and Forensic Medical Examinations

115.22 Policies to Ensure Referrals of Allegations for Investigations

115.31 Employee Training

115.32 Volunteer and Contractor Training

115.33 Inmate Education

115.34 Specialized Trainings: Investigations

115.35 Specialized Trainings: Medical and Mental Health Care

115.41 Screening for Risk of Victimization and Abusiveness

115.42 Use of Screening Information

115.43 Protective Custody

115.51 Inmate Reporting 115.52 Exhaustion of Administrative Remedies

115.52 Exhaustion of Administrative remedies

115.53 Inmate Access to Outside Confidential Support Services

115.54 Third-Party Reporting

115.61 Staff and Agency Reporting Duties

115.62 Agency Protection Duties

115.63 Reporting to Other Confinement Facilities

115.64 Staff First Responder Duties

115.65 Coordinated Response

115.66 Preservation of Ability to Protect Inmates From Contact With Abusers

115.67 Agency Protection Against Retaliation

115.68 Post-allegation Protective Custody

115.72 Evidentiary Standard for Administrative Investigations

115.73 Reporting to Inmates

- 115.76 Disciplinary Sanctions for Staff
- 115.77 Corrective Action for Contractors and Volunteers
- 115.78 Disciplinary Sanctions for Inmates
- 115.81 Medical and Mental Health Screenings; History of Sexual Abuse
- 115.82 Access to Emergency Medical and Mental Health Services
- 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
- 115.86 Sexual Abuse Incident Reviews
- 115.87 Data Collection
- 115.88 Data Review for Corrective Action
- 115.89 Data Storage, Publication, and Destruction
- 115.93 Audits of Standards
- 115.401 Frequency and Scope of Audits

Number of Standards Exceeded: Two

115.17 Hiring and Promotion Decisions

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

115.71 Criminal and Administrative Agency Investigations

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.

Number of Standards Not Met: 0

Auditors find that the facility is substantially compliant with all PREA Standards and no corrective action is required.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Agency PREA Director Position Description 3. Agency Organizational Chart 4. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Director 2. Facility PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.11 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) says, in Section V, (p. 4), that the Wisconsin Department of Corrections (WIDOC) has zero tolerance for sexual abuse, sexual harassment its facilities, including those with which it contracts for the confinement of offenders.</p> <p>2 - Executive Directive #72, in the same section, outlines how the facility implements the Department's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Methods employed to prevent and detect sexual abuse and sexual harassment include:</p> <p>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 nonconsensual sexual activity in the community, or who has been civilly or administrative adjudicated to have engaged in such activity;</p> <p>Considering any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee;</p> <p>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;</p> <p>Making best efforts to obtain reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment;</p> <p>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;</p>

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 last 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.

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.

4 - Executive Directive #72, in section XIX, paragraph A., Nos. 1-3, (p. 17) identifies that 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.

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.

115.11 (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. The Position Description identifies the person in the position as the Department expert on PREA who provides both oversight and consultation to management.

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." She also said that the agency has recently filled several Program Policy Analyst positions and identified that filling them will help to balance the statewide workload so that facilities will feel well supported.

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.

115.11 ©

1 - The Flambeau Correctional Center employs a superintendent who also currently fills the role of Facility PREA Compliance Manager. The facility has a vacant Social Worker position. That position, when filled, performs the role of Facility Compliance Manager.

2 - The superintendent said, in an interview, that she does have enough time to manage all of her PREA related responsibilities.

3 - The superintendent supervises all staff at the Flambeau Correctional Center.

4 - The superintendent, who is also the facility PREA Compliance Manager, reports to the Deputy Warden of the Correctional Center Program.

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

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Memorandums of Agreement (12) 2. Division of Adult Institutions Policy #410.00.01, Effective Date 04/01/2018, PREA Compliance Review of Contracted Facilities 3. Contract Compliance Review Reports (8) 4. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency's Contract Administrator <p>Findings (By Provision):</p> <p>115.12 (a)</p> <ol style="list-style-type: none"> 1 - The agency currently has active contracts, with County Sheriff Departments, in the State of Wisconsin, and with the Milwaukee House of Correction, for the temporary housing of inmates. Submitted as documentation were copies of MOAs held with all those 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. All MOAs were automatically renewed, for another year's period, since the last PREA audit. 2 - Each MOA, in paragraph Q, identifies that each of the agencies, that contract with WIDOC, has agreed to comply with the Federal Prison Rape Elimination Act of 2003, and that if the agency 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. 3 – The number of agencies that the Wisconsin Department of Corrections (WIDOC) currently contracts with is 12. Provided as documentation were copies of the MOAs held with Fond du Lac, Juneau, Vilas, Sauk, Vernon, Oneida, Jefferson, Ozaukee, Racine, Winnebago, and Dunn country Sheriff's Departments and the Milwaukee House of Correction. 4 – The number of contracts, the WIDOC has entered into for the temporary housing of inmates, that do not require the contractors to adopt and comply with PREA standards is zero. <p>115.12 (b)</p> <ol style="list-style-type: none"> 1 – All 12 of the MOAs, held by the WIDOC with County Sheriff Agencies, in Section Q, (No.2), require t the County Sheriff's agencies to subject themselves to a Department of Justice (DOJ) PREA Audit, at least once every three years, and to forward all interim and final facility PREA, within 30 days of receipt, to the WIDOC. In addition, the MOAs require that during the years when the County Sheriff agency is not audited by a US DOJ Certified PREA auditor, the WIDOC will conduct an annual compliance review to ensure that the Sheriff is compliant with PREA standards. The agency submitted Division of Adult Institutions Policy #401.00.01 PREA Compliance Review of Contracted Facilities form DOC-2845 used for documenting this review. They also submitted completed PREA Compliance Review forms for all the contracted

agencies that did not undergo a DOJ Certified PREA Audit in 2019. The forms require WIDOC to review, and record, agency policies regarding PREA compliance, the agency staffing plan, supervision and monitoring of inmates, limits to cross-gender viewing and searches, the performing and documenting of staff and contractor background checks for initial hire, promotions, and every five years, medical and mental health care offered to victims of sexual abuse, investigations of allegations of sexual abuse and sexual harassment, agency training of staff and inmates, the availability of sexual abuse and sexual harassment information, initial and follow-up screening of inmates for risk of victimization or abusiveness and the results of those screenings used in housing, program, education and work assignments, the contracted agency's responsibility for providing outside emotional support for victims of sexual abuse and sexual harassment, the provision for transgender inmates to shower separately, the maintenance of a written coordinated sexual response plan, the conducting of incident reviews after a disposition of an allegation is arrived at, and the responsibility of the agency to prepare an annual report of its sexual abuse data and post the report to its public website. The agency contractor administrator said that her responsibility is to review documentation, at the contracted agencies, looking for high level compliance, and that she works with them on areas where they need assistance. She said that three of the agencies were audited this year and that the remaining facilities underwent a site visit and compliance review. She identified that the county sheriff agencies want to work the WIDOC and are motivated to achieve compliance, are open to her suggestions and are working hard toward that end.

2 – The agency reported, on the PAQ, and the documentation submitted bore out, that the number of contracts that DO NOT require the agency to monitor contractor's compliance with PREA standards is zero.

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

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Flambeau Correctional Center Staffing Plan 2. Wisconsin Department of Corrections (WIDOC) PREA Coordinator 2019 Staffing Plan Annual Review Log 3. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 4. Flambeau Correctional Center Shift Activity Reports 5. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent 2. Facility PREA Compliance Manager 3. Agency PREA Director 4. Higher Level Staff - Captains <p>Findings (By Provision):</p> <p>115.13 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section IX, paragraph A, (p. 6) 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> <p>Generally accepted correctional practices;</p> <p>Any judicial, federal investigative and internal/external oversight agency findings of inadequacy;</p> <p>The facility's physical plant including blind spots or areas where employees or offenders may be isolated;</p> <p>The composition of the offender population;</p> <p>The number of placement and security staff;</p> <p>Institution programs occurring on a particular shift;</p> <p>The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and,</p> <p>Applicable State or local laws, regulations, standards and other relevant factors.</p> <p>The facility submitted a copy of their staffing plan dated April 2019. A review of the plan revealed that it does consider all the factors listed above. The Superintendent verified, in an interview, that all the factors listed above are considered when reviewing the staffing plan. She identified that resources are always limited by saying, "we get what we get," but also said that she believes the staffing is adequate. The staffing plan identifies that facility staffing is subject to staffing allocations as determined through the Wisconsin State biennial budget process.</p>

Currently, the facility is allowed 12 sergeants and one security supervisor. The superintendent pointed out that, since the last PREA Audit, in 2017, the facility has gained five full-time positions, three treatment specialists, a Corrections Program Coordinator, and one Sergeant position. They have also added three cameras, two of which are in the garage and workshop, the two buildings that are detached from the main building. She also said that she is currently assessing where more cameras would be helpful when funds become available. She said, "I think its important for me, as the Superintendent to identify those spots, and always keep them in mind when I'm walking around the facility." The facility staffing plan identifies that there are currently 16 cameras that monitor inside and outside activity and says that while there is an ongoing need for additional cameras, staff at the facility have arranged existing camera placement to maximize use in supplementing security rounds.

2 - The facility reports the average daily number of inmates, since the last PREA audit, as 92.

3 – They identified the same number, 92 as the average daily number of inmates on which the plan was predicated.

115.13 (b)

1 - The facility reports that they do not deviate from the staffing plan. The staffing plan identifies that an electronic scheduling program is used to schedule the work hours of staff and that the program will automatically fill in spots where vacancies exist. The superintendent said that she reviews the daily schedules, identifies any staff shortages and hires overtime to cover those shortages. She said that they absolutely do not run a shift short staffed, and that they are always able to hire overtime since both she and the captain can also be called on to fill shortages. She said that overtime is seldom needed. There is currently only one staff vacancy at the facility, they have one open Social Worker position, but security staff is at full complement.

2 – The facility does not deviate from the staffing plan. Auditors were provided an adequate sampling for daily schedules and shift activity reports that identified staffing levels and where overtime was hired. As identified in the staffing plan, there were no instances where a post was left unattended.

115.13 ©

1 - Documentation submitted on the PAQ included a WIDOC PREA Coordinator Staffing Plan Annual Review Log. This is a log, used by the Agency PREA Director, to ensure that all facility staffing plans are reviewed, by her, on an annual basis. The log she submitted covered the years 2017, 2018, and 2019. The log showed that the facility staffing plan was reviewed in August of 2017, April of 2018 and March 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.

115.13 (d)

1 - Executive Directive #72 requires, in section IX, paragraph d, (p. 6), that supervisory staff conduct and document unannounced rounds, on all shifts, to identify and deter employee sexual abuse and sexual harassment.

2 – The Superintendent produced an adequate sampling of shift activity reports that showed the documentation of unannounced rounds being made at the facility. The notation indicates the date and time of the unannounced rounds and identifies the staff who made those rounds.

3 - Auditors were able to determine, from staff logging, that the unannounced rounds do take place on every shift

4 - Executive Directive #72, in section IX, paragraph D, (p. 6), 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. Auditors interviewed Captains 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 to be compliant with the standard.

115.14	Youthful inmates
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Letter from the Administrator of the Division of Adult Institutions - dated December 19, 2016 3. Division of Adult Institutions Policy #302.00.20 4. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Director 2. Facility Superintendent <p>Findings (By Provision):</p> <p>115.14 (a)</p> <ol style="list-style-type: none"> 1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XIII, paragraph C, (P. 10), prohibits placing youthful offenders in housing units where they have sight, sound or physical contact with adult offenders through use of shared dayrooms or other common areas, shower areas or sleeping quarters. 2 - Division of Adult Institutions Policy #302.00.20 requires, in Section I, paragraph A, that adjudicated juveniles who are less than 18 years old, not be admitted to a Division of Adult Institution facility or the Wisconsin Resource Center. Paragraph B identifies that juveniles sentenced as adults will be admitted to one of the two facilities identified as secure juvenile facilities, Copper Lake School or Lincoln Hills School. By policy, those juveniles can be transferred to a Division of Adult Institutions facility when they reach the age of 18. There are no juveniles housed at Flambeau Correctional Center because it is a facility that falls under the Division of Adult Institutions. The Center also submitted a letter from the Administrator of the Division of Adult Institutions, dated December 19, 2016, that identifies that, as of that date, all juvenile offenders who were previously housed in adult institutions had been moved to one of the two WIDOC secure juvenile facilities, either Copper Lake School or Lincoln Hills School, and that, going forward, no youthful inmates will be housed in any Division of Adult Facilities institution. 3 and 4 – There are no youthful inmates, inmates under the age of 18, housed at the Flambeau Correctional Center. 5. The facility identified, on the PAQ, that none of the dorms, at the Flambeau Correctional Center, house inmates under the age of 18. A review of the current inmate roster confirmed that there are no inmates housed there that are under the age of 18. Additionally, both the superintendent, and the agency PREA Director, verified that there are no inmates, under the age of 18, housed at the Flambeau Correctional Center. 6. The facility reported, on the PAQ, that, in the past 12 months, there have been no inmates placed in the same housing units where adult inmates are housed. <p>115.14 (b)</p> <ol style="list-style-type: none"> 1 and 2 – There are no inmates under the age of 18 housed at the Flambeau Correctional 	

Center.

115.14 ©

1 and 2 – The Flambeau Correctional Center does not house youthful offenders.

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

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Division of Adult Institutions Policy #306.17.02 Searches of Inmates 3. Division of Adult Institutions Policy # 306.16.01 Use of Body Cameras 4. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random Sample of Inmate Population <p>Findings (By Provision):</p> <p>115.15 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) outlines, in Section X, Paragraph B, (p. 7), that WIDOC facilities do not permit cross-gender strip or body cavity searches except in exigent circumstances or when performed by medical practitioners. Division of Adult Institutions Policy #306.17.20 Searches of Inmates, in Section I, paragraph C, says that staff directly observing the inmate, during a strip search, are required to be the same sex as the inmate and that a second staff participating in the search shall only observe the staff performing the strip search. Twelve staff were randomly chosen for interview and all of them said that the facility does not conduct cross-gender strip or body cavity searches of inmates. All 12 of them were aware that their agency policy requires that cross-gender strip or body cavity searches not be done except in exigent circumstances but all of them said that they had never conducted any such strip or body cavity search and that they did not know of any having ever taken place at Flambeau Correctional Center. When asked if they could identify an exigent circumstance, that could occur, that would require cross-gender strip or body cavity searches to be necessary, they could not. All of them said that they have more male staff than female, and that the offender population is all male, and that they could not think of a reason why cross-gender strip or body cavity searches might be necessary at their facility.</p> <p>2 – The facility reported, on the PAQ, the number of cross-gender strip, or cross-gender visual body cavity searches of inmates, in the last 12 months as being zero.</p> <p>3 – The facility also reported, on the PAQ, that the number of cross-gender strip, or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff, was zero.</p> <p>115.15 (b)</p> <p>1, 2, 3, and – There are no female inmates housed at the Flambeau Correctional Center.</p> <p>115.15 ©</p> <p>1 – Executive Directive #72, in Section X, paragraph C., (p. 7), that all cross-gender strip and body cavity searches, and cross-gender pat searches of female inmates, are required to be</p>

documented.

2 – There are no female inmates housed at the Flambeau Correctional Center.

115.15 (d)

1 – Executive Directive #72 outlines the method the facility uses to ensure that inmates have the ability to shower, perform bodily functions, and change clothes without 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.

2 - Executive Directive #72 requires, in Section IX, paragraph #, (p. 6,) employees of the opposite gender to announce their presence when entering an offender housing unit if there is not already an opposite gender employee in the housing unit. The directive also says that if the opposite gender status quo changes during the shift, another announcement is required. All 18 inmates who were randomly chosen for interview identified that the facility staff turn on a blue light, that is visible in the housing units, when female staff are on duty and that female staff, when entering the housing unit, will sound a tone that is audible throughout the housing unit and will also verbally announce that they are entering the housing unit. All 12 staff who were randomly chosen for interview also identified how female staff announce their presence in the housing unit. As auditors conducted their sight review, they noted that the superintendent announce that females were entering the housing unit before they went in.

115.15 €

1 - Executive Directive #72, in Section X, Paragraph D, (p. 7), prohibits searching, or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status.

2 - The facility reports that no such searches were performed in the last 12 months. All 12 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."

115.15 (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. Of the staff who were randomly selected for interview, all the security staff 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 to be compliant with the standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Division of Adult Institutions Policy #300.00.35 Americans with Disabilities Act 3. Copy of Contract for Video Remote Interpreting (VRI) Services for American Sign Language (ASL) 4. Copy of Contract for In Person Services for American Sign Language (ASL) 5. Division of Adult Institutions Policy #300.00.61 Language Assistance for Limited English Proficiency (LEP) Inmates 6. Copy of Contract for In Person Interpretation Services for Foreign Language 7. Copy of Contract for Written Foreign Language Translation Services WIDOC Language Policy Notice 8. Copy of Contract with Statewide Telephone Interpretation Services 9. Posters with Information on How To Report a Sexual Abuse 10. Inmate Handbook Printed in Spanish 11. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Random Staff <p>Findings (By Provision):</p> <p>115.16 (a)</p> <p>1 - Executive Directive #71 Language Assistance Policy and Implementation for Addressing Needs of Offenders with Limited English Proficiency (LEP)</p> <p>Paragraph B, No. 4, calls for offenders with disabilities, to have equal opportunity to participate in, or benefit from, all aspects of the Wisconsin Department of Correction's (WIDOC) 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 (DAI) Policy #300.00.35, in Section I, Paragraph A, requires all facilities to establish a process for inmates with qualified disabilities to request accommodations for access to programs, services, and activities. Paragraph C, of the same policy, outlines that individuals with disabilities may not be excluded from participation in, or be denied the benefits of, DAI services, programs or activities on the basis of their disabilities, and that all DAI programs, services and activities shall be readily accessible to, and useable by, individuals with disabilities. The same policy requires facilities to make reasonable accommodations for individuals with disabilities except where doing so would result in a fundamental alteration in the nature of the program, would threaten or destroy the historic significance of an historic property, or result in undue financial and administrative burdens.</p> <p>Section II, paragraph F 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</p>

time usually permitted for phone calls. This policy also requires facilities to develop procedures to ensure visual alarms or manual means of notifying deaf or hard of hearing inmates are in place for such things as emergencies, counts, and announcements whenever and wherever the inmate is authorized to be in the facility. Accommodations that must be made may include a qualified sign language interpreter or other auxiliary aids, services, and devices. The facility provided, as documentation, copies of contracts the agency has entered to provide video remote interpreting (VRI) services for American Sign Language (ASL) and in person services for ASL. The agency head said, in an interview, "we identify inmates . . . with disabilities to ensure that all services are offered to all inmates. We have an agency disability coordinator who is also involved in identifying, and providing, needed assistance. . . .and we have Braille materials available, and audio materials as well. Our inmate education video is closed captioned as well." The facility does not currently house any inmates with disabilities.

115.16 (b) – Limited English Proficiency

1 - DAI policy #300.00.61 Language Assistance for Limited English Proficiency (LEP) outlines procedures that ensure LEP inmates in DAI facilities are not precluded from accessing or participating in important programs or proceedings, including those that may affect the duration and condition of their classification or confinement, have meaningful access to important vital documents, are afforded language assistance at no cost, receive meaningful access to medical, dental and mental health services, are not subjected to retaliation for requesting language assistance, and are permitted to communicate verbally and in writing in languages other than English. This policy also requires the posting of important items such as I Speak cards, visiting room rules, surveillance notices, security warnings, facility regulations, policies, procedures, unit rules, and inmate discipline information in the lobby, visiting area, intake/reception area, waiting rooms of medical and mental health service units, mailrooms, property rooms, libraries, housing areas and school and program areas. It also requires staff to obtain from inmates, at intake, their self-identified primary language, to ensure that the information is recorded in the department's computerized database, and to use iSpeak cards to assist in determining the language in which an inmate is attempting to communicate. The policy requires staff to initiate provision of language assistance when there is a question of an inmate's ability to use the English language in reading, writing or speaking, and requires staff to provide specific documents, including a PREA pamphlet, in both Spanish and English. The inmate handbook is also provided in both English and Spanish. The facility presented, as document, both the inmate handbook and the PREA Pamphlet, printed in both Spanish and English, and auditors were able to observe PREA information posted, throughout the facility, in both English and Spanish, as well.

Executive Directive #71 Language Assistance Policy and Implementation for Addressing Needs of Offenders with Limited English Proficiency (LEP) requires facilities to maintain relationships to contract for oral interpretation services, including telephonic interpretation services, develop procedures for obtaining translations from qualified translation services, and to develop procedures for obtaining translations of written material that is uniquely important to individual offenders. The facility provided copies of contracts that the WIDOC has entered into to provide in person interpretation services for foreign languages, written foreign language translation services, and statewide telephone interpretation services. The Agency Head said, in an interview, that staff identify inmates at intake who are Limited English Proficient 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. The facility does not currently house any LEP inmates.

115.16 ©

1. Executive Directive #71 Language Assistance Policy and Implementation for Addressing Needs of Offenders with Limited English Proficiency (LEP) requires staff to not rely on fellow offenders to provide language services in situations with potentially significant consequences involving LEP offenders, unless an emergency arises. Examples of some of those situations are psychological appointments or treatment, information or hearings associated with the Prison Rape Elimination Act (PREA), parole hearings, disciplinary, and grievance proceedings and filings, and Program Review Committee hearings.

Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) prohibits relying on offender translators except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first responder's duties, or the investigation of allegations.

Twelve staff were randomly selected for interview and all of them were familiar with the translation services that are available at the facility. Eleven of them were familiar with the policy requirement that prohibits using another inmate as a translator except in exigent circumstances. One staff said she did not know if using an inmate translator was allowed by policy but that she would not allow it because, "they don't need to be in each other's business." Three of them said they would allow another inmate to translate in an emergency and nine said that they believe that telephone translation services were readily available and they would use that instead of an inmate translator. Staff were able to describe the iSpeak cards that they can provide an inmate, that show print in different languages. None of the 12 staff randomly selected for interview were aware of any instance, at the facility, where one inmate was allowed to translate for another. There are currently no LEP inmates housed at the Flambeau Correctional Center.

2 – The facility indicated, on the PAQ, that any instances where one inmate may be allowed to translate for another would be documented. However, there have been no instances where that happened, thus no documentation was available.

3 – The facility reported, on the PAQ, the number of times, in the past 12 months, where inmate interpreters, readers, or other types of inmate assistants were used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-responder duties, or the investigate of the inmate's allegations, as zero.

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

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Executive Directive #42 Police Contact, Arrest, and Conviction Policy for Current Employees 3. Wisconsin Department of Corrections (WIDOC) Human Resources Background Check Procedure 4. Division of Adult Institutions Policy #309333.06.03 Volunteers, Pastoral Visits, Program Guests and Interns. 5. WIDOC Human Resources Fingerprint Procedure 6. WIDOC Human Resources Policy #200.30.507 Employment References – Guidelines for Obtaining and Providing References 7. DOC-1098R Candidate Reference Check, dated 11/2018 8. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Human Resources Staff <p>Findings (By Provision):</p> <p>115.17 (a)</p> <p>1 - Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA), 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. Executive Directive #42, Police Contact, Arrest, and Conviction Policy for Current Employees says, in section VIII, no. 1, (p. 7), says that the DOC will not hire or promote an applicant for a position which may have contact with inmates, offenders or juveniles based on the following PREA standards:</p> <ol style="list-style-type: none"> 1) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, 2) 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. 3) Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above. <p>115.17 (b)</p> <p>1 - The same directive, in the same section, requires the agency to consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee. This directive, in section III, defines employee as, “any staff member, contractor or volunteer who performs work inside of a DOC operated facility.” Auditors interviewed the</p>

Human Resources Administrator who said, “we use the WIDOC form 1098, which is a reference check form, provided to previous employers with three questions at the bottom. We ask for all information that a former employer knows of and, if a candidate worked for a law enforcement agency and didn’t put that agency down as a reference, we will contact them anyway to see if they have any information they want to share with us. There may be a reason why they didn’t list them as a reference.”

115.17 ©

1 – Executive Directive #72 says, in section VI, no. 3, (p. 5), that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check. Paragraph a, of the same section, says that the DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. The facility provided Department of Corrections Human Resources Policy #200.30.507 Employment References – Guidelines for Obtaining and Providing References that 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. This policy also identifies, in section VII, no. 4, (p. 5), that, in accordance with PREA standards, if a candidate lists a prior confinement entity as a current or past employer on their resume (e.g. federal or state prison, county or local jail), best efforts shall be made to contact the entity as a reference, even if the employee does not list them as a reference. The policy identifies that the Reference Check Form DOC-1098R should be used, for obtaining reference checks, to ensure the proper PREA questions are asked. The facility provided 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.

2 – The facility reports, on the PAQ, that, in the past 12 months the number of persons hired who may have contact with inmates who have had criminal background record checks was six. Employee files, for those six employees, were submitted for review and all showed the requisite criminal background records check having been done.

115.17 (d)

1 – Executive Directive #72 identifies, in section III, (p.2) that the term, “employee,” means any staff member, contractor or volunteer who performs work inside of a DOC operated facility so that all required criminal background, and employee reference checks, are required of contractors who may have contact with inmates as well. The facility identifies that two of the six hired in the past 12 months were contractors and the appropriate background checks were completed prior to hiring. The Human Resources Administrator said, in an interview, “we do criminal record background checks for promotions, and for all contractors as well as for new WIDOC employees and contractors.”

115.17 €

1 - 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.

115.17 (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. The Human Resources Administrator said, "for new hires and promotions we use the 1098 reference check form and we have authorization to run background checks. Candidates for employment must check the boxes and put them in a sealed envelope. Then, the candidate we are selecting, we open the envelope."

115.17 (g)

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.

115.17 (h)

(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, " we do provide that information to a prospective employer, when asked for it, and we go a step further for any state agency that is considering hiring a former WIDOC staff and we do a file review, look at disciplines, attendance, etc. The file review is in the State Statute."

CONCLUSION: Based on the above evidence, the facility is found to exceed the standard because they perform background checks, not just for new hires and promotions, but also when employees laterally transfer to a same level position that has substantially different duties. This practice ensures that a background check is done even when an employee transfers from a non-security position to one that brings them in contact with inmates.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent <p>Findings (By Provision):</p> <p>115.18 (a)</p> <ol style="list-style-type: none"> 1 – The facility reports that it has not made substantial expansion, or modification, to the facility since their last PREA audit. <p>115.18 (b)</p> <ol style="list-style-type: none"> 1 – The facility superintendent identified that, since the last audit, cameras have been added in the garage and in the woodshop. She has also identified areas where she would like more cameras if funds become available. She said she thinks that it’s important, in her role, to always be thinking ahead. <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 to be compliant with the standard.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Division of Adult Institutions Policy #306.00.14 Protection, Gathering and Preservation of Evidence 3. Division of Adult Institutions Policy #500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse 4. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 5. Division of Adult Institutions Policy – Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates Support Services Workshop Posting 6. Wisconsin Department of Corrections Victim Services Coordinator Reference Guide 7. Wisconsin Department of Corrections PREA Victim Accompaniment Guide 8. Support Services Workshop Certificate of Completion, dated April 2018 9. Sexual Abuse Incident Victim Services Coordinator Response Checklist 10. Memo from Wisconsin Department of Corrections PREA Director to County Sheriffs, dated March 18, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. SANE/SAFE Staff 3. Facility PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.21 (a)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement says, Section XVII, Paragraph A, says, "the DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment . . ." 2 - The facility does not conduct criminal investigations. 3 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement 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 Sawyer County Sheriff's Department. Staff at the Sawyer County Sheriff's Department verified, via e-mail, that the agency does perform criminal investigations, including investigations of sexual abuse, for the Flambeau Correctional Center. 4 - The correspondence also revealed that the evidence protocol used is based on the National Commission on Correctional Health Care Response to Sexual Abuse. The protocol is outlined in (DAI) Policy #306.00.14 Protection, Gathering and Preservation of Evidence, in section I, paragraphs, A through D, (p. 2 and 3), in section II, paragraphs A through E, (p. 3), and section III, paragraphs A through I, (pps. 3 through 6). All 12 random staff who were interviewed were well able to discuss the agency's procedure for collecting usable evidence in

an instance of sexual abuse. They identified that they would request that a victim not do anything to destroy potential evidence, such as washing, brushing teeth, changing clothes, and said that they would secure any potential crime scene for evidence collection. They said that they would not allow a suspected perpetrator to do any of these things. They were also able to identify that both the captains, the superintendent and a social worker are trained investigators.

115.21 (b)

1 - The facility does not house youthful offenders so there is no requirement for the protocol to be developmentally appropriate for youth.

2 – The facility reports that the protocol was developed from the National Commission on Correctional Healthcare – Response to Sexual Abuse.

115.21 ©

1 - Executive Directive #72 requires, in Section XVI, Paragraph B, (p.14), identifies that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment, and that forensic medical examinations will be performed by Sexual Assault Nurse Examiners (SANEs) where possible.

2 – The facility does not offer forensic exams onsite.

3 - The facility has an arrangement with Sacred Heart Hospital, in Eau Claire, to perform any needed SANE exams. A telephone interview, with a SANE at Sacred Heart Hospital, verified that the hospital does have SANEs on staff, and that they will perform forensic exams for inmates from the Flambeau Correctional Center. The SANE said that because there are several SANEs on staff, there is rarely a time when a SANE is not available and, if there was a need for a SANE when none was on duty, there is always one on call who would be called in.

4 – Agency policy, Executive Directive, also says, in paragraphs B, No. 2 and 3, that forensic exams will be provided to inmates at no cost.

5, 6, - Agency policy, Executive Directive, also says, in paragraph B, No. 3, that if SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The SANE staff, at Sacred Heart Hospital identified that a SANE is always available.

7 – Agency policy does require that efforts to provide SANEs will be documented. No allegations of sexual abuse have been made, during the audit period, therefore, no such documentation was available for review.

8 – The facility reports the number of forensic medical exams conducted in the past 12 months was zero.

9 – The facility reports that the number of forensic medical exams conducted by SAFEs or SANEs, in the past 12 months was zero.

10 – Likewise, the number of exams performed by a qualified medical practitioner, during the past 12 months, was also zero.

115.21 (d)

1 and 2 – Executive Directive #72, in Section XVI, Paragraph B, No. 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 Embrace, an outside agency located in Ladysmith, WI. Outlined in the MOU are the services Embrace 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 Embrace, in Ladysmith, WI, confirmed that the agency does provide a 24-hour hotline availability for victims to access for assistance. The Facility PREA Compliance Manager verified that the facility does have an MOU with Embrace 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.

3 - 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. This information, as well as a hotline number and a mailing address for Embrace is provided to inmates in educational materials and on posters throughout the facility.

115.21 (e)

1 - Embrace will also provide advocacy services to inmates and will accompany an inmate through investigatory interviews if that service is requested. The Director reported having a very good working relationship with facility staff and said that they have not been called on to provide accompaniment through forensic exams, and have not received reports of sexual assault, from inmates at Flambeau.

115.21 (f)

1 - The agency PREA Director reports that the WIDOC Secretary reached out to the State DOJ, requesting all Wisconsin law enforcement agencies that support WIDOC correctional institutions, to follow provisions (a) through (e) of this standard. A copy of the WIDOC Secretary's correspondence was provided to the auditor by the agency's PREA Director, demonstrating compliance with this standard on behalf of all WIDOC facilities.

115.21 (g)

Auditor is not required to audit this standard.

115.21 (h)

1 - The facility superintendent indicated that a qualified advocate will be provide to an inmate victim of sexual abuse through the Embrace agency.

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

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Pre-Audit Questionnaire (PAQ) 3. Division of Adult Institutions (DAI) Policy #303.00.05 Law Enforcement Referrals 4. Wisconsin Department of Corrections website <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Investigative Staff <p>Findings (By Provision):</p> <p>115.22 (a)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) says, in section XVII, paragraph A, (p.15), that the agency will ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. The Warden said, in an interview, "when an allegation comes in, the Security Director ensures that the Administration reviews and assigns investigators and makes a referral to law enforcement for the first right of refusal." The agency head said, "yes, we do ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. There would be a disciplinary investigation, of staff, if it didn't happen." 2 - The facility reported, on the PAQ that, in the past 12 months, zero allegations of sexual abuse and sexual harassment were received. 3 – The facility reported, on the PAQ, that in the past 12 months, the number of allegations resulting in an administrative investigation was zero. 4 – The facility reported, on the PAQ, that in the past 12 months, the number of allegations referred for criminal investigation was zero. 5 – The facility reported, on the PAQ, that referring to allegations received, within the last 12 months, all administrative and/or criminal investigations were completed. However, because no allegations of sexual abuse or sexual harassment were made, in the past 12 months, no investigations were conducted. <p>115.22 (b)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72 says, in section XVII, paragraph B, (p. 15) 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. 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 use sort of a layering effect. The Security Director, or designee, at a location, is paired with a PREA Investigator who has special PREA investigator training. The Security Director notifies the PREA Office, and local law enforcement, if there may be criminal behavior involved. Our agency will often refer all allegations to law enforcement for their review and will run a parallel investigation. If local law enforcement sends it back saying that there isn't enough to bring charges, we will complete the investigation."

Investigative staff also verified that all allegations are investigated and that investigations that involve potentially criminal behavior are referred to the Sawyer County Sheriff's Department for investigation. Auditor contacted the Sawyer County Sheriff Department where the Lieutenant in charge of investigating for the Flambeau facility confirmed that his agency does accept, and investigate, allegations that involve potentially criminal behavior.

2 - 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.

3 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XVII, paragraph B, (p. 15) requires that all referrals to law enforcement shall be documented. The facility reported, on the PAQ, that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

115.22 ©

1 - The Wisconsin Department of Corrections website identifies that the agency PREA Office educates, and trains offenders, staff, and community partners regarding PREA, reviews and conducts administrative investigations of sexual abuse and sexual harassment allegations, provides technical assistance and interpretation of PREA standards, coordinates PREA compliance and auditing, and collects and analyzes data. It also identifies that local law enforcement agencies investigate criminally when the alleged conduct involves potentially criminal behavior.

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

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Online Training Module - Prisoner Rape Elimination Act 3. Pre-Audit Questionnaire (PAQ) 4. State of Wisconsin Department of Corrections Correctional Officer Preservice Program Syllabus 5. Wisconsin Department of Corrections (WIDOC) PREA Page - Refresher 6. WIDOC PREA Refresher - 2017 7. WIDOC PREA Refresher - 2019 8. DOC-1558 Employment State of Acknowledgement 9. Documentation of Staff PREA Training Completions 10. Documentation of Medical Staff PREA Training Completions 11. Documentation of Pre-Service Academy PREA Training Completions <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff <p>Findings (By Provision):</p> <p>115.31 (a)</p> <ol style="list-style-type: none"> 1 – Executive Directive #72, in section XI, paragraph A, No. 1, (p. 7), requires the agency to train all employees who may have contact with prisoners on the department's zero-tolerance policy for sexual abuse and sexual harassment, 2 – how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, 3 – the right of inmates to be free from sexual abuse and sexual harassment, 4 – the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, 5 – the dynamics of sexual abuse and sexual harassment in confinement, 6 – the common reactions of sexual abuse and sexual harassment victims, 7 – how to detect and respond to signs of threatened and actual sexual abuse, 8 – how to avoid inappropriate relationships with inmates, 9 - how to communicate professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates, and, 10 – how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>Twelve staff were randomly chosen for interview and all twelve of them were able to articulate the training they received and were able to identify the above components of the training. The facility also provided samples of training modules presented to staff and auditors were able to ascertain that all required items are included in the training staff receive.</p>

115.31 (b)

1 - Auditors' review of the training modules confirmed that the training is tailored to the gender of the inmates at the facility.

2 – The training is also designed to provide addition training to employees who are reassigned from facilities housing the opposite gender. The Flambeau Correctional Center is an adult male institution and none of the current staff were reassigned from facilities housing adult females. The training, however, is designed that way.

115.31 ©

1 – The facility provided a database printout that tracks staff PREA training completion. The trackers verified that all current employees who may have contact with inmates have completed the required training.

2 – Executive Directive #72 requires, in section XI, paragraph A, No. 1, (p.7), that all staff members receive training every two years and that in years during which staff members do not receive training, the WIDOC will provide refresher information on current sexual abuse and sexual harassment policies.

3 – All twelve staff who were randomly chosen for interview were aware that they receive PREA training every two years and refresher information during the in between years. The facility provided documentation showing the refresher information that was presented in 2015, 2017 and 2019. The facility also presented sample training records that verified that all staff have completed the required trainings and refreshers.

115.31 (d)

1 – The facility does document that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. The DOC-1558 Employment Statement of Acknowledgement is used to document this. Computerized printouts were provided that document electronic verification of the appropriate training of all staff at the facility. The training is provided in a computer based format and includes a test that staff must take, and pass, or their training completion will not be recorded.

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

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Sexual Abuse and Sexual Harassment In Confinement: A Guide for Volunteers and Contractors 2. Division of Adult Institutions (DAI) Policy# 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, dated 5/17/2019 3. DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation Manual 4. DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation Module Outline 5. Wisconsin Department of Corrections (WIDOC) Contractor and Volunteer Training Module 6. DAI Brief Volunteer Orientation including Pastoral Visitor/Program Guest/Intern – POC-0080, dated 5/2019 7. WIDOC Volunteer Orientation Manual printed in Spanish 8. Instructions from PREA Director - Documenting Volunteer PREA Compliance 9. Form DOC-2809 Volunteer Orientation Roster Attendance Record 10. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Volunteer <p>Findings (By Provision):</p> <p>115.32 (a)</p> <ol style="list-style-type: none"> 1 - Training materials were presented, as documentation, that verified that volunteers are trained on the agency's zero tolerance policy regarding sexual abuse and sexual harassment of inmates and the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Training materials reviewed included a pamphlet entitled, "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors. The pamphlet contains 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 contain definitions of sexual abuse and sexual harassment and describe, "red flags," that may indicate abuse. They also provide different avenues for reporting sexual abuse or sexual harassment. 2 - The facility reports that 16 volunteers who may have contact with inmates have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Presented as documentation of that training was a Volunteer Training roster, dated May of 2019, that is signed by 16 volunteers who attended the session. <p>A volunteer verified, in an interview, that he had received the training on agency policies and procedures regarding the prevention, detection and response to sexual abuse and sexual harassment.</p>

115.32 (b)

1 - Auditors reviewed the Volunteer Orientation and training materials presented and verified that volunteers are trained based on the level of contact they have with volunteers. The roster provided showed that all 16 of the volunteers at the Orientation were either religious volunteers or were volunteers from the community advocacy agency that the facility has an MOA with to provide advocacy services for inmates. All of those volunteers have direct contact with inmates and the training they received was thorough and covered all the same aspects of working with inmates that employees receive.

2 - Auditors noted that the materials used to train volunteers, and the handbooks they are given, do outline the agency's zero tolerance policy regarding sexual abuse and sexual harassment of inmates. Volunteers who were interviewed were familiar with the agency's zero tolerance policy.

115.32 (c)

1 - The volunteer orientation and training roster provided by the facility bears the signatures of attendees, verifying that they understood the training they received.

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

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Division of Adult Institutions (DAI) Policy #401.20.01 Inmate PREA Education 2. Wisconsin Department of Corrections (WIDOC) DAI Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates 3. POC-41B, Sexual Abuse in Confinement, A Resource for Offenders 4. Inmate PREA Education Facilitator Guide, POC-0041C, dated 7/2019 5. Video – Sexual Abuse and Sexual Harassment Prevention and Intervention 6. Inmate Identification Card with Sexual Abuse and Sexual Harassment Zero Tolerance information 7. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 8. Wisconsin Department of Corrections (WIDOC) DAI Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates – Printed in Spanish 9. POC-41BS, dated 7/2016, Inmate PREA Education Confirmation – Spanish Version 10. Verification of Availability of Inmate Handbook in Braille 11. Verification of Availability of Inmate Handbook on audio recording 12. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Inmates <p>Findings (By Provision):</p> <p>115.33 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 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.</p> <p>Presented as documentation was POC-0041C, Inmate and Youth PREA Education Facilitator Guide. The 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.</p>

2 - The facility reports the number of inmates admitted, in the past 12 months, who were given this information, at intake, as 235. Auditor interviewed the facility Victim Services Coordinator, who is also the facility Intake staff, and he verified that he does give all incoming inmates information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. He explained that he shows the agency PREA video, gives the inmates a Red Book with more PREA information, and documents the intake for each inmate present. All 20 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 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.

115.33 (b)

1 – The facility reports that 217 inmates were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents with 30 days of intake. The facility reports that 100% of inmates who were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents with 30 days of intake.

An interview was conducted with Intake Staff who said that he ensures that inmates have been educated as required by conducting weekly orientation for prisoners. He also said he can check on the Wisconsin Integrated Computerized System (WICS), to ensure that all inmates have received orientation.

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1 through 3 – The facility reports that all inmates are educated within 30 days of intake.

4 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) says, in Section XI, paragraph B, No. 3, (p.8), that inmates who transfer from one facility to another will receive education specific to the facility's sexual abuse, sexual harassment and report-related retaliation policies and procedures to the extent they differ from those of the previous facility.

115.33 (d)

1 – Presented as documentation that inmate PREA education is available in formats accessible to all inmates including those who are LEP were the orientation materials printed in Spanish.

2 – Presented as documentation that inmate PREA education is available in formats accessible to inmates who are deaf was confirmation of the availability of a PREA education video, that is closed captioned. The video is also available on YouTube and auditors were able to view it there.

3 – Presented as documentation that inmate PREA education is available in formats accessible to all inmates, including those who are visually impaired was confirmation of the availability of a Braille version of the inmate handbook.

4. PREA Information is available in written materials printed in both Spanish and English and on video with closed caption.

5. Intake Staff, and Social Work staff, verified that they will read the inmate PREA information to any inmate who is limited in their reading skills, and will ask appropriate questions to determine if the inmate understood the information.

There are currently no inmates who are LEP, deaf, visually impaired, or otherwise disabled.

115.33 €

1 – The agency does maintain documentation of inmate participation in PREA education sessions on the Wisconsin Integrated Computerized System (WICS). Intake Staff document inmate receipt of intake materials there and Social Work staff document inmate participation in Orientation in the same manner.

115.33 (f)

1 – Auditors noted, during the site review, that information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, on the back of every inmate's ID card.

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

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Investigation Training Outline 3. Wisconsin Department of Corrections Training Module 8, Sexual Abuse and Sexual Harassment Investigations 4. Sexual Abuse and Sexual Harassment Investigations Checklist 5. Computerized Database Printout Recording Agency Investigator Training 6. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff <p>Findings (By Provision):</p> <p>115.34 (a)</p> <p>1 - Executive Directive #72, in section XI, paragraph A, No. 4, (p. 8), requires all staff who investigate incidents of sexual abuse and sexual harassment to receive specialized training for conducting sexual abuse investigations in confinement settings. The facility presented a copy of their investigator training lesson plan. A facility investigator was interviewed who confirmed receipt of training specific to conducting sexual abuse investigations in confinement settings.</p> <p>115.34 (b)</p> <p>1 - The same policy requires that investigative staff receive training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsden warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. 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, and proper use of Miranda and Garrity warnings. Investigative staff who were interviewed verified having received this training.</p> <p>115.34 ©</p> <ol style="list-style-type: none"> 1- Executive Directive #72, in section XI, paragraph A, No. 4, (p.8), requires the agency to maintain documentation of the training completions. 2 - The facility provided a computerized database printout that the agency uses to record, and track, investigator training. The report shows that the agency currently has 455 trained investigators. The printout shows the name of each investigator, their job title, work location, and the date they completed the training. The printout verified that three investigators at the Flambeau Correctional Center have completed the appropriate training.

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

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Wisconsin Department of Corrections, PREA for Healthcare Workers, Training Module 3. Computerized Database Printout of Health Care Staff Training Completions 4. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Health Care Staff 2. SANE/SAFE Staff <p>Findings (By Provision):</p> <p>115.35 (a)</p> <p>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.</p> <p>2 - The facility reports that 1 medical staff completed the required training and presented a computerized database printout verifying that. That person was interviewed and confirmed that she had completed the required training for health care workers. There are no mental health staff at the Flambeau Correctional Center, but the facility presented verification that two Treatment Specialists also completed the training for Medical and Mental Health Care Staff.</p> <p>3 – The facility presented documentation verifying that 100% of Health Care Staff, at the facility, were properly trained.</p> <p>115.35 (b)</p> <p>1 – Medical staff, at the facility do not conduct forensic medical exams.</p> <p>1151.35 ©</p> <p>1 – The facility presented a computerized database printout verifying that the one medical staff employed at the facility had received the proper training.</p> <p>115.35 (d)</p> <p>1 – The facility presented training documentation that demonstrated that medical staff and Treatment Specialists receive training mandated for employees by 115.31.</p> <p>2 – The facility does not have contracted, or volunteer, healthcare employees.</p>

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

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement 2. Division of Adult Institutions (DAI) Policy# 401.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization 3. Pre-Audit Questionnaire (PAQ) 4. PREA Screening Tool Adult Male Facility, DOC-2781B, dated 09/2017 5. PREA Screening Tool Adult Female Facility, DOC-2781A, dated 09/2017 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Inmates Randomly Chosen for Interview 3. PREA Director 4. PREA Compliance Manager <p>Findings, by provision:</p> <p>115.41 (a)</p> <p>1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 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."</p> <p>115.41 (b)</p> <p>1 - DAI Policy# 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization says, in section I, paragraph A, (p. 3), "inmates shall be screened within 72 hours of admission to any DAI facility for risk of being sexually abused by other inmates or sexually abusive towards other inmates."</p> <p>2 – The facility reports the number of inmates, whose length of stay at the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, within the past 12 months, was 234. The facility reported that between 10/01/2018 and 09/30/2019, 235 inmates were screened using the automated screening tool implemented on 10/22/2017. Prior to 10/22/2017, inmates were screened using a paper tool. The facility provided copies of risk screens completed for the 18 prisoners who were randomly chosen for interview, and two additional, and auditors verified that their risk screening was completed within 72 hours of their admission to the facility. Three were screened on the same day they were admitted to the facility, 12 were screened within 24 hours of arrival at the facility, and the remaining five were screened within 72 hours of arrival at the facility. Social work staff complete the risk screening at the Flambeau Correctional Center. A Social Worker who was interviewed said that most often the screening is completed on the day of inmates' arrival. All 18 inmates who were randomly chosen for interview said they were asked questions about things like whether they</p>

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. All of them recalled that interview having taken place soon after they arrived at the facility, and two of them recalled that it took place on the same day that they arrived. During the facility walk through, all inmates that auditors talked with also recalled those questions being asked of them upon their arrival at the facility or very soon after.

115.41 ©

1 - The facility provided a copy of the instrument used to screen inmates for risk of victimization and abusiveness, DOC-2781B PREA Screening Tool Adult Male Facility.

115.41 (d)

1 - 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 gay or bisexual, and if others think they are gay 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.

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. 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).

115.41 €

1 – The screening tool, and the completed screens reviewed by auditors, showed that the screening does ask, in Section A, question 7, if the inmate has ever had sexual contact in confinement with someone without their consent or because the inmate forced, coerced or threatened them. Section B, the Record Review section, asks, in question 3 if the inmate has had any convictions for violent offenses, in question 4 if the inmate has had any convictions for sexual offenses, and, in question 6, if the inmate has ever been the perpetrator in a substantiated sexual abuse case while confined or if the inmate ever received a conduct report for sexual assault while confined.

115.41 (f)

1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 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 same form for ease of conducting the reassessment, with the previous information at the ready, to enable staff to easily note any changes. The Social Worker who was interviewed said, and auditor confirmed, that most of the reassessments are conducted somewhat earlier than at 30 days. Of the 20 screens that were interviewed, all but three demonstrated that the reassessment was conducted within 30 days of the initial screening. Those three follow-up screens were conducted at the 35th day, and all three inmates had the same date of arrival, same initial screening date, and same 30-day follow-up screening date. Those three inmates arrived on 11/28/2018, were initially screened on 11/29/2018, and the 30-day follow-up was done on 01/02/2019. Staff identified that because the time frame included four staff holidays, the follow-up screens were five days late. The Social Worker who does the screening identified that going forward, she will make a note where initial screens are done in late November, or early December, so that she can ensure that the follow-up screens are done within the proper time frame.

2 – The facility reports that the number of inmates entering the facility within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake is 217.

115.41 (g)

1 – Executive Directive #72 says, in section XII, paragraph D, (p. 8) that after the initial and follow-up screens are completed, an offender's risk level will 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.

115.41 (h)

1 - Executive Directive #72, in section XII, paragraph A, (p. 8), 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 that 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.

115.41 (i)

1 - Executive Directive #72, in section XII, paragraph F, (p. 9), 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. The PREA Director said, in an interview, “when we transitioned to the electronic version of the screen we put a disclaimer on the screen notifying staff that they should only be entering if they need to know. I have the ability to query the system to see who has accessed it so I can ensure that it has been accessed appropriately.” The facility PREA Compliance Manager, when asked who has access to an inmate’s risk assessment within the facility, said, “the risk screener does, the Social Workers do, and I do.”

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

115.42	Use of screening information
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1276 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 414 406 448">Documents:</p> <ol data-bbox="252 459 1436 616" style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement 2. Division of Adult Institutions Policy #306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization 3. Inmate Offsite Reviews <p data-bbox="252 672 391 705">Interviews:</p> <ol data-bbox="252 716 917 828" style="list-style-type: none"> 1. Facility PREA Compliance Manager (PCM) 2. Staff Responsible for Performing Risk Screening 3. PREA Director <p data-bbox="252 884 566 918">Findings (By Provision):</p> <p data-bbox="252 929 391 963">115.42 (a)</p> <p data-bbox="252 974 1484 1310">1 - Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XIII, paragraph A, (p. 10) 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 facility PCM said that they use unique markers, green and gold stars, on population boards, in the Control Center, to indicate what proper housing assignments for inmates are, based on risk screening information. She said the screenings are always used by all staff who make housing assignments.</p> <p data-bbox="252 1355 1476 1736">She also said that the information is used in assigning jobs. Currently, the facility has only eight inmates participating in work release, and the facility staff do not put inmates who score at high risk of victimization in the same transportation van with inmates who are at high risk of abusing. The facility submitted documents entitled, "Inmate Offsite Review," that documented a review of each inmate participating in the work release program. Noted on the document, among a variety of other factors reviewed, is the information from the PREA risk screening. Inmates are also assigned to a variety of programs, all of which are supervised by both Program and Custody staff, in rooms that also have good visibility and cameras that provide coverage of the rooms.</p> <p data-bbox="252 1780 391 1814">115.42 (b)</p> <p data-bbox="252 1825 1460 2161">1 - Agency policy, Executive Directive #72, requires that individualized determinations be made regarding the safety of each inmate. The staff uses information from risk screening to make housing assignments, as demonstrated by the facility PCM and Control Center staff, individual decisions regarding programming are made for each inmate, and information from risk screening is considered when making job assignments. In addition, the facility PCM said that each inmate is reviewed before being assigned to a job so that inmates at high risk of victimization and inmates at risk of being abusive will never be transported, to a work site, in the same van at the same time.</p>

115.42 (c)

1 - Executive Directive #72, in section XIII, paragraph E, No. 2, (p. 11) requires staff to consider on a case-by-case basis, housing and programming assignments for transgender or intersex offenders. The placement should be one that ensures the offender's health and safety and whether the placement would present management or security problems.

115.42 (d)

1 - There are currently no transgender or intersex inmates housed at the Flambeau Correctional Center. Social Work staff are responsible for risk screening and they maintain continued contact, at least twice yearly, and typically more often, and reassess housing, programming and work assignments of all inmates regularly.

115.42 (e)

1 - Executive Directive #72, in section XIII, paragraph E, no. 2, (p.11) requires staff to give serious consideration of the transgender or intersex offender's view of their own safety with respect to housing, programming and job assignments. There are currently no transgender or intersex inmates housed at the Flambeau Correctional Center.

1151.42 (f)

There are currently no transgender or intersex inmates housed at the Flambeau Correctional Center. However, the inmate bathroom has individual shower stalls with shower curtains, so all inmates have the opportunity to shower separately. There are no communal shower rooms at the facility.

115.42 (g)

1 - Agency policy requires, in section XIII, paragraph E, no. 1, (p. 11), that lesbian, gay, bisexual, transgender or intersex offenders shall not be placed in dedicated facilities, wings or unit solely on the basis of such identification or status. Flambeau Correctional Facility does not have dedicated housing units, or wings, for housing gay, bisexual, transgender or intersex inmates. Additionally, there are currently there are no inmates housed at the facility who identify as being gay, bisexual, transgender or intersex.

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

115.43	Protective Custody
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Division of Adult Institutions (DAI) Policy #306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization 3. DOC-302 Review of Inmate in Restrictive Housing 4. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden <p>Findings (By Provision):</p> <p>115.43 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XIII, paragraph B, no.1 (p. 10) says that offenders at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternative has been made and a determination has been made that there is no available alternative means of separation from likely abusers. It also says that 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. DAI policy #306.00.72 Screening for Risk of Abusiveness and Risk of Victimization says, in Section II, paragraph I, that inmates at high risk of victimization will not be involuntarily separated from the general population unless an assessment of all viable alternatives has been made and none have been identified.</p> <p>The facility superintendent was interviewed and verified that inmates at risk of victimization will not be involuntarily separated from the general population. In fact, there is no segregated housing unit at the facility. All housing units are general population and are open dorm setting. The superintendent identified that there is one holding cell that can be used, but an inmate at high risk of victimization would only be put into that cell if no other means of separating the inmate were available. The superintendent said she would move the inmate to another housing unit, to attempt to solve the problem, or transfer him to another facility. If there was an identified threat, the inmate at risk or victimization may be placed in the holding cell, for their safety, while a transfer to another facility was being arranged. She said inmates do not stay in that cell for more than two to four hours.</p> <p>2 - The facility reports that the number of inmates who were separated from the general population involuntarily, in the past 12 months, was zero.</p> <p>115.43 (b)</p> <p>1 - Executive Directive #72, in section XIII, paragraph B, (p.10) identifies that if an inmate is involuntarily segregated from the general population they will have access to programs, privileges, education or work opportunities to the extent possible and that if the facility does</p>	

find it necessary to limit access to these things, for safety reasons, they will document the opportunities limited and the reason. The Superintendent identified that no inmate would be held in their holding cell long enough for their access to such things to be limited. There is no segregated housing unit at the facility, only a holding cell that is not intended for use longer than two to four hours.

115.43 (c), (d), and (e)

1 - The facility reports that, in the past 12 months, the number of inmates at high risk of sexual victimization who were assigned to segregated housing for more than 30 days while awaiting alternative placement was zero. The facility does not have a segregation housing unit.

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

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Con 2. Inmate Handbook 3. Wisconsin Department of Corrections (WIDOC) PREA Posters printed in English and Spanish <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random Sample of Inmates 3. Facility PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.51 (a)</p> <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XIV, paragraph, A (p.11), says that the agency will provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents. The agency provided, on the PAQ, copies of postings that are made available to inmates in the facility, that identify the multiple ways they can report an incident of sexual abuse or sexual harassment. Information on the posters tells inmates that they can report in writing, to any staff person, that they can call #777, an internal reporting line that does not require an inmate PIN, and by dialing #888, to report to an agency outside of the WIDOC, where, again, an inmate PIN is not needed. The postings also identify that inmates can tell a friend, or family member, who can report for them. 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.</p> <p>Twelve randomly chosen staff were interviewed and all of them were easily able to articulate how inmates could make a report of sexual abuse or sexual harassment. All of them were familiar with the reporting lines, #777 and #888, as well as with the outside agency, Embrace, that will take reports, and all twelve of them knew that inmates can report, to any staff, verbally or in writing, and that they can report to a friend, or family member, who can report for them. Eighteen randomly chosen inmates were interviewed and all were very familiar with the methods they could use to privately report sexual abuse or sexual harassment, retaliation, or staff neglect or violation of responsibilities. They were all familiar with the postings by the telephones that have the hotline numbers on them. When asked how they could report they all readily answered, “#777 or #888.”</p> <p>115.51 (b)</p>

1 - Executive Directive #72, in Section XIV, paragraph A, also requires the agency to provide at least one way for offenders to report sexual abuse and sexual harassment to a public or private entity that is not part of the agency. 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 posted, in multiple places, in the facility and are easily visible. The facility provided copies of these posters, on the PAQ. Also, on these posters is the hotline number for an outside advocacy agency where inmates can call and report. The facility PCM identified that inmates can call an inside reporting line by dialing #777, a reporting line outside the agency by calling #888, and can also call the hotline number for Embrace, the local advocacy agency that will take reports as well. Auditors called all these numbers, from inside the housing units, and were able to contact persons who took our reports and provided that information to the agency PREA director that same day.

2 – The facility reports that the WIDOC does not detain inmates solely for immigration purposes.

115.51 ©

1 and 2 - Executive Directive #72, in Section XIV, paragraph C, No. 1, (p.11) says that employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports; and immediately report. All twelve random staff who were interviewed said that inmates can report an incident of sexual abuse or sexual harassment verbally, in writing, anonymously and from third parties. All of them said they would treat all allegations the same, regardless of how they were reported, that would immediately report all allegations to their supervise and document them in an Incident Report. All 18 randomly chosen inmates, who were interviewed, acknowledged that they were aware they could make reports either in person or in writing, and that they could have a friend or relative make the report for them.

115.51 (d)

1 and 2 – Paragraph C, No. 3, (p.12) of Section XIV, of Executive Directive #72, identifies that the agency shall provide a method for employees to privately report sexual abuse and sexual harassment of offenders. The facility identified on the PAQ, that staff are informed of this in the Executive Directive. All twelve staff who were randomly chosen for interview were aware of ways to privately report sexual abuse and sexual harassment of inmates. They said that they would report directly to the Warden, to the Security Director, or to the PREA Director in Madison.

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

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Wisconsin Department of Corrections (WIDOC) Chapter 10 Complaint Procedures 2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 3. Division of Adult Institutions (DAI) Policy#310.00.01 Inmate Complaints Regarding Staff Misconduct 4. Inmate Handbook 5. Pre-Audit Questionnaire <p>Findings (By Provision):</p> <p>115.52 (a)</p> <p>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.</p> <p>Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XV, (p.12), says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation.</p> <p>DAI Policy #310.00.01 Inmate Complaints Regarding Staff Misconduct outlines the agency procedure for processing administrative complaints regarding staff misconduct by saying, in Section 1, paragraph A, (p.1), that such complaints will be handled according to the provisions of Executive Directive #72 to ensure an investigation by facility or law enforcement is not impeded. Paragraph B identifies that if an inmate alleges staff sexual misconduct, the Inmate Complaint Examiner shall not interview the complaining inmate, or anyone else, but instead shall immediately refer the complaint to the Warden/designee to ensure processing in compliance with Executive Directive #72.</p> <p>Although the facility reported, on the PAQ, that the agency does have an administrative complaint procedure for dealing with inmate grievances regarding sexual abuse, in actuality, any such inmate complaint that is filed is immediately removed from the grievance process and treated like any other allegation of sexual abuse, and is not process as a grievance. Thus, auditor finds that the agency is exempt from this standard because there exists no administrative remedies process to address sexual abuse and, in this instance, the administrative process acts simply as another method of reporting.</p> <p>115.52 (b)</p> <p>1 - Agency policy, Executive Directive #72, Sexual abuse and sexual harassment in confinement (PREA), in Section XI, paragraph A, (p. 12) says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System will be immediately</p>

redirected and referred for sexual abuse and/or sexual harassment investigation. The policy requires that time limits not be imposed on when an offender may submit a complaint regarding an allegation of sexual abuse or sexual harassment.

2 – The Executive Directive says, in paragraph B, that the complaint process shall not include a mandatory informal resolution requirement.

115.52 ©

1 and 2 – The same directive says, in paragraph C, that 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 such a complaint is not referred to an employee who is the subject of the complaint.

115.52 (d)

1 – Executive Directive #72 requires, in Section XV, that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation and that inmates will be notified within 30 days of the initial complaint that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced.

2, 3, 4, 5, 6, and 7 - The facility reports that there were no grievances filed, in the past 12 months, that alleged sexual abuse.

115.52 €

1 and 2 – Section XV, paragraph D, (p. 13), says that third parties, including fellow offenders, employees, family members, attorneys and outside advocates, shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment. Any such complaint filed is treated the same way that any other report of sexual abuse is treated and is immediately referred for investigation.

3 - The facility reports that there were no grievances filed, in the past 12 months, that alleged sexual abuse.

115.52 (f)

1 – Agency policy, Executive Directive #72, in Section XV, paragraph E (p.13), says that if an offender believes that he or she is subject to a substantial risk of imminent sexual abuse, they can report that to any employee who is not the subject of the allegation. Staff are then required to forward that report immediately to facility leadership for immediate corrective action.

2 – Paragraph E goes on to say that facility leadership will provide an initial response within 48 hours.

3 – The facility reports that they do not have an emergency grievance procedure but that all reports of imminent sexual abuse will be responded to within 48 hours.

4 – The facility reports that no reports of imminent sexual abuse were received within the past 12 months.

5 - The facility reports that while there exists no emergency grievance procedure, agency policy outlines that any complaint of imminent sexual abuse will be responded to within 48 hours and a final decision issued within five calendar days.

6 – The facility reports that no reports of imminent sexual abuse were received within the past 12 months.

115.52 (g)

1 – Agency policy, Executive Directive #72, in Section XV, paragraph F, (p. 13) says that the WIDOC may discipline an offender for a complaint filed alleging sexual abuse or sexual harassment only where the agency can demonstrate that the complaint was filed in bad faith.

2 – The facility reports that no complaints alleging sexual abuse that resulted in the agency bringing disciplinary action against an inmate, for having filed a complaint in bad faith, were received.

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

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement 2. Inmate Handbook 3. PREA Information Poster 4. Memorandum of Understanding Between Wisconsin Department of Corrections (WIDOC) Flambeau Correctional Center and Embrace Services Inc. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Inmates <p>Findings (By Provision: 115.53(a)</p> <ol style="list-style-type: none"> 1 - 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, Embrace Services, Inc. 2 - The facility provided a copy of a poster that tells inmates that Embrace Services, Inc. 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. The posters also provide national hotline numbers as well. 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. 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. Facility staff also provided a form, POC-41B Sexual Abuse in Confinement, A Resource for Offenders, 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. Eighteen inmates were randomly chosen for interview and all but one of them said they were aware of the outside advocacy agency. Their answers were, "there are hotlines and phone numbers on postings, " and "yes, I watched the video. My social worker showed it to me." One inmate identified that the information is available on the back of the inmate ID cards, and one inmate was not sure if that resource was available but said that he knew how to find out if he needed it. When asked if they knew what kind of services were available, 17 of them identified that they thought they were trauma counseling services and mental health and support types of services but weren't certain because they did not have any personal experience with them. They also said, "I know I can call if I need to find out," "the PREA posters explain it for us," and

"I know I can ask the Social Workers here and they will help me with that."

When asked if they got mailing addresses and telephone numbers, for these services, all eighteen of them, including the one inmate who was not sure if the service was available, said that they were aware of the posters, throughout the facility, and that they knew there was a lot of information on them. When asked if they had been able to talk to people from these services, none of them said that they had used them but all of them said they knew where to find contact information if they needed them. When asked if they knew when they were able to talk with people from this service 16 of them said, "anytime," and two said, they could make a call anytime the phones are open but that if they needed to make a call of that type, they were confident staff would let them do it anytime.

3 – The facility reports that they do not detain inmates solely for immigrations purposes.

4 – Auditors noted that there are posters located beside the inmate telephones so that inmates can make these calls without having to copy the contact information on a piece of paper, but will have it readily available, by the telephone if they need to make such a call.

115.53 (b)

1 – Form , POC-41B Sexual Abuse in Confinement, A Resource for Offenders, includes information telling the inmate that every effort will be made to keep their communications with the advocacy agency confidential, that their PIN is not required to make this call, and that the calls are not monitored or recorded. It does identify that written correspondence may be opened or inspected and may be read with the written approval of the agency security director. It also identifies that in person communication will be arranged in as private and confidential manner as possible.

2 – Information on the POC-41B form also tells inmates that all communications are monitored in accordance with Administrative Code Chapter DOC 309, DOC policy and facility procedure. All 18 inmates who were randomly chosen for interview said that they believed that they believed any conversations held with staff from the advocacy would remain private but also identified that they were aware there some things the agency would have to report and identified information about intentions to harm themselves as something the agency would have to report.

115.53 ©

1 and 2 - The facility reports that they have entered into an MOU with a local advocacy agency, Embrace Services, Inc. and provided a copy of the MOU. 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. Auditors interviewed the Director of Embrace Services Inc., the local advocacy agency that the facility has an MOU with. She said that Embrace provides a 24/7 hotline for inmates to call for emotional support and advocacy, and that staff are trained as advocates to respond in person or over the phone. She said that Embrace did receive a report of sexual abuse, several years ago, but that the incident did not rise to the threshold of actual sexual abuse, but staff at the facility treated it that way, and went above and beyond in their response. She cited just the one instance where they responded in person but said that agency staff do go in the facility to maintain relationships with the Superintendent and staff, to receive training, and to give presentations to inmates. She is familiar with facility's intake and prisoner orientation processes. She also identified that her agency has done some presentations for staff as well. She reported that few calls are received, from the facility, but typically a few calls are made

following the presentations they give. For example, agency staff gave a presentation to inmates on childhood trauma, including sexual abuse and how that affects adult lives and general health and wellness, and received a number of calls after that, for advocacy regarding prior sexual abuse, but not for allegations of sexual abuse at facility. She reported that she feels that her agency and the facility have great working relationship. Inmates deliver wreathes to the shelter at holiday time and offer to do yard work for the shelter. Embrace staff feel they enjoy a very positive, very good working relationship with the facility.

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

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Wisconsin Department of Corrections (WIDOC) Website 2. PREA Information Poster <p>Findings (By Provision):</p> <p>115.54 (a)</p> <p>1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) identifies, in Section XIV, paragraph B, (p.11), that the DOC shall provide a method for third parties to report sexual abuse and sexual harassment on behalf of an offender. It also requires that information on how to report sexual abuse and sexual harassment on behalf of an offender be posted publicly.</p> <p>2 - The facility submitted, as documentation, 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. 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 to be compliant with the standard.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Medical Staff 3. Superintendent <p>Findings (By Provision):</p> <p>116.61 (a)</p> <p>1 – Agency policy, Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XIV, paragraph C, No.1, (p.11), 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 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.</p> <p>Staff are required to immediately report to a supervisor who is not the subject of the allegation. All 12 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," and "I would report to my supervisor right away. "There was not one staff person interviewed that did not know the answer to this question.</p> <p>2 – In addition to requiring all staff to immediately report knowledge, suspicion or information regarding incident of sexual abuse or sexual harassment, Executive Directive #72, in the same section, requires staff to immediately report any incidents of retaliation against offenders or employees who reported such an incident. Again, every staff person interviewed was aware of this requirement.</p> <p>3 – Executive Directive #72, in letter c, of the same section and paragraph, requires all staff to immediately report any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Again, all staff randomly chosen for interview were aware of this agency requirement.</p> <p>115.61 (b)</p> <p>1 – Executive Directive #72, in section XIV, paragraph C, no. 5, (p. 12), says that employees shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators and designated officials. Such information is, by agency policy, 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</p>

were, "I would only tell my supervisor," and "I would only tell staff who need to know." All staff interviewed were aware of the impropriety of talking to other staff and inmates about any such report they might receive.

115.61 ©

1 – Executive Directive #72, section XIV, paragraph C, no. 6, (p. 12) requires medical and mental health practitioners to report sexual abuse and to inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services. The nurse supervisor was interviewed and reported that she is required, by policy, to report any knowledge, suspicion or information, identified that duty to report, at the initiation of services to an inmate. There are no mental health staff at the Correctional Center. The nurse supervisor also said that she has never become aware of any such incidents at the Flambeau Correctional Center.

115.61 (d)

1 - Executive Directive #72, section X, paragraph C, no. 7, (p. 12) does say 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 Flambeau Correctional Center does not house any inmates under the age of 18.

115.61 €

1 – Executive Directive #72, in section XIV, paragraph C, no.5, requires employees to report knowledge regarding an incident of sexual abuse to supervisors, investigators, and designated officials. The superintendent said, "we have not had any allegations of sexual abuse but if we do have, we certainly will report them to agency investigators."

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

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. Random Sample of Staff <p>Findings (By Provision):</p> <p>115.62 (a)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 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 superintendent said, "if the happened here we would separate them, move from one dorm to another, and put them in a smaller room where there is not the same vulnerability." Staff who were randomly chosen for interview said that they would, "call the inmate up and keep him in a safe area and call for the Captain to come immediately." A non-security staff said they would, "immediately consult with the Captain or the Superintendent and remove the inmate from the general population or ask the security staff to do so." All twelve random staff, who were interviewed, said that they would immediately alert the captain or superintendent and move the inmate to a safe place until security came to take charge of the situation. When asked how quickly they would take that type of action, all of them said, "immediately." 2 - The facility reports the number of times an inmate was in immediate danger of being sexually assaulted, in the last 12 months, as zero. 3 – The agency did not make such determinations in the past 12 months. 4 – The agency did not make such determinations in the past 12 months. <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment In Confinement (PREA) 2. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent <p>Findings (By Provision):</p> <p>115.63 (a)</p> <ol style="list-style-type: none"> 1 - Agency policy, Executive Directive #72 says, in Section XIV, paragraph C, no. 8, (p.11), 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. 2 - The facility reports that, in the last 12 months, staff received zero reports of sexual abuse that occurred at another facility. 3 – Staff reported, on the PAQ, that if they did receive any such reports, they would gather information, notify the supervisor and compliance manager, submit an incident report and refer the allegation to the head of the facility where the alleged abuse occurred with 72 hours. They also said they would assist with an investigation as needed. <p>115.63 (b)</p> <ol style="list-style-type: none"> 1 – Agency policy, Executive Directive #72, says, in section XIV, paragraph C, no. 8, (p.11), 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. <p>115.63 ©</p> <ol style="list-style-type: none"> 1 – Agency policy, Executive Directive #72 says, in section XIV, paragraph C, no. 8, (p. 11) to document all such notifications but the facility has had no such incidents in the past 12 months. <p>115.63 (d)</p> <ol style="list-style-type: none"> 1 – Executive Directive #72 says, in section XIV, paragraph C, no. 9, (p. 11), that all notifications shall be documented and the appointing authority that received such notification shall ensure that the allegation is investigated. The agency head said, in an interview, “we have two points of contact, the Warden at a facility, or the PREA Director in Central Office. The standard procedure, when one is notified, is for them to notify the other person and then begin an investigation. That’s what happens when we receive that type of notification.” The facility PREA compliance manager said that is an allegation is received from another facility, they would report it as an allegation and investigate it.

2 – The facility reports as zero the number of allegations of sexual abuse received from other facilities in the past 12 months.

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

115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement 3. Sexual Abuse Incident Response - Healthcare Staff - First Responder Action Steps 4. Sexual Abuse Incident Response - Non-Security Staff - First Responder Action Steps 5. Sexual Abuse Incident Response - Security Staff - First Responder Action Steps <p>Interviews:</p> <ol style="list-style-type: none"> 1. Security Staff and Non-Security First Responders 2. Random Sample of Staff <p>Findings (By Provision):</p> <p>115.65 (a)</p> <ol style="list-style-type: none"> 1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) in section XVI, paragraph A, Nn. 1, (p.13), outlines the required response of staff upon learning that an allegation that an offender was sexually abused. 2 – The policy requires that the first security member to respond to the report to, at a minimum, separate the victim and abuser. 3. The policy requires the first security member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 4 – The policy requires, that if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security member to respond to the report must 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. 5 – The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security member to respond to the report must ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 6 through 11 - The facility reports as zero the number of allegations that an inmate was sexually abused in the past 12 months. <p>Seven of the 12 staff who were randomly chosen for interview were security staff. All of them were very familiar with the security staff first responder duties.</p> <p>115.64 (b)</p> <ol style="list-style-type: none"> 1 – Executive Directive #72 says, in section XVI, paragraph A, no. 2, “if the first employee responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify

security staff.”

2 – The policy requires non-security staff first responders to notify security staff.

3, 4, and 5 – The facility reports as zero the number of allegations than an inmate was sexually abused in the past 12 months.

Five of the 12 staff who were randomly chosen for interview were non-security staff. All of them said they would separate the inmates, request that the alleged victim not take any actions that might destroy potential useable evidence and call security immediately. They all said that they would keep the alleged victim with them, until security staff arrive, to ensure their safety.

The facility has not had any allegations of sexual abuse, in the past 12 months, but all staff appear to have been well trained and know what to do if it should happen.

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

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Flambeau Correctional Center Sexual Abuse Coordinated Response Plan, dated 10/03/2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>Findings (By Provision):</p> <p>115.65 (a)</p> <p>The facility submitted, as documentation, a written institutional plan to coordinate actions taken, by first responders, medical and mental health practitioners, investigators, and facility leadership, in response to an incident of sexual abuse. The plan clearly identifies the responsibilities of security staff first responders, the security director, and non-security staff first responders, including actions to take, other staff to notify, and written documentation to prepare. It also identifies who is responsible for notifying both medical and mental health care services, local law enforcement. The plan lists facility staff by name, position and provides contact information for them as well as for SANE/SAFE staff at the designated hospital and for a community advocate agency. Also included in the written plan is a Sexual Abuse Incident Flowchart that presents all required steps, in the coordinated response, and shows the order they should happen in.</p> <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: 1. Pre-Audit Questionnaire (PAQ)</p> <p>Interviews: 1. Agency Head</p> <p>Findings (By Provision): 115.66 (a) 1 - 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, " The agency head confirmed that by saying, "in Wisconsin, there is a state statute, Act 10, that prohibits any collective bargaining on the behalf of State employees."</p> <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 3. Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Response Checklist <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Warden 3. Designated Staff Member Charged with Monitoring Retaliation <p>Findings (By Provision):</p> <p>115.67(a)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72 identifies, in section XVIII, paragraph A, (p.16), that all agency 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. 2 – The facility reported, on the PAQ, that a staff Treatment Specialist is assigned as the facility Victim Services Coordinator whose responsibility it is to monitor inmates for retaliation. That person described her responsibilities as including making sure that inmates are aware of the agency’s zero tolerance policy, watching for warning signs that inmates may be experiencing retaliation, and encouraging inmates to report to her if they believe they are being retaliated against. <p>115.67 (b)</p> <ol style="list-style-type: none"> 1 – The facility Victim Services Coordinator said that the facility has not received any allegations, in the past 12 months, of sexual abuse or sexual harassment, so she has not been involved in any retaliation monitoring activities either. <p>115.67 ©</p> <ol style="list-style-type: none"> 1 – The facility reported, on the PAQ, that no reports of retaliation have been received in the past 12 months, thus no monitoring was performed. 2 – Executive Directive # 72, in section XVIII, paragraph B, (p. 17), says 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. 3 - The monitoring should include periodic status checks and employees are required to act promptly to remedy any such retaliation. 4 - 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.

5 – The facility reported, on the PAQ, the number of times an incident of retaliation occurred in the past 12 months as zero.

115.67 (d)

1 – Executive Directive #72, in section XVIII, paragraph B, also identifies that for offenders, the required monitoring must include periodic status checks. The facility Victim Services Coordinator identified that, in the past 12 months, there have been no reports of retaliation.

115.67 €

1 – The Agency head said, when asked how they protect inmates and staff from retaliation for allegations of sexual abuse and sexual harassment, “we do a couple of things. First, we have Executive Directive #72 that clearly articulates our zero-tolerance policy and all employees are required to sign that they received a copy of the Directive. We also have Victim Services Coordinators, who monitor inmates for at least 90 days, and more if they deem it necessary. They look for typical signs that might indicate retaliation, program or housing changes, conduct reports, and so on. The PREA office does something similar for staff who report. They look at performance reviews, assignments and reassignments, and different patterns of behavior, and we document everything. Moreover, Victim Services Coordinators do initiate contact with inmates.”

115.67 (f)

1 – Executive Directive # 27, identifies, in section XVII, paragraph D, (p.17), that the agency’s obligation to monitor retaliation shall terminate if the agency determines that the allegation is unfounded.

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

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement 2. DOC-30 Review of Inmate in Restrictive Housing, dated October of 2015 3. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>Observations made during site review:</p> <p>The facility as only one holding cell and does not have any segregated housing units.</p> <p>Findings (By Provision):</p> <p>115.68 (a)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) says, in section XVI, paragraph A, no. 5, (p. 14), says that any use of restricted status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of Standard 115.43. <p>The Superintendent said, and auditors noted during the site review, that the facility does not have a segregated housing unit. There is a holding cell that can be used to either separate, or protect, an inmate if necessary, until an inmate can be transferred to another facility. The superintendent said that an inmate would not be held in the holding cell for longer than four hours, while transfer was being arranged, if the problem could not be solved by housing the high-risk inmate in another dorm at the facility. And, if an inmate at high risk for sexual victimization was transferred to another facility, they would not transfer to a segregated housing unit, at another facility, but would transfer to general population, barring any other reason they might need to be segregated and if a hearing had not been held. She also said that it has not happened at this facility.</p> <ol style="list-style-type: none"> 2 - The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were held in involuntary segregated housing, within the past 12 months, for one to 24 hours, while awaiting completion of assessment. 3 - The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were assigned to involuntary segregated housing, in the past 12 months, for more than 30 days, while awaiting alternative placement. 4 - The facility has not held any inmates who alleged sexual abuse, in, or assigned any inmates who alleged sexual abuse to, segregated housing, in the last 12 months. 5 - The facility submitted a Department of Corrections Form #DOC-30, Review of Inmate in Restricted Housing, that would be used to conduct a 30 day review if the facility did hold any inmates in, or assign any inmates to, restrictive housing.

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

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement 2. PRB-001 Records Retention/Disposition Authorization, dated 09/2016 3. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. PREA Director 3. Facility PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.71 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) is the agency policy related to criminal and administrative agency investigations. Section XVII, paragraphs A through M, (p. 15) require:</p> <p>a, b - investigations to be completed for all allegations of sexual abuse and sexual harassment,</p> <p>allegations that involve potentially criminal behavior to be referred to local law enforcement for investigation,</p> <p>c- 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,</p> <p>d - 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,</p> <p>e - 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,</p> <p>f - administrative investigations to include an effort to determine whether employee actions or failures to act contributed to the abuse,</p> <p>g - the Wisconsin Department of Corrections to impose no higher standard than preponderance of the evidence,</p> <p>h - 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,</p> <p>l - 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,</p> <p>j - 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,</p> <p>k - the agency to inform all victims, following an investigation, whether the allegation has been</p>

determined to be substantiated, unsubstantiated, or unfounded and to document the notification,

l - 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 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 for,

m - 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.

Auditors interviewed a facility investigator who, when asked how long it takes staff to begin an investigation when an allegation of sexual abuse is received, said, "it begins immediately. It becomes the top priority and everything else gets put on the back burner." She also said that all reports are treated the same way, regardless of the reporting method including third party and anonymous reports. She said, "they all work the same way. We review them and begin the process immediately."

115.71 (b) (c)

1 – Executive Directive #72 Sexual abuse and Sexual Harassment in Confinement (PREA), in section XI, paragraph A, Nn 4, (p. 8) 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. Auditors reviewed the lesson plan and found that it does include all 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.

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. A facility investigator was interviewed who confirmed that she 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. The investigator identified that the training included the Executive Directives, mock interviews of victims and/or perpetrators, practice in report writing and evidence collection, ". . . dealing with identifying A to Z, a whole scenario, from beginning to end."

115.71 (d)

1 – Executive Directive #72, in section XVII, paragraph B, (p.15), identifies that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior will be referred for investigation to local law enforcement and that all referrals will be documented.

Investigative staff, when asked what their role is in criminal investigations, said that they work with local law enforcement, turn over any evidence and investigative materials they may have,

let law enforcement take the lead and follow their directives. When asked about compelled interviews, they said they would not conduct compelled interviews. Those would be left to the criminal investigators.

115.71 €

1 – Agency directive #72 identifies, in section XVII, paragraph E, (p. 15) that the credibility of an alleged victim, suspect or witness will be assessed on an individual basis, not by the person's status as an offender or employee. It goes on to say that WIDOC will not require an offender who alleges sexual abuse to submit to a polygraph examination or any other truth telling device as a condition for proceeding with the investigation. Facility investigators confirmed that the standard of evidence required to substantiate allegations of sexual abuse is a preponderance of evidence, that is, if it is more likely than not that the abuse occurred. They also confirmed that they do not ask offenders who make allegations of sexual abuse to submit to a polygraph examination.

115.71 (f)

1 - Agency directive #72 , in section XVII, paragraph F, (p. 15) says, "administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse." Facility investigators who were interviewed identified that the facility incident review team reviews all allegations, and subsequent investigations, and makes that determination.

115.71 (g)

1 – Facility investigators verified that all investigations of sexual abuse and sexual harassment are documented in a written report that contains a thorough description of all evidence relied on in making a final determination and attaches copies of all documentary evidence where feasible.

115.71 (h)

1 – Executive Directive #72, in section XVII, paragraph B, (p. 15) requires that all allegations of sexual abuse or sexual harassment that involve potentially criminal behavior be referred for investigation to local law enforcement. Facility investigators verified that the facility will refer any such allegations to Oneida County Sheriff's Department for investigation.

2 – The facility reports the number of allegations that were referred to local law enforcement for investigation, in the past 12 months, as zero.

115.71 (i)

1 – Executive Directive #72, in section XVII, paragraph H, (p. 16) requires that documentation of administrative and criminal investigations be retained as long as the alleged abuse is incarcerated or employed by the WIDOC plus ten years. The facility submitted, as documentation, Public Records Board Form PRB-001, used to document the disposition of retained records. The creation date of the record is 2013, the form indicates that the record contains personally identifying information, and the disposal date is September of 2018, with the appropriate box checked identifying the reason for disposal of the record as, "termination/end of employment."

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	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) <p>Interviews:</p> <ol style="list-style-type: none"> Investigative Staff <p>115.72 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) stipulates, in section VII, paragraph G, (p. 16) that the agency will impose no higher standard than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. Interview with facility investigators bore out that they use a preponderance of evidence in determining the final outcome of an allegation. That is, they rely on evidence to assist them in determining if the incident was more likely than not to have occurred as the complainant alleged.</p> <p>CONCLUSION: Based on the above evidence the facility is found to be compliant with the standard.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Sample Notice to Inmate Identifying Disposition of Investigation 3. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Investigative Staff <p>Findings (By Provision):</p> <p>115.73 (a)</p> <p>1 - Agency policy, Executive Directive #72 Sexual Abuse and Sexual Harassment (PREA) 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. Interviews with the Warden and the Facility PREA Compliance Manager verified that every investigation that is conducted will culminate with a report of the findings to the inmate who brought the allegation.</p> <p>2 and 3 - The facility reports that no allegations of sexual abuse or sexual harassment were made, in the last 12 months, thus no administrative, or criminal, investigations were investigated during that time frame and no notifications made.</p> <p>115.73 (b)</p> <p>1 - Executive Directive # 72, section XVII, paragraph K (p. 16) 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.</p> <p>2 and 3 - The facility reports that no allegations were investigated by an outside agency during the audit period, thus no notifications were made.</p> <p>115.73 (c)</p> <p>1 - Executive Directive #72, in section XVII, paragraph L, (p. 16) 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 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.</p> <p>2 and 3- The facility reports that no allegations of sexual abuse or sexual harassment were received, in the past 12 months, thus there were no reports made to inmates.</p>

115.73 (d)

1 - Executive Directive #72 requires, in section XVII, paragraph M, (p.16) that following an offender's allegation that he or she has been sexually abused by another offender, the WIDOC will inform that alleged victim, and document such notification, whenever the agency learns that the alleged abuse has been indicted or convicted on a charge related to the initial allegation of sexual abuse. No allegations of sexual abuse or sexual harassment were received, during the past 12 months, thus no notifications were made.

115.73 (e)

1 - Executive Directive #72 requires that all notifications made to inmates, regarding outcomes of investigations of all allegations of sexual abuse and sexual harassment be documented. This requirement is noted in section XVII, paragraphs K, L and M, (p.16). The facility reports that no allegations of sexual abuse or sexual harassment were received, in the past 12 months, thus no investigations were conducted or documented. The facility submitted copies of forms that are used to notify inmates when allegations are received, investigations are conducted, and notifications are required.

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

115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement 2. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Human Resources Staff <p>Findings (By Provision):</p> <p>115.76 (a)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XIX, (p. 17) 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. <p>115.72 (b)</p> <ol style="list-style-type: none"> 1 – The facility reports that, in the past 12 months, no employees have violated agency sexual abuse and sexual harassment policies. 1 – The facility reports that, in the past 12 months, no staff have been terminated for any such violations. <p>115.76 ©</p> <ol style="list-style-type: none"> 1 – 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. 2 - 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>115.76 (d)</p> <ol style="list-style-type: none"> 1 - 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. 2 - The facility reports that, in the past 12 months, no facility staff have been terminated, thus there have been no reports made to law enforcement or any relevant licensing boards. <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Superintendent <p>Findings (By Provision):</p> <p>115.77 (a)</p> <p>1 and 2- 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.</p> <p>3 and 4 - 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. The facility received no allegations of sexual abuse or sexual harassment in the past 12 months.</p> <p>115.77 (b)</p> <p>1 – By policy, Executive Directive #72, facility administration is required to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>In an interview, the facility superintendent said that she would investigate any allegation made against a contractor or volunteer, just as she would if an allegation were made about staff. She also said she would suspend volunteers from the Center and treat them the same as if they were staff about whom a complaint was made.</p> <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Wisconsin Department of Corrections (WIDOC) Regulations Chapter 303 Inmate Discipline 2. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 3. Pre-Audit Questionnaire <p>Interviews:</p> <p>Findings (By Provision):</p> <p>115.78 (a)</p> <p>1 and 2- Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), 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.</p> <p>3 and 4 - The facility reports that, in the past 12 months, there have been no administrative findings of inmate-on-inmate sexual abuse, at the facility, and no criminal findings of guilt for inmate-on-inmate sexual abuse. The superintendent identified, in an interview, that discipline is imposed based on an Administrative Code that the agency adheres to.</p> <p>115.78 (b)</p> <p>1 – Paragraph B, No. 1 of Executive Directive #72 also says that sanctions imposed on inmates will 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.</p> <p>115.78 ©</p> <p>1 – Paragraph B, No. 3 says that the disciplinary process shall consider whether a perpetrating offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The superintendent verified this by saying, “you can’t hold someone accountable for something they don’t understand they’re doing when they are in crisis mode.”</p> <p>115.78 (d)</p> <p>1 and 2 - The Correctional Center does not have mental health staff on-site, so no therapy is available. There are Social Workers onsite who do conduct some programming, but they are not considered mental health staff. Inmates requiring mental health services are transferred to another facility.</p> <p>115.78 €</p> <p>1 – The Executive Directive says, in section B, no. 5, (p. 18), that an offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not</p>

consent to such contact.

115.78 (f)

1 – Section B, no. 6, on the same page, says that inmates will not be disciplined for filing an allegation in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the claim.

115.78 (g)

1 and 2 – Section B, No. 7 says that consensual sexual activity between offenders is prohibited by the Department of Corrections but that sexual activity between inmates that is not coerced will not be considered sexual abuse.

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

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Division of Adult Institutions (DAI) Policy#500.70.01 Mental Health Screening, Assessment and Referral 3. Sample Electronic Medical Record Note 4. Pre-Audit Questionnaire (PAQ) 5. Sample Admission PREA Risk Screening Instrument 6. DOC-1923 Limits of Confidentiality of Health Information 7. Authorization for Disclosure of Non-Health Confidential Information 8. Authorization for Use and Disclosure of Protected Health Information (PHI) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Health Care Staff <p>Findings (By Provision):</p> <p>1 and 2 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XII, paragraph C, (p.0), requires that 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 meeting with a mental health provider, to take place 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>3 – The facility reports that, in the past 12 months, the number of inmates who disclosed prior sexual victimization during risk screening was zero.</p> <p>4 - The Wisconsin Integrated Computer System, (WICS) 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, and 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.</p>

115.81 (b)

- 1 and 2- Staff who perform risk screening were interviewed and verified that offers for a follow-up meeting are made at the time of risk screening and that they are made electronically.
- 3 – The facility reported, on the PAQ, that, within the past 12 months, there were no inmates who disclosed prior sexual victimization during risk screening.
- 4 – Documentation is electronically generated and maintained using WICS.

115.81©

- 1 - When asked when the follow-up meetings take place, staff identified that the rule is that the meeting is to take place within 14 days of the screening but said that they typically take place within a few days. The facility reported, on the PAQ, that, within the past 12 months, there were no inmates who disclosed prior sexual victimization during risk screening.

115.81 (d)

- 1 and 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.

115.81 €

- 1 - 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 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.

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

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Division of Adult Institutions (DAI) Policy#500.30.19 Health Services Unit Procedure in the Event of Sexual Abuse 2. Offsite Service Request and Report - DOC 3001 3. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 4. DAI 316.00.01 Inmate Co-Payment for Health Services - Attachment - Copayment Table <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Health Staff 2. Security Staff and Non-Security Staff First Responders <p>Findings (By Provision):</p> <p>1 and 2 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XVI, Paragraph B, No.1, (p.14), 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.." DAI Policy #500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse identifies that facilities shall ensure health care staff provides prompt and appropriate health care interventions in response to reported incidents of sexual abuse.</p> <p>3 – The facility provided a WIDOC form that is used to document forensic examinations for victims of sexual assault. The form is DOC-3001 Off-site Service Request and Report. The facility has not received any allegations of sexual assault, in the past 12 months, so there was no documentation of services offered by healthcare available for review.</p> <p>115.82 (b)</p> <p>1 - 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. Non-Security and security staff first responders, who were interviewed, identified that if they were the first person to respond to a report of sexual abuse, they would separate the victim and perpetrator, move the victim to a safe place, call security and health care immediately, ask the inmate not to do anything that might compromise potential evidence, and stay with the inmate until security arrived.</p> <p>115.82 ©</p> <p>1 - 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 no allegations of sexual abuse made by inmates. Medical staff</p>

reported that inmates would be provided timely information about access to emergency contraception and sexually transmitted infection prophylaxis. STD testing and medication would be administered at a local hospital with on-site health care follow up as needed. If follow-up treatment cannot be completed on-site, an inmate would be transported off-site for that treatment.

115.82 (d)

1 - 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.” The facility also submitted DAI for 316.00.01 Inmate Co-Payment for Health Services Attachment – Co-Payment Table, effective November of 2017, that identifies that no co-payment is required for treatment for a medical emergency as determined by a physician, dentist or registered nurse, for a written referral from a PREA risk assessment screener, or for crisis intervention evaluation and treatment related to sexual abuse in confinement.

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

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Division of Adult Institutions (DA) Policy #500.70.01 Mental Health Screening, Assessment and Referral <p>Interviews:</p> <ol style="list-style-type: none"> 1. Health Care Staff <p>Findings (By Provision):</p> <p>115.83 (a) Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement, in section XVI, paragraph B, no.6, says, “The facility shall offer medical and mental health evaluation, and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. “</p> <p>115.83 (b) Executive Directive #72 goes on to say, “The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.” The facility has not received any allegations of sexual abuse in the past 12 months, but staff who were interviewed said that if allegations were to be made, inmate victims of sexual abuse would be seen immediately for stabilization services and subsequently transferred to the local hospital for further evaluation and additional services as necessary.</p> <p>115.83 © 1 - Medical staff also reported that any medical orders received from the local hospital, and any treatment needed by the inmate, would be followed up by on-site health care, and that services provided would be consistent with community level of care.</p> <p>115.83 (d) and € 1 – The Flambeau Correctional Center houses only adult males so no pregnancy tests, following an allegation of sexual abuse, would be necessary.</p> <p>115.83 (f) 1 - Executive Directive #72, section XVI, paragraph B, no. 7, says that victims of sexual abuse will be offered tests for sexually transmitted infections. The facility has received no allegations of sexual abuse in the past 12 months.</p> <p>115.83 (g)</p>

1 - Agency policy, Executive Directive #72, requires, in section XVI, paragraph B, no. 2, (p. 14) 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. There have been no allegations of sexual abuse, at the facility, in the past 12 months.

115.83(h)

1 – Agency policy Executive Directive #72, says, in section XVI, paragraph B, no., 8, (p.15), that facilities shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. DAI Policy #500.70.01 Mental Health Screening, Assessment and Referral, says, in section XVI, paragraph B, “PSU staff shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of when DOC staff first learn of the abuse history.” There is no mental health staff at the facility. Inmates requiring such treatment would be transferred to another facility.

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

115.86	Sexual abuse incident reviews
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Sexual Abuse Incident Review - PREA - DOC 2863 3. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Facility PREA Compliance Manager (PREA) 3. Incident Review Team <p>Findings (By Provision):</p> <p>115.86 (a)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72, in section XX, paragraph A, (p. 18), 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. 2 – The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents is zero. <p>115.86 (b)</p> <ol style="list-style-type: none"> 1 – Agency policy, Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), requires the review to be done within 30 days. (see No. 1 above) 2 – The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding “unfounded” only incidents is zero. There were no allegations filed, in the past 12 months, no investigations conducted, and no sexual incident reviews completed. <p>115.86 ©</p> <ol style="list-style-type: none"> 1 - Executive Directive #72, in section XX, paragraph A, (p. 18) says that the review must be conducted by a team that consists of upper level management officials with input from supervisors, investigators, and medical and mental health staff. The Warden said, in an interview, “We would review the information and discuss different factors, look at staffing, technology, alarms, alerts, etc., to see ways we can improve those, and we would also look at policy and procedure.” <p>115.86 (d)</p> <ol style="list-style-type: none"> 1 – Executive Directive #72 requires the review team to: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse, 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,
Examine the area in the facility where the incident alleged occurred to assess whether physical barrier in the area may enable abuse,
Assess the adequacy of staffing levels in that area during different shifts,
Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees, and
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. The facility has not had any allegations of sexual abuse, in the past 12 months, no investigations were conducted, no sexual incident reviews held, and no reports written. The facility did submit a form that would be used to document and submit a report, if any were to be done. That form is Sexual Abuse Incident Review - PREA - DOC 2863. The Security Director said, in an interview, that there have been no allegations of sexual abuse, at the Flambeau Correctional Center, but that staff do always review conditions, at the facility, with an eye toward what changes they can make to improve sexual safety.

115.86 €

1 – The facility has not had any allegations of sexual abuse and has not conducted any sexual incident review but the facility PCM said that staff are always considering what things they can do proactively, always with sexual safety in mind.

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

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. SSV2 - Survey of Sexual Victimization State Prison Systems Summary Form- 2017 3. SSV5 - Survey of Sexual Victimization State Juvenile Systems Summary Form- 2017 <p>Findings (By Provision):</p> <p>115.87 (a)</p> <p>1 - Agency policy, Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA) 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.</p> <p>(115.87 (b)</p> <p>1 – Agency policy, Executive Directive #72, requires that the data be aggregated annually, reported to the Department of Justice as requested, and, with personal identifiers removed, posted publicly to the agency's website annually.</p> <p>115.87 ©</p> <p>1 – Agency Policy, Executive Directive, 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.</p> <p>115.87 (d)</p> <p>1 - The agency collects data via the agency wide Sensitive Investigation Network Communication (SINC) database. 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>115.87 €</p> <p>1 and 2 - Each private facility the WIDOC contracts with submits an 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). 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 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.</p> <p>115.87 (f)</p>

1 - 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 to be compliant with the standard.

115.88	Data review for corrective action
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 416 411 450">Documents:</p> <ol data-bbox="252 461 1442 573" style="list-style-type: none"> 1. Wisconsin Department of Corrections (WIDOC) Prison Rape Elimination Act 2017 Annual Report 2. Printout from WIDOC Website <p data-bbox="252 674 395 707">Interviews:</p> <ol data-bbox="252 719 839 831" style="list-style-type: none"> 1. PREA Director 2. Facility PREA Compliance Manager (PCM) 3. Agency Head <p data-bbox="252 887 561 920">Findings (By Provision):</p> <p data-bbox="252 931 389 965">115.88 (a)</p> <p data-bbox="252 976 1477 1256">1 - 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.</p> <p data-bbox="252 1312 389 1346">115.88 (b)</p> <p data-bbox="252 1357 1436 1469">1 – The 2017 Annual Report, on page 10, provides data that compares the total number of sexual abuse and sexual harassment allegations, by disposition and division, from 2017 to previous data as well as corrective measures taken.</p> <p data-bbox="252 1480 1474 2029">2 – Page 5 outlines achievements made, by the agency, during the 2017 year. Among them are regular training of staff and the addition of an on-line training module, the addition of a sexual abuse investigations training track for sergeants, development of a first responder duties pocket card for staff, beginning the testing of an allegation and investigation tracking database, revised the screening tool for greater clarity and use, and programmed an electronic alert to avoid housing those at risk of being sexually victimized with those at risk of being sexually abusive. Identified as facility accomplishments and corrective action taken in 2017 are modified physical plants for greater visibility using windows and mirrored bubbles, adapted showering areas for greater privacy, installed additional locking mechanisms on doors and outbuildings, adjusted camera angles and installed new cameras, incorporated incident and compliance reviews into multidisciplinary team meetings, added telephones and access to telephones to report sexual abuse and sexual harassment, and formalized opposite gender announcing procedure.</p> <p data-bbox="252 2040 1477 2152">The agency head said, in an interview, that facility leadership, including medical and mental health staff, investigators, and Victim Services Coordinators, evaluate all the factors, staff, and physical barrier, and look for recommendations they can take to the PREA office to review and</p>

look for potential patterns and take appropriate corrective action.

115.88 ©

1. The agency does make its annual report available on the agency website. The facility presented a printout of the page, from the website, where the link to the report is located. In addition, auditors reviewed the report on the website.

2 – N/A

3 – The annual report bears the signature of Kevin A. Carr, Secretary, Wisconsin Department of Corrections.

115.88 (d)

1 – The agency does not print information in annual reports that would present a clear and specific threat to the security of the facility.

2 – The agency does not redact information from the annual report.

The agency PREA director said that they do not include any inmate information, just totals and qualitative information, so they do not redact any information from annual reports.

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

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Director <p>Findings (By Provision):</p> <p>115.89 (a)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72, in section XXI, paragraph a, no. 3, (p. 19). 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 electronic data is store in a folder that only PREA office staff have access to. She also said that the data contains no inmate identifying information. <p>115.89 (b)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72, in section XXI, paragraph A, no 2, (p. 19) 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. Annual reports are published and available for review through the agency website. Auditor reviewed the Wisconsin Department of Corrections, Prison Rape Elimination Act Annual Report for 2017 and verified that it does show a comparison of current year data with those from prior years. The report also includes aggregated sexual abuse data for all facilities. 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>115.89 ©</p> <ol style="list-style-type: none"> 1 - Executive Directive #72, in section XXI, paragraph A, no. 1, (p. 18), 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. The agency PREA coordinator reported, and a review of annual reports, on the agency web site, 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>115.89 (d)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72, in section XXXI, paragraph A, no.3, says that all data must be 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 to be compliant with the standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Findings (By Provision):</p> <p>115.401 (a) and (b) The agency has ensured that all facilities it operates, and any operated by private organization on behalf of the agency were 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>115.401 (h) and (l) (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>115.401 (m) and (n) Auditors were permitted to conduct private interviews with inmates. Facility staff provided four separate rooms, one for each auditor, to conduct private interviews. 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 not receive any inmate correspondence.</p> <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> 1. Final PREA Reports Published on Agency Website <p>Findings (By Provision):</p> <p>115.403 (f)</p> <p>Auditor reviewed the agency website and determined that all audit reports are posted appropriately.</p> <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p>

Appendix: Provision Findings

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

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

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

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

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	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 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	yes

	video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	
	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

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

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

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

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

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

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

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

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, 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)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes

115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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	yes

	through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
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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
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

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

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

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

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

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

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

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

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

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

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

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

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na

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

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

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

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

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

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

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

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

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

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

115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	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

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

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

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (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.)	na

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

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

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

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

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (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)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.78 (g)	Disciplinary sanctions for inmates	
	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

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

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

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

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

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

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

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

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

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

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

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

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

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na

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

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

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

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

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