

PREA Facility Audit Report: Final

Name of Facility: Kettle Moraine Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/15/2020

| 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: 03/15/2020 |

| AUDITOR INFORMATION | |
|-------------------------------------|------------------------|
| Auditor name: | Gorton, Yvonne |
| Address: | |
| Email: | yvonnegorton@yahoo.com |
| Telephone number: | |
| Start Date of On-Site Audit: | 01/27/2020 |
| End Date of On-Site Audit: | 01/29/2020 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Kettle Moraine Correctional Institution |
| Facility physical address: | W9071 Forest Drive, Plymouth, Wisconsin - 53073 |
| Facility Phone | |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|------------------------------|
| Name: | Thomas Pollard |
| Email Address: | Thomas.Pollard@wisconsin.gov |
| Telephone Number: | 920-526-9217 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|----------------------------------|
| Name: | Jennifer McDermott |
| Email Address: | Jennifer.McDermott@Wisconsin.gov |
| Telephone Number: | 920-526-9200 |

| Facility PREA Compliance Manager | |
|---|------------------------------|
| Name: | Tom Pollard |
| Email Address: | Thomas.Pollard@wisconsin.gov |
| Telephone Number: | |

| Facility Characteristics | |
|--|--------|
| Designed facility capacity: | 783 |
| Current population of facility: | 1182 |
| Average daily population for the past 12 months: | 1186 |
| 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: | 18-76 |
| Facility security levels/inmate custody levels: | Medium |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 311 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 490 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 329 |

| 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 |
| Telephone Number: | (608) 240-5065 |

| 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.

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 Kettle Moraine Correctional Institution was identified as one of the WIDOC facilities to be audited. The audit was scheduled to take place on January 27, 28, and 29, 2020. Lead auditor was DOJ certified PREA auditor, Yvonne Gorton, assisted by DOJ certified PREA auditor, Wendy Hart, and one support staff, Vicki Close. The last PREA audit, of the Kettle Moraine Correctional Institution, took place in June of 2017. That audit was conducted by Howard Ray, assisted by Veronica Moore, both US Department of Justice certified PREA Auditors. There were no barriers to conducting the current audit.

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 on Wednesday, December 4, 2019, and requested that they be posted on or before Tuesday, December 10, 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.

On December 13, 2019, the Agency PREA Director provided photos of the postings in multiple locations around the facility. Those locations included housing units 1 through 12, 14, 15 and 16, the Gatehouse, the Visiting Room, the Control Center area in the Administration Building, the Security mailbox room, the staff break room, the Laundry, the Maintenance area, the Food Service, Chapel, Security Supervisors office, the Recreation area, the Property Room, Health Services Unit, in the School, and in the Library. 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. Three pieces of correspondence, from three different inmates at the Kettle Moraine Correctional Center, was received prior to the audit. Auditors were able to talk with all three of the letter writing inmates during the course of the audit.

On Wednesday, January 8, 2020, Lead Auditor, Yvonne Gorton, contacted Warden, Jennifer McDermott, via e-mail, to initiate discussion regarding the audit. In the e-mail, she identified the audit team, the planned time of the team's arrival at the facility, and a discussion of how the audit would proceed. E-mail correspondence continued and on Friday, January 17, 2020, a telephone call was made, by Lead Auditor Gorton, to Warden McDermott. Confirmed, during that call were items discussed in the e-mail conversation, 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. Lead auditor explained that auditors would want to interview both staff and inmates and discussed, with Warden McDermott how those interviews could be scheduled. The Warden agreed to provide rosters of both staff and inmates to aid the team in making selections of both groups 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.

The agency, and the auditors, had previously agreed that the Online Audit System (OAS) would be used, for the audit, and on October 30, 2019, the Pre-Audit Questionnaire (PAQ), for this audit, was created. On December 19, 2019, the PAQ was released. 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. On Thursday, January 16, 2020, Lead Auditor Gorton submitted an issue log, via e-mail, to the facility superintendent requesting more information. Several days later, the Agency PREA Director, and the Correctional Superintendent replied to the items listed on the issue log. Some of the documentation, i.e., a schematic of the facility, was supplied via e-mail, and some of the requested items were identified as being available for review on-site.

In further discussion, during the introductory phone call, Auditor Gorton and the warden 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

Lead auditor contacted Safe Harbor, 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 Kettle Moraine Correctional Institution. The Director 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 advocate will also be present with an inmate victim through any investigative interviews, if the inmate requests it. She said that the facility is very supportive of this relationship, is very easy to work with, and she feels that the two agencies have a very good working relationship. She identified her points of contact, at the facility, as the facility Victim Services Coordinator and the Security Director. She said that both staff attend monthly meetings of the Sheboygan County SART and Human Trafficking Task Force. She said that facility staff always assist with Safe Harbor staff entry into the facility and always provide them the room and resources they need to fulfill the MOU. She feels the two agencies have a very positive working relationship.

Lead auditor was also able to contact Sheboygan Memorial Hospital who confirmed that they will perform forensic exams, for inmates from the facility, when necessary. The representative there also said that there are multiple staff who are trained to conduct SANE exams and that one is always on call. She said that they ask the facility not to inform inmates that they can refuse the exam but rather that they send them to the hospital and let them refuse there, if that is what they want to do. Their feeling is that the facility staff, and the facility environment, can feel threatening to inmates and they might make a different decision at the facility than they would at the hospital, talking with a SANE nurse.

Internet research regarding the facility revealed no current litigation, no DOJ involvement, and no federal consent decrees. The facility provided annual reports and SSV information. The agency website was also reviewed, and auditors noted that PREA Audit reports are posted on the web site, as is information for third party reporting.

The audit team arrived, at the Kettle Moraine Correctional Institution, at 8:00 a.m. Central Time, on Tuesday, January 28, 2020, to conduct the onsite audit. Upon entry to the facility, auditors noted the posted audit notices immediately, in large print, on pink paper. A statement about confidentiality of mail to auditors was included on the notification.

An entrance briefing was held with facility leadership. Present at that briefing were the warden, the deputy warden, the security director, who also acts as the facility PREA compliance manager (PCM), Agency PREA Director, Leigha Weber, an analyst from the agency Central Office, several other facility staff 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 Warden McDermott presented auditors with up-to-date rosters of offenders housed at the facility. The population, on audit day 1, was 1182. Auditors randomly chose inmates for interview by using the population rosters separated by housing unit. Because there are 12 cottages, with 50 to 65 inmates in each cottage, auditors selected the first and the 25th names on the rosters from each of the 12 cottages. The same method was used to select four inmates from Unit 15, two from each wing. From Unit 16, the Intake Unit, auditors chose the middle name on each of the roster sheets. Ultimately, 34 randomly chosen inmates were interviewed.

Rosters were also presented that listed inmates who were Limited English Proficient, physically and cognitively disabled, inmates who identified as LGBTI and who had disclosed prior sexual victimization during risk screening. From the lists, auditors were able to select 17 targeted inmates for interview. They included, three inmates who identified as gay or bisexual, one transgender inmate, three Limited English Proficient inmates, eight inmates who disclosed prior sexual victimization during risk screening, one cognitively disabled inmate and one physically disabled inmate. The topography, and size, of the facility, are such that inmates with physical disabilities are not often housed there. Thus, there was only one inmate with a physical disability for auditors to interview.

Auditors also reviewed a staffing roster to determine which staff to interview. Ultimately, 14 randomly chosen staff and 20 specialized staff were interviewed. The 20 specialized staff were the warden, human resources staff, facility PREA compliance manager, the facility complaint examiner, medical and mental health staff, the victim services coordinator, the security director, investigative staff, intake staff, staff who perform screening for risk of victimization, incident review team staff, and two contracted staff. Auditors were provided private rooms in which to conduct interviews. Also interviewed were the director of the outside advocacy agency, a SANE nurse, and two volunteers. The agency head, the contract administrator and the agency PREA Director had been interviewed in November 2019, in previous audits.

The facility is large, with 15 General Population housing units, situated on 88 acres, inside the secure perimeter. It was originally opened in 1962, built, not as a correctional facility, but as a boys' school. In 1974 it was transformed into the Kettle Moraine Correctional Institution. Housing Units one through 12 are organized in three pods, with four units in a pod. The cottages house 50 to 65 inmates in two wings. There is a Control Center between the wings, a large dayroom area and a servary, where all meals are served. At the entrance to each of the wings is a bank of telephones. Auditors noted that the appropriate PREA postings were posted beside the telephones. Auditors tested the phones and were able to reach both the outside and inside reporting numbers. Auditors were not able to reach the outside advocacy hotline on the audit day, but that situation has since been rectified with a new telephone number, and all new PREA postings with the appropriate number on them. The bathrooms are located behind the Control Center, and there is a window that looks into the bathroom for supervision. Urinals are on the side wall, toilet stalls with privacy panels on the back wall, and showers with partial shower curtains are off to the side. Auditors determined, by looking at each other in the bathroom, from the Control Center, that inmates do have privacy while using the toilet and showering. Transgender inmates are allowed to shower at count time.

Unit 14 is a Restricted Housing Unit in a separate Building. Showers there are individual with a panel that can be placed over the door slot while an inmate is showering. Telephones are portable and are rolled to an inmate's individual cell for use. Auditors were successful in calling the reporting lines from the portable phones.

Housing Unit 15 is a modern style housing unit. It has two wings, each with two tiers of cells with electronic doors. The area in the middle of the housing unit serves as a dayroom, and bathrooms, with glass block shower walls, are at the end of the units. The facility also has a housing unit 16, a barracks style unit that serves as an Intake Unit. Inmates who transfer into the facility are housed in Unit 16 for about eight weeks, when they receive their permanent housing assignment. This unit is divided into quads.

There is also a large school building with many academic classrooms and vocational classrooms. The school building has adequate supervision, and a number of cameras in the classrooms. The building is set up in a square, and staff have designed the traffic to flow in one direction, with one entrance to the building designated as the point of entry into the building, and the other entrance designated as the point of exit from the building. This system was put in place to better control traffic and for enhanced supervision of inmates. Other buildings include the Health Care and Psychological Services building, the property room, multiple maintenance garages, and a Food Service building. All inmates are fed in their housing units. Meals are prepared in the kitchen and are delivered to the units in carts. There is an officer assigned to the kitchen, in an officer station that looks into the kitchen. There are currently 271 cameras deployed throughout the facility and a recently approved technology upgrade will both enhance already installed cameras and add additional cameras throughout the facility. The total number of additional cameras that will be installed is still unknown except that the security director reported that 25 additional cameras will be installed into the six vocational classrooms.

The facility is staffed by 13 security supervisors, seven Captains and six Lieutenants, and 17 non-uniform supervisors, 161 correctional officers and 47 sergeants. The facility uses an electronic scheduling program that identifies where vacancies occur, and overtime is hired to cover the vacancy. Only in an emergency situation is a post vacant, and as soon as the emergency is over, the vacancy is filled. There is also one social worker assigned to each housing unit except for unit 15, a programming unit, which has seven social workers. There is also a psychological services staff assigned to each unit.

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, cottage and housing unit 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.

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 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 inmate accepts 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. Auditors interviewed eight inmates who had disclosed prior sexual victimization and all of them verified that they had been offered a meeting with a mental health staff. One of them accepted the meeting and verified that the meeting was held within a week of the screening, one said he was already on a mental health caseload and didn't feel he needed additional contact with mental health, and the remaining six declined the meetings. 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, except that two LEP inmates said they had not seen the Spanish version. Auditors requested that staff afford them that opportunity and it was provided on Audit Day 2. Intake staff verified that inmates transfer into the facility on Tuesdays and Thursdays. Orientation is conducted every other Thursday so that inmates may receive orientation within 48 hours of transfer in, within eight hours of transfer in, or, at the outside, 14 days of transfer in.

Information provided by the facility, regarding allegations of sexual abuse and sexual harassment made over the past 12 months revealed that three allegations of inmate-on-inmate sexual abuse had been made. The allegations were investigated and two were determined to be unsubstantiated and one was determined to be unfounded. Auditors reviewed all three investigation files. Auditors' review of the investigations revealed that one allegation had been referred to local law enforcement for their review, but the Sheboygan County Sheriff's department opted not to conduct a criminal investigation given the circumstances of the allegation. The agency PREA coordinator provided a list of all hotline calls, during the audit period. There was a total of 53 calls. The agency does not have a grievance procedure for allegations of sexual abuse and sexual harassment. During the review of the facility auditors noted that a box for grievances was on the wall in the Housing area. Any grievances filed, alleging sexual abuse or sexual harassment, are immediately removed from the grievance process and referred for investigation of the allegations. The facility revealed that there were four such grievances filed in the past 12 months. The facility does follow up on all hotline calls and all grievances files, and determines which ones constitute allegations of sexual abuse. Those allegations are followed up on with investigations. Auditors determined, from file reviews, that the allegations were properly investigated, and inmates were properly notified of the outcomes of the investigations.

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 Sheboygan County Sheriff's Department. Facility investigators said that if they referred an allegation to the Sheboygan County Sheriff's Department for investigation, they would conduct a parallel investigation in order to be able to assist them, that they would work closely with the agency and would maintain close contact with them via telephone and e-mail. Administrative investigations conducted by the facility investigators, during the audit period, were reviewed and were found to be in order and all appropriate notifications were made. Auditors were able to review documentation of interviews conducted, photographs and printouts of camera footage that investigators used in conducting their investigations.

Auditors were also able to review 10% of the human resource files of staff who were hired into the agency, or were promoted at the facility, in the past 12 months. The files showed that staff were appropriately interviewed, were asked all appropriate questions, that references were appropriately checked and that background checks were appropriately done. The agency employs a mobile fingerprint system, called LiveScan, to ensure that all staff, at all facilities, are fingerprinted on a regular rotating basis. The agency completes background checks, not just on new and promoted employees, but also on employees who transfer from one position to another position with substantially different job duties. This provides another opportunity to uncover additional information that may otherwise go unnoticed.

An exit briefing was conducted on the third audit day, at 11:00 am. Auditors explained that the interim report would be submitted within 45 days of the final audit day, and that after auditor discussion and final review of all interviews conducted and documentation reviewed, and final analysis of the site review, the interim audit report would be submitted on March 15, 2020. It was also explained that if auditors felt that no corrective action was required, the interim report would be the final report.

AUDIT FINDINGS

Facility Characteristics:

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

The Kettle Moraine Correctional Institution (KMCI) is located adjacent to Kettle Moraine State Forest in Sheboygan County, Wisconsin, approximately 10 miles west of Plymouth and 17 miles southeast of Fond du Lac. The facility was originally opened in 1962 as Kettle Moraine Boys' School, before converting to KMCI, a medium-security facility for adult males, in 1974.

KMCI is designated as a medium security level correctional institution for male offenders. The majority of inmates fall into this security level but KMCI also houses minimum, minimum community (those waiting for transfer to a minimum site), and maximum-security inmates housed in restricted housing awaiting transfer to a maximum-security facility.

KMCI has an operating capacity of 783, with an average daily population of 1,183 inmates (FY19 Annual Report). The age range of inmates at the facility is 18 to 81 years, with an average age of 37.

KMCI has a diverse and fluid inmate population which spans all ages, races, and ethnicities. The average age of inmates is 37, and the age range (youngest to oldest) is 18 to 81. In terms of racial characteristics, 49% of inmates are white, 46% are black, 4% are American Indian/American Native, and 1% are Asian or Pacific islander. Of this latter category, 8% are of Hispanic origin. Thirty-seven percent have a mental health diagnosis described as mild to serious. The majority of inmates are Protestant or other Christian (55%), with Catholic (12%), Islam (12%), Pagan (5%), and Native American (5%) religions represented in the population. Among KMCI inmates, 4% report some type of military experience. With regard to education, 27% of inmates have attended high school from 9th through 12th grade without receiving a degree or equivalency, 48% have received a high school equivalency degree or GED, 19% have some vocational training, and 6% have an Associates', Bachelors', Masters', or PhD degree. The most serious types of crimes committed by the inmate population are Violent Offense (68%), Property Offense (12%), Drug Offense (13%), and other Public Order Offense (8%). Among the inmate population, 23% had an Active Sex Offense on their record. As of June 2019, 27% of KMCI inmates had less than one year left to serve, 19% had 1 year, 12% had 2 years, 9% had 3 years, 8% had 4 years, 24% had 5 years or more left to serve, and 2% were lifers. For 46% of inmates, KMCI was their first Wisconsin incarceration.

KMCI has a budgeted staff of 333, with an inmate to staff ratio of 3.56 to 1. KMCI is allotted a total of 13 security supervisors, consisting of seven Captains and six Lieutenants. There are, at a minimum, two supervisors assigned to 1st and 2nd shifts. Generally, there is one Captain, and one Lieutenant assigned to each shift, but depending on availability, there may be two Captains or two Lieutenants on duty 1st or 2nd shift. On 3rd shift there is a minimum of one security supervisor on shift. This is generally the 3rd shift Captain or 3rd shift relief Lieutenant, but due to availability, any security supervisor can be assigned to 3rd shift.

In addition to the security supervisors, KMCI has 17 non-uniform supervisors. Four of these are Corrections Program Supervisors who supervise and manage the AODA Unit/Program (Unit 15), the barracks-style intake unit (Unit 16), and independent housing Units 1-12. These positions supervise security and non-security staff on their respective units.

KMCI is subject to staffing allocations as determined through the Wisconsin State biennial budget and legislative process. Currently, KMCI is permitted 161 correctional officers, in addition to 47 sergeants and

13 security supervisors. Security staff assignments are based upon programming, inmate movement and behavioral needs. The number of staff on each housing unit varies according to the demographic needs and number of inmates on the unit. The following chart illustrates KMCI's minimum staffing pattern:

| Housing Unit | # of Inmates | Shift* | # Sergeants | # Officers |
|---|--------------|-----------------|-------------|------------|
| Unit 1 | 65 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |
| | | 3 rd | 0 | 1 |
| Unit 2 | 65 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |
| | | 3 rd | 0 | 1 |
| Unit 3 | 65 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |
| | | 3 rd | 0 | 1 |
| Unit 4 | 65 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |
| | | 3 rd | 0 | 1 |
| A Complex Sergeant (lead worker for Units 1-4) | | 1 st | 1 | 0 |
| | | 2 nd | 1 | 0 |
| | | 3 rd | 1 | 0 |
| Unit 5 | 65 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |
| | | 3 rd | 0 | 1 |
| Unit 6 | 65 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |
| | | 3 rd | 0 | 1 |
| Unit 7 | 65 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |
| | | 3 rd | 0 | 1 |
| Unit 8 | 65 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |
| | | 3 rd | 0 | 1 |
| B Complex Sergeant (lead worker for Units 5-8) | | 1 st | 1 | 0 |
| | | 2 nd | 1 | 0 |
| | | 3 rd | 1 | 0 |
| Unit 9 | 65 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |
| | | 3 rd | 0 | 1 |
| Unit 10 | 50 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |
| | | 3 rd | 0 | 1 |
| Unit 11 | 65 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |
| | | 3 rd | 0 | 1 |
| Unit 12 | 52 | 1 st | 0 | 1 |
| | | 2 nd | 0 | 1 |

| | | | | |
|--|-------------------------------------|-----------------|---|-----------------------------|
| | | 3 rd | 0 | 1 |
| C Complex Sergeant (lead worker for Units 9-12) | | 1 st | 1 | 0 |
| | | 2 nd | 1 | 0 |
| | | 3 rd | 1 | 0 |
| Unit 14 (RHU) | 50 beds, max. capacity 100 | 1 st | 1 | 2 (plus RHU Property CO) |
| | | 2 nd | 1 | 2 |
| | | 3 rd | 1 | 1 |
| Unit 15 | 240 | 1 st | 1 | 1 |
| | | 2 nd | 1 | 1 |
| | | 3 rd | 1 | 1 |
| Unit 16 | 150 | 1 st | 1 | 1 |
| | | 2 nd | 1 | 1 |
| | | 3 rd | 1 | 1 |
| | | | | |

KMCI utilizes an electronic scheduling program to assist with planning. When a security shift vacancy occurs, overtime is hired. Only in an emergency situation is a post vacant. As soon as the emergency is over, the vacancy is filled.

In addition to security staff, KMCI has one social worker assigned to each housing unit with the exception of Unit 15 (AODA unit) which has seven social workers. Each unit also has a psychological services staff member assigned.

Rounds are conducted no less than once per hour by security staff assigned to housing units and security staff in other facility buildings (i.e. school, food service, HSU). Unannounced rounds of the entire facility are conducted by security supervisors at a minimum of once per shift. In addition, Administrative Supervisors conduct daily rounds of the facility at various times, to include weekends and occasional third shift visits. All supervisory rounds are documented in area logbooks.

In the event of a staff shortage, overtime is hired following these guidelines: On Tuesdays, KMCI offers pre-scheduled overtime to employees who sign up for additional hours of work utilizing the OT system for the preceding week. After the scheduled overtime process is complete on each Tuesday, any remaining hours of work needed will be ordered utilizing the rotating overtime process. If positions become vacant after Tuesday's hiring process, those positions are hired out on the same day of the needed vacancy two hours prior to the start of the oncoming shift. When it is necessary to order, the supervisor will order the top eligible employee in the classification who is working from the OTS reverse seniority ordered overtime list.

Shift schedules are posted five days prior to the next week for employees to review. KMCI's forced overtime system ensures that no post goes unfilled.

Volunteers provide services to:

Alcoholics/Narcotics Anonymous

Education

Recreation

Reentry

Religious Services and Studies

Special Events/Guest Speakers

After completing a volunteer or employee (for select contractors) orientation, all volunteers and

contractors are escorted by institution staff to their respective assigned area (i.e. chapel, gym). As part of their post responsibilities, security staff conduct periodic rounds of all volunteer and contractor-involved activities. Security staff assigned to towers also assist with visual supervision when appropriate. KMCI has fifteen housing units, a health services unit, a food service building, an education/school building, a property/canteen building, chapel, and an administration building. All areas with inmate access are equipped with video monitoring and convex mirrors to help eliminate blind spots. In all these areas, entrances and exits are controlled by staff. All areas have doors that can be secured and locked when needed.

The KMCI camera monitoring system includes 270 cameras which are positioned mainly in inmate housing units but also in common buildings and on facility grounds. The camera system was recently updated in Units 14, 15 and 16. Older analog cameras were replaced with newer digital, higher quality cameras in Unit 16 (barracks-style, intake unit), Unit 15 (AODA programming unit) and Unit 14 (Restrictive Housing Unit). The older cameras were utilized to in all educational classrooms to increase monitoring, as they previously were not outfitted with cameras. The overall system's storage capacity has also been increased. Other camera upgrades continue to be made to the system through break fix and as funds allow throughout the fiscal year. All the cameras throughout the institution are monitored by security staff. The placement and location of cameras are reviewed, evaluated and adjusted when needed in attempt to limit blind spots throughout the institution. The monitoring of inmate activity during times of showering, performing bodily functions and changing of clothing is done by staff of the same gender except in exigent circumstances or when such viewing is incidental due to routine cell checks. Vulnerable areas with minimal security staff supervision, such as KMCI's Chapel, are equipped with camera monitoring, and security staff make increased rounds in this identified area. Non-uniform staff in the Chapel are equipped with an institution radio, which can communicate with security staff. Additionally, they have the use of the institution phone system by calling the main control center line, calling the emergency control center line, or setting an off-hook alarm. Additional panic alarms or intercoms are located in areas of the Chapel, School and Recreation. These options allow for fast security notifications and response in times of emergencies.

Areas identified with blind spots have had larger convex mirrors installed and cameras were readjusted to provide better viewing ability. Upgrades have been made to the camera systems in Units 14, 15, and 16 providing much better quality and coverage of these units. Unit 16 had structural changes during a renovation to increase visibility and limit blind spots. To prevent cross-gender viewing during shower times, the shower doors on RSU (Unit 14) were modified. KMCI also installed half shower curtains for more privacy in the bathroom areas of Housing Units 1-12. Newer cameras have been installed to replace old ones for better views. This continues annually to provide the most up to date camera views. Based on the diverse and unique population at KMCI, care is taken to identify inmates with unique needs, or those who may be vulnerable to abuse. Inmates identified as potentially vulnerable to abuse, both physical, and/or sexual, or inmates requiring unique needs, are flagged for additional follow up, to determine if special housing considerations are needed. This is completed on a multidisciplinary level and determinations are made on a case-by-case basis for these identified inmates. Inmates who identify as transgender or intersex have the ability to shower separately.

PROGRAMS AND SERVICES

KMCI offers the following programming:

Anger Management

AODA Residential Programming

Domestic Violence

Pre-release Curriculum

Sex Offender Treatment

Thinking for a Change

The above programs are offered throughout the institution and are facilitated by social workers, teachers, security and other various staff. Security staff conduct periodic rounds during group times to monitor security and safety.

In addition to the above listed treatment programs, KMCI also offers academic programming (i.e. Adult Basic Education, Special Education, Title One Services) and vocational programming (i.e. Cabinet Making, Custodial Skills, Masonry, Mechanical Design, Welding). These are offered at the KMCI school and facilitated by teachers. There are two security staff members posted in the school who conduct constant rounds and monitor for safety and security.

Programs added in 2019 include Windows to Work and Pipeline to Work. Also, in 2019, the Primary Programming for Domestic Violence and Substance Abuse Disorder was enhanced and is consistent with the Department's mission to provide Evidence Based Programming.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

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

Standards found in Compliance: 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 training: Investigations
- 115.35 Specialized training: 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
- 115.53 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 abuser
- 115.86 Sexual abuse incident review
- 115.87 Data collection
- 115.88 Data review for corrective action
- 115.89 Data storage, publication, and destruction
- 115.401 Frequency and scope of audits
- 115.403 Audit contents and findings

Standards Exceeded: 2

115.17 Hiring and promotion decisions

The facility performs 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. Without this additional step, important information could go undetected.

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.

During the audit, auditors found areas where they asked the facility to provide some Corrective Action. All corrective action requested was completed the 45 day period between the completion of the onsite portion of the audit and the interim report due date.

115:15 Limits to cross-gender viewing and searches

Corrective Action Required: Only a little over half of the inmates who were interviewed were familiar with the bell tone system and verified that it is regularly used to indicate that female staff are entering the housing unit. One reason for this might be that in the Intake Unit, the Barracks, on each shift, there are female staff regularly assigned. If opposite gender staff announce their entry into the unit when there is no opposite gender staff already in the unit, they would not be announcing as often as in housing units where there are not opposite gender regularly assigned on each shift. Additionally, most of the housing units at the facility have a social worker whose office is in the housing unit, and most of the social workers are female. This would also mean that there is a female staff present in the housing units most of the time. In the Barracks, auditors asked staff to activate the bell tone sound used to identify that opposite gender staff are entering the unit. Four inmates were asked if they had heard the tone and knew what it meant. All four of them indicated that they had heard it. Two of the did know what it meant, and two did not know and readily identified what the tone meant. Auditors were able to verify that inmates are made aware of the bell tone and what it means, when they come to the facility, and that staff are also trained to sound the tone appropriately. All random female staff who were interviewed verified that they do announce their presence appropriately when entering a housing unit. The administration was asked to provide a reminder, to all facility staff, of this requirement.

Corrective Action Taken: On January 31, 2020, a facility-wide e-mail was sent, from the Warden, reminding staff of the requirements of Facility Procedure 900.471.05 Cross Gender Announcement. Auditor was copied on the e-mail as documentation of the e-mail having been sent to all facility staff.

115.33 Inmate Education

Corrective Action Required: Because two of the three non-English speaking inmates who were interviewed revealed that they had never reported to staff that they were not able to read

Spanish, and that they had not seen the Spanish version of the inmate education video, auditors asked the administration to provide that opportunity for them.

Corrective Action Taken: On Audit Day 3, prior to the exit briefing, the two identified Spanish only speaking inmates, who were not able to read in either English or Spanish, were shown the video as requested. Verification of this was verbal, from the facility Security Director, and a copy of an Incident Report created to document the event was also provided.

115.35 Specialized training: Medical and mental health care

Corrective Action Required: Auditors noted that the training module for medical and mental health staff instructed staff to ensure that both victims and perpetrators not take any actions that might destroy evidence. Auditors asked the administration to revise the training module to say that staff should request that victims not take any actions that might destroy evidence and to ensure that perpetrators not take actions that might destroy evidence.

Corrective Action Taken: The correction was made and medical and mental health staff were advised of the change via e-mail. The facility presented a copy of the communication to auditors. Auditors felt that this corrective action was adequate because Executive Directive #72 is worded correctly and all employees are required to read the Directive and verify by signature that they understand that they are required to adhere to it. In addition, the facility gives all staff pocket cards with the correct information on them. Based on the above evidence, the facility is found to be compliant with the standard.

115.53 Inmate access to outside confidential support services

Corrective Action Required: The Agency PREA Coordinator will work with the telephone company to resolve the issue. She has already been working with them and the problem has been identified. She has also had all PREA Posters, with the contact information for the outside support services agency printed on them ordered but they have not yet been delivered to the facility. When the posters are delivered, the telephone services vendor will install the necessary repairs so that inmates will be able to dial a new number, that will be printed on the information posters that will be posted in the housing units, and will be able to reach the outside agency. Agency PREA Coordinator will notify auditor when this repair has been accomplished.

Corrective Action Taken: At the time this report is being submitted, this problem has been fixed and inmates are able to use a different phone number to reach the agency. The facility has obtained all new posters, with the new number on them, and has them posted in the facility housing units, right next to the telephones, where inmates can easily see the number and call it if they need to. The Agency PREA Director provided copies of the new posters, with the new crisis hotline phone number on them, a copy of the updated POC-41B Prisoner Handbook Addendum with the information about the crisis hotline, and the new telephone number, printed on it, and a memo sent to all Division of Adult Institutions facilities informing them of the new number. The memo also identifies that staff are to post the newly printed posters, with the new telephone number, and are to begin immediately using the updated POC-41B Prisoner Handbook Addendum with the updated telephone number printed on them. The Security Director provided a memo verifying that all the old posters have been removed and replaced

with the new posters that have the new telephone number on them.

The facility completed all the required corrective action within 45 days of the the audit and is found to be compliant with all the standards. As a result, the Interim report, submitted on March 15, 2020, is also the final Report.

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.

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Wisconsin Department of Corrections (WIDOC), Secretary's Office, Organizational Chart 3. Wisconsin Department of Corrections, PREA Director Job Description <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Director 2. Facility PREA Compliance Manager (PCM) <p>Findings:</p> <p>115.11 (a)</p> <ol style="list-style-type: none"> 1 - Executive Directive # 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section V, (p. 4) outlines the agency's policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. It says, "the Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-related retaliation in its facilities, including those with which it contracts for the confinement of offenders." The Executive Directive is provided to all employees at PREA training and is available on the agency website. All 12 staff who were randomly selected for interview verified that they were informed of the agency's zero tolerance policy during PREA training. 2 - The same policy outlines steps the agency takes to implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Those steps include not hiring or promoting anyone who has engaged in sexual abuse in a confinement facility, employing an agency PREA Director to oversee department efforts to comply with PREA standards, designating a facility PREA Compliance Manager to assist with efforts to comply with PREA standards, designating a Victim Services Coordinator, at each facility, to be responsible for connecting victims of sexual abuse in confinement to outside support services, requiring all contractors to adopt and comply with PREA standards, considering, when designing new facilities, the effect of the design, on the agency's ability to protect offenders from sexual abuse using video monitoring systems and electronic surveillance systems, developing, and making best efforts to comply with, a staffing plan that provides for adequate levels of supervision, requiring security staff to make unannounced rounds, properly training staff, inmates, volunteers and contractors, assessing inmates' risk of victimization or abusiveness, placing appropriate controls on the dissemination of information gathered in the screenings, using that same information to make housing, bed, work and program assignments that protect vulnerable offenders, providing adequate reporting methods for offenders who are victims of sexual abuse, ensuring that all allegations are investigated and a report issued, not housing youthful inmates with adult offenders without sight and sound separation, outlining appropriate protocols for responding to allegations of sexual abuse, providing access to treatment and advocacy services for inmate victims of sexual abuse, applying appropriate sanctions for staff and inmates who are found to have committed sexual | |

abuse, reviewing incidents to see where the facility might employ methods to prevent future instances, and collecting and reporting the appropriate data.

3 - Executive Directive #72, in section III, (pp. 1-4), provides definitions of prohibited behaviors regarding sexual abuse and sexual harassment that match those outlined in the PREA standards.

4 - Sanctions for employees and offenders found to have participated in prohibited behaviors are outlined in section XIX, paragraphs A and B, (pp. 17 and 18).

5 - The Directive also outlines agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates that include things like having supervisory staff make unannounced rounds, developing and following a staffing plan that provides for adequate levels of supervision, using video monitoring to enhance officer rounds, assessing inmates risk of abusiveness and victimization, controlling housing assignments of inmates and reviewing substantiated instances in an effort to determine how such events may be prevented in the future.

115. 11 (b)

1 - The agency does employ a full-time PREA Director. Submitted as documentation was a job description for the agency PREA Director.

2 - The agency PREA Director reported, in an interview, that she does have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of the agency's facilities. She said, "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 those positions will help to balance the statewide workload so that facilities will feel well supported.

3 - The facility provided an organizational chart showing that the agency PREA Director's position is in the upper level of the agency hierarchy. The agency PREA Director has full access to the agency director and can develop, implement, and oversee WIDOC's efforts to comply with the PREA standards.

4 - This position is a direct report to the Deputy Secretary to the Agency Secretary.

115.11 ©

1 - The facility employs a Security Director who also serves as the facility PREA Compliance Manager (PCM).

2 - The facility PCM said, in an interview, that he does have enough time to manage all of his PREA related responsibilities.

3 - The facility PCM is the facility Security Director, which makes him part of the upper level facility administrative staff.

4. The Security Director reports to the Warden and Deputy Warden of the facility.

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

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Memorandums of Agreement (MOA) with 12 local law enforcement agencies for the confinement of inmates 2. Division of Adult Institutions (DAI) Policy# 410.00.01 PREA Compliance Review of contracted facilities for the confinement of inmates 3. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <p>Agency Contract Administrator</p> <p>Findings:</p> <p>115.12 (a)</p> <ol style="list-style-type: none"> 1 – The Wisconsin Department of Corrections (WIDOC) currently has Memorandums of Agreement (MOA) with 12 agencies for the temporary housing of inmates. The agency provided copies of all 12 MOAs. The MOAs are written for a one-year period with the option of automatic renewal, for the next consecutive year, in the absence of the execution of a new or modified agreement. All 12 of the MOAs were automatically renewed, for another year’s period, since the last PREA audit. 2 – Auditors observed that, in each of the 12 MOAs, section VII, paragraph Q, (p. 8) requires the contractors to adopt and comply with PREA standards. Contract agencies are required to, “take all feasible and necessary steps to work toward full compliance and continue to do so until full compliance is achieved.” They are also required to have policies in place for responding to allegations of sexual abuse and sexual harassment and for maintaining reports and records necessary for reporting the appropriate data, and for timely completion of the Bureau of Justice Statistics Annual Survey on Sexual Victimization or its current equivalent survey. 3 – Twelve contracts for the confinement of inmates were renewed since the last PREA audit. The facility provided copies of all 12 MOAs currently held with the County Sheriff Departments in the counties of Fond du Lac, Juneau, Sauk, Vernon, Oneida, Jefferson, Ozaukee, Racine, Winnebago, Dunn and Milwaukee. 4 – The agency reports that it does not hold any contracts, for the confinement of inmates, that do not require contractors to adopt and comply with PREA standards. <p>115.12 (b)</p> <ol style="list-style-type: none"> 1 – All 12 of the MOAs, held by the WIDOC with counties in the State, in section VII, paragraph Q, require the County Sheriff 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 audit reports, within 30 days of receipt, to the WIDOC. A review of the MOAs also revealed that during the years when the county agency is not audited by a DOJ Certified PREA auditor, the WIDOC will conduct an annual compliance review to ensure that the agency is compliant with PREA standards. Submitted as documentation was the Division of Adult Institutions Policy |

#401.00.01 PREA Compliance Review of Contracted Facilities form DOC-2845, used for documenting this review. Also submitted were 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 to post the report to its public website. The agency contract 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 with the WIDOC and are motivated to achieve compliance, are open to her suggestions, and are working toward that end.

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

Conclusion: Based on the above evidence, the facility is found to be compliant with the Standard.

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Kettle Moraine Correctional Institution Staffing Plan 3. WIDOC PREA Coordinator 2019 PREA Staffing Plan Annual Review Log 4. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 5. Division of Adult Institutions Facility Procedure #900.471.06 Unannounced Supervisory Rounds 6. Logbook Documentation of Supervisory Rounds Conducted <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Agency PREA Director 3. Facility PREA Compliance Manager (PCM) 4. Intermediate or Higher-Level Facility Staff <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> <ul style="list-style-type: none"> generally accepted correctional practices; any judicial, federal investigative and internal/external oversight agency findings of inadequacy; the facility's physical plant including blind spots or areas where employees or offenders may be isolated; the composition of the offender population; the number of placement and security staff; institution programs occurring on a particular shift; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and, applicable State or local laws, regulations, standards and other relevant factors. <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 Warden said, in an interview, that video monitoring is a part of the staffing plan but that the facility does not rely entirely on video monitoring. She said, "We are blessed to have all the cameras we have, but we have to be able to rely on staff as well and it's important to me to ensure that staff realize their diligence is just as important as the video monitoring." She also acknowledged that the agency does a good job with cameras and that her facility has been approved for additional cameras</p> |

in the near future. She went on to say that she reviews the shift schedules to ensure that they are meeting the minimum staffing plan, and that she looks at daily schedules to ensure that they are not leaving any area unsafe.

2 - The facility reported that the average daily number of inmates, at the facility, since the last PREA audits, is 1168.

3 - The average daily number of inmates on which the staffing plan was predicated, as identified on the PAQ, is 1200.

115.13 (b)

1 - The warden said that the facility does not deviate from the staffing plan. The staffing plan identifies how overtime is hired in the event of a staff shortage. First, overtime is offered to staff who wish to volunteer for overtime. If not enough staff volunteer to cover the shortage, any remaining needed hours of work are ordered using a rotating ordered overtime process.

2 - The facility does not deviate from the staffing plan. Auditors reviewed daily schedules and shift activity reports, provided by the facility, 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 (c)

1 - Documentation submitted on the PAQ included a WIDOC PREA Coordinator Staffing Plan Annual Review Log. This is a log constitutes a tracking system, used, by the Agency PREA Director, to ensure that all facility staffing plans are reviewed, by her, on an annual basis. The log covered the years 2017, 2018, and 2019, and showed that the Kettle Moraine plan was reviewed in April of each of those years, with the Facility PREA Compliance Manager conducting the reviews. 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. In addition, Division of Adult Institutions Facility Procedure #900.471.06 requires supervisors to make unannounced rounds on each shift and ensure that all such rounds are documented in logbooks in every area of the facility.

2 - The facility provided copies, on the PAQ, demonstrating the documentation of unannounced rounds by the staff who made the rounds. The notations also include the date and time of the rounds and the identification of staff who made the rounds.

3 - In addition, auditors were able to review similar documentation, in logbooks on site, and were able to determine that the rounds are conducted on all three shifts. There were no discernable patterns of rounds noted, and it was noted that several unannounced supervisory rounds (captain/Lieutenant) were logged each day. Auditors' review of the regular unit logbooks noted times that the rounds were conducted. Frequent visits by patrol officers are conducted as well. It was noted the current unannounced round logbooks were started in 2014.

4. Division Adult Institutions Facility Procedure also requires that staff are not to give any notification that a supervisor is coming to a location to complete an unannounced round. When upper level staff were asked how they ensure that staff do not give any notification that a supervisor is coming they said that employ methods such as varying their route, and the time of their rounds and that they can monitor radio traffic if necessary

time of their rounds, and that they can monitor radio traffic if necessary.

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

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| 115.14 | Youthful inmates |
| 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. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Memo from Jim Schwochwert, Administrator, Division of Adult Institutions (DAI), Dated 12/19/2016 3. (DAI) Policy #302.00.20 Placement of Juveniles in Adult Correctional Sites <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Director 3. Warden <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 the Kettle Moraine Correctional Institution because it is a facility that falls under the Division of Adult Institutions which prohibits housing offenders under the age of 18 with adult offenders. The facility 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 Kettle Moraine Correctional Facility. 5. The facility identified, on the PAQ, that none of the housing units, at the Kettle Moraine Correctional Institution, 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 Warden, and the agency PREA Director, verified that there are no inmates, under the age of 18, housed at the facility. 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. | |

115.14 (b)

1 and 2 – There are no inmates under the age of 18 housed at the Kettle Moraine Correctional Facility.

115.14 ©

1 and 2 – The Kettle Moraine Correctional Institution does not house youthful offenders.

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

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| 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>Documentation:</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 # 306.17.02 Searches of Inmates 3. DAI Policy # 306.16.01 Use of Body Cameras 4. Pre-Audit Questionnaire (PAQ) 5. DAI Policy #500.70.27 Transgender Inmates 6. Agency Form DOC-554 Lesson Plan Correctional Officer Pre-Service, Introduction to Body Searches <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random Sample of Inmates <p>Findings: by Provision</p> <p>115.15 (a)</p> <ol style="list-style-type: none"> 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. Fourteen 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 14 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 the Kettle Moraine Correctional Institution. Staff who were randomly chosen for interview said it would be unlikely that an exigent circumstance would require a female staff to strip search a male inmate because there are more male staff than female. 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 zero. 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>115.15 (b)</p> <ol style="list-style-type: none"> 1, 2, and 3 - There are no female inmates housed at the Kettle Moraine Correctional Institution. |

115.15 (c)

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 documented.

2 – There are no female inmates housed at the Kettle Moraine Correctional Institution.

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. It says that opposite gender staff, when entering a housing unit, shall announce their presence. This announcement gives inmates the opportunity to cover themselves so as not to be seen unclothed, showering, or using the toilet by staff of the opposite gender.

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. Of the 33 inmates who were randomly chosen for interview, 18 identified 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. Eight of those same inmates said that female staff never announce when they are entering a housing unit, and 7 said that opposite gender staff sometimes announce their presence but not all the time. Auditors asked this same question of inmates randomly chosen for informal interview, during the review of the facility, at least 22 inmates, and noted that only two of them could identify what the bell tone signified.

All 14 staff who were randomly chosen for interview identified how female staff announce their presence in the housing unit. Auditors discussed this issue with the administration who posed one reason for only about half of the prisoners who were interviewed verifying that staff do make this announcement. The said that at least one of the units has a female officer, or Sergeant, assigned on each shift, so there is almost always a female in the unit all the time. They also pointed out that each unit has a social worker, with an office on the housing unit, and a majority of the social workers are female, so most of the units have a female working in them most of the time. Therefore, the bell tone will not necessarily sound every time a female enters a housing unit, and this may have affected how some of the inmates answered the question. The facility provided as documentation, a copy of the Inmate Handbook. This book

explains, on page 8, procedures the agency has implemented to help keep inmates safe, including that, "when a staff member enters a housing unit with inmates of the opposite gender their presence is announced." It does not explain that the announcement is made only if there is not already a female staff in the housing, and it is possible that this way of presenting the information could cause some confusion for inmates as well.

115.15 (e)

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 14 staff who were randomly selected for interview were readily familiar with this prohibition and acknowledged, in interviews, that they were aware of this prohibition outlined in policy. One transgender inmate was interviewed who said that they do not believe they have ever been searched, at this facility, for the sole purpose of determining their genital status.

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. Of the 14 staff who were randomly chosen for interview, nine of them were security staff and five were non-security staff. The security staff all reported that they had the training in the officers' academy and that a video is available as an online training and is part of their yearly update. They also acknowledged that the online video training is available all the time so that they can refresh their knowledge whenever they feel they need to.

Conclusion: Based on the above evidence, the facility is found to be compliant with the standard. However, auditors did have some concerns about the fact that only a little over half of the inmates who were interviewed were familiar with the bell tone system and verified that it is regularly used to indicate that female staff are entering the housing unit. One reason for this might be that in the Intake Unit, the Barracks, on each shift, there are female staff regularly assigned. If opposite gender staff announce their entry into the unit when there is no opposite gender staff already in the unit, they would not be announcing as often as in housing units where there are not opposite gender regularly assigned on each shift. Additionally, most of the housing units at the facility have a social worker whose office is in the housing unit, and most of the social workers are female. This would also mean that there is a female staff present in the housing units most of the time. In the Barracks, auditors asked staff to activate the bell tone sound used to identify that opposite gender staff are entering the unit. Four inmates were asked if they had heard the tone and knew what it meant. All four of them indicated that they had heard it. Two of the did know what it meant, and two did not know and readily identified what the tone meant. Auditors were able to verify that inmates are made aware of the bell tone and what it means, when they come to the facility, and that staff are also trained to sound the tone appropriately. All random female staff who were interviewed verified that they do announce their presence appropriately when entering a housing unit.

The administration was asked to provide a reminder, to all facility staff, of this requirement and on January 31, 2020, a facility-wide e-mail was sent, from the Warden, reminding staff of the

requirements of Facility Procedure 900.471.05 Cross Gender Announcement. Auditor was copied on the e-mail as documentation of the e-mail having been sent to all facility staff.

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| 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>Documentation:</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 #300.00.35 Americans with Disabilities Act 3. Contract for Video Remote Interpreting (VRI) Services for American Sign Language (ASL) 4. Contract for In Person Interpreting Services for American Sign Language (ASL) 5. DAI Policy #300.00.61 Language Assistance for Limited English Proficiency (LEP) Inmates 6. Contract for Statewide Telephone Interpretation Services 7. Contract for In Person Interpretation Services for Foreign Language 8. Contract for Written Foreign Language Translation Services 9. Wisconsin Department of Corrections (WIDOC) Language Policy Notice 10. Inmate Posters 11. Inmate Handbook 12. Pre-audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Inmates with Disabilities or Who Are Limited English Proficient <p>Findings: by Provision:</p> <p>115.16 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) says that offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 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. 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 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</p> |

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 agency PREA Director provided a copy of the inmate handbook in Braille and an audio recording of the inmate handbook.

Auditors interviewed one physically disabled inmate and one inmate who had been identified as being cognitively impaired. The physically disabled inmate uses a walker only some of the time. The Administration identified that inmates with more severe physical disabilities are not often housed at Kettle Moraine because of the topography of the facility and the amount of walking inmates are required to do there. The facility houses 15 housing units and consists of 88 acres inside the secure perimeter. The physically disabled inmate who was interviewed said that there is a social worker who works in his housing unit who helps him understand what his rights are. He said that if he doesn’t understand things or doesn’t know where to look for resources he needs, she helps him with that as well. He said that he can read, that he sees the posters in the housing units and in places in the facility and knows where to get information if he needs it. The cognitively impaired inmate said that he also works with a social worker, in his unit, and that he has access to psychologist who also helps him when he doesn’t understand things or where to go for resources he needs.

115.16 (b)

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 iSpeak 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 documentation, 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.

115.16 (c)

1 - 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, in section XVA, paragraph A, no. 4, (p. 13) 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. Fourteen staff were randomly selected for interview and all of them were familiar with the translation services that are available at the facility. Staff were able to describe the iSpeak cards that they can provide an inmate, that show print in different languages. None of the 14 staff randomly selected for interview were aware of any instance, at the facility, where one inmate was allowed to translate for another when making an allegation of sexual abuse or sexual harassment.

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 investigation of the inmate's allegations, as zero.

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

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| 115.17 | Hiring and promotion decisions |
| | <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Prevention (PREA) 2. Executive Directive #42 Police Contact, Arrest and Conviction Policy for Current Employees 3. Wisconsin Department of Corrections (WIDOC) Background Procedure Check 4. Division of Adult Institutions (DAI) Policy #309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns 5. WIDOC Fingerprint Procedures 6. WIDOC Form DOC-1098D Background Check Authorization 7. DAI Form DOC-2674 DAI Volunteer Application 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, (p. 4), 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), 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: 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> <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 Human Resources Administrator who said that the facility does perform criminal record background checks and does consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with prisoners. She also said that the same process is followed for contract employees as well. She said, "we treat them the same if they</p> |

are going to have contact with prisoners.”

115.17 (c)

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 76. Auditors randomly selected eight of those files, or approximately 10%, for review. The employee files 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 101 contracted employees were hired in the past 12 months and that 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.” Again, auditors randomly selected approximately 10% of those human resource files, 11 files, for review and found those background checks to have been completed as well.

115.17 (e)

1 - Executive Directive #72 says, in section VI, paragraph A, No. 3b, (p.5), "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, " We utilize fingerprinting. Some facilities do have their own but there is also a mobile unit that goes from facility to facility. We call it LiveScan." 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. The Human Resources Administrator said, "For hiring for new employees the questions are listed on the background check. If there is a written application required the questions are asked there. For some, there is no written application required. For promotional, they have to do a background check and the questions are listed there."

115.17 (g)

1 - Executive Directive #42 Police Contact, Arrest, and Conviction Policy for Current Employees says, in section VI, paragraph A, that employees who fail to disclose police contact, arrests and/or criminal convictions, fail to provide accurate details regarding criminal convictions or fail to cooperate in the background check process, including being fingerprinted, may be subject to disciplinary action up to and including discharge.

115.17 (h)

1 - Executive Directive #72 requires, in Section VI, Paragraph A, No. 3a, (p. 5), 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, "yes, we do it two ways, We do what is called an HR to HR director and we also do a personnel files check, per statute. If they were here within the last few years we can upload it electronically. If not, we would have to request a paper file from Central Office."

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. Without this additional step, important information could go undetected.

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Pre-audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Warden 3. Facility Superintendent <p>Findings (By Provision):</p> <p>115.18 (a)1 – The facility reports that it has not made substantial expansion, or modification, to the facility since their last PREA audit but that some new cameras were installed in 2018.</p> <p>115.18 (b) 1 – The facility Security Director identified that, since the last audit, the facility has been authorized to receive additional new cameras and said that some of the locations where those new cameras will be installed have already been identified. He identified that approximately 25 additional cameras will be added to the six vocational classrooms. He also said that additional cameras will be added, through the facility, but that not all locations, for the additional cameras, have been identified yet. 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 also 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> |

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Division of Adult Institutions (DAI) Policy #306.00.14 Protection, Gathering and Preservation of Evidence 2. DAI Policy #500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse 3. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 4. WIDOC/DAI: Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates 5. Memo of Understanding between Wisconsin Department of Corrections (WIDOC) and Safe Harbro 4. WIDOC, Victim Services Coordinators, Support Services Workshop Agenda 5. WIDOC/Victim Services Coordinator Training Module 6. WIDOC/Prison Rape Elimination Act Victim Accompaniment Guide 7. Certification of Completion Victim Services Coordinator Training 7. WIDOC Form, DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist 8. 9. Memo from WIDOC Secretary Carr to Local Law Enforcement Agencies, dated March 18, 2019 10. Pre-audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. SANE Staff 3. Facility PREA Compliance Manager (PCM) <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, in 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 Sheboygan County Sheriff's Department. 4 - The evidence protocol followed 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 14 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 captain and the superintendent 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 Sheboygan Memorial Hospital to perform any needed SANE exams. A telephone interview, with a SANE verified that the hospital does have SANEs on staff, and that they will perform forensic exams for inmates from the Kettle Moraine Correctional Institution.

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 Sheboygan Memorial Hospital identified there are at least seven SANEs on staff and that there is always one on call

7 – Agency policy does require that efforts to provide SANEs will be documented.

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 SANEs or SANEs, in the past 12 months was one. The SANE who was interviewed did not recall, for certain, how many SANE exams were performed for Kettle Moraine Correctional Institution, in the past 12 months, but said that the hospital has a very good working relationship with the Institution. She said that both the Warden and the Security Director attend monthly meetings, with SANE staff and that Institution staff cooperate very well with SANE staff requests when they bring inmates to the hospital for forensic exams.

10 – The facility reports that number of exams performed by a qualified medical practitioner, during the past 12 months, was 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

requires 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 Safe Harbor, an outside agency located in Sheboygan, WI. Outlined in the MOU are the services Safe Harbor 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 Manager of Safe Harbor confirmed that the agency can provide an advocate to accompany and support victims of sexual abuse during a forensic medical examination and through any interviews related to their assault. The Facility PREA Compliance Manager verified that the facility does have an MOU with Safe Harbor 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 the advocacy agency is provided to inmates in educational materials and on posters throughout the facility.

115.21 (e)

1 – Safe Harbor 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 Kettle Moraine.

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 Safe Harbor, an advocacy agency located in Sheboygan, WI.

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

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| 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>Documentation:</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 (DA) Policy #303.000.05 Law Enforcement Referrals 4. Wisconsin Department of Corrections (WIDOC) Web site 5. List of Kettle Moraine Investigations Conducted in the Audit Period <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 Agency Head 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 Warden verified that all allegations of sexual abuse and sexual harassment are investigated. 2 - The facility reported, on the PAQ that, in the past 12 months, three 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 three. 4 – The facility reported, on the PAQ, that in the past 12 months, the number of allegations referred for criminal investigation was three. 5 – The facility reported, on the PAQ, that within the last 12 months, all administrative and/or criminal investigations were completed. <p>115.22 (b) 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 s. 940.225." This policy also identifies that the Warden may also refer, to law enforcement, "any other incident deemed appropriate." The agency head said, "we 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</p> |

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 who were interviewed also verified that all allegations are investigated and that investigations that involve potentially criminal behavior are referred to the Sheboygan County Sheriff's Department for investigation.

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 there were three referrals made to law enforcement, in the past 12 months, and provided documentation of all three referrals.

15.22 © 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 when the alleged conduct involves potentially criminal behavior.

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

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| 115.31 | Employee training |
| | 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. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Wisconsin Department of Corrections (WIDOC) Employee Training Module 3. State of Wisconsin, Department of Corrections, Correctional Officer Preservice Program 4. Division of Adult Institutions Policy #300.00.77 Field Training Officer Program 5. PREA PAGE, WIDOC Communications from the PREA Office 6. Pre-audit Questionnaire (PAQ) 7. PREA Refresher 2019 – eLearning Course 8. DOC-1558 Employment Statement of Acknowledgement 9. DOC-2397 WCCS Staff Orientation Checklist 10. Staff PREA Training Completion Roster 11. Staff Pre-Service PREA Training Completion Roster 12. KMCI Healthcare Staff PREA Training Completion Roster <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 Sexual Abuse and Sexual Harassment in Confinement (PREA), 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>The facility provided, as documentation screen shots of the required online module all WIDCOC employees are assigned and required to take upon hire. The module is narrated,</p> |

and knowledge checks are spaced through the module; understanding is assessed, at the end, in the form of a “final exam.” Receipt of training is tracked electronically. Fourteen staff were randomly chosen for interview and all 14 of them were able to articulate the training they received and were able to identify the above components of the training. They were able to give examples of common reactions of sexual abuse and sexual harassment victims and to describe the ways they were taught to communicate professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates. The facility also provided a list of training modules that are part of the pre-service corrections academy that all security staff are required to successfully complete prior to beginning employment with the WIDOC.

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 additional training to employees who are reassigned from facilities housing the opposite gender. The Kettle Moraine Correctional Institution is an adult male institution.

115.31 (c)

- 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 successfully 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. The facility provided copies of newsletters, sent from the PREA office to staff, that contain the refresher information. Copies were provided for multiple years, including 2019, which was the refresher provided during the audit year.
- 3 – All 14 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.

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractor 2. Division of Adult Institutions (DAI) Policy #309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns 3. DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation 4. Wisconsin Department of Corrections (WIDOC) Contractor & Volunteer Training Materials 5. POC-0080 DAI Brief Volunteer Orientation 6. Pre-audit Questionnaire (PAQ) 7. Memo from Kelli West to Facility Volunteer Coordinators, dated March, 2, 2018 8. DOC-2809 Volunteer Orientation Roster Attendance Record <p>Interviews:</p> <ol style="list-style-type: none"> 1. Volunteers 2. Contractors <p>Findings:</p> <p>by Provision: 115.32 (a)</p> <p>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.</p> <p>2 - The facility reports that 819 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 was a Volunteer Training roster form, DOC-2809, that is used to track volunteer participation in the required training. A volunteer and two contracted employees were interviewed, and all three verified that they had received the training on agency policies and procedures regarding the prevention, detection and response to sexual abuse and sexual harassment. An interview with a volunteer verified that he had received PREA training from the agency. When asked, he was easily able to explain the agency's zero tolerance policy and identify various methods of reporting sexual abuse and sexual harassment. He said that the facility does a yearly orientation for volunteers, done in a group setting, where training slides are shown and, at the very end, all volunteers in</p> |

attendance are required to sign a sheet acknowledging that they received the training. The contracted employees said that the training, “has a wealth of information on PREA.”

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.

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 facility provided the training roster form, DOC-2089, and the instructions to staff, dated March, 2016, to begin documenting volunteer orientations and training in a departmental computerized database.

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

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| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. POC-41B Sexual Abuse in Confinement, A Resource for Offenders 2. Wisconsin Department of Corrections (WIDOC) Division of Adult Institutions (DAI), Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates 3. WIDOC Division of Juvenile Corrections, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Youth 4. Video titled, Sexual Abuse and Sexual Harassment Prevention and Intervention 5. POC-0041C Inmate PREA Education Facilitator Guide 6. Inmate WIDOC Identification Card 7. Pre-audit Questionnaire 8. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 9. Wisconsin Department of Corrections (WIDOC) Division of Adult Institutions (DAI), Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates, Spanish 10. POC-41BS Sexual Abuse in Confinement, A Resource for Offenders, Spanish 11. Braille version of Inmate Handbook 12. Audio Recording of Inmate Handbook 13. POC-99 Acknowledgment of Receipt of/Access to Information Prison Rape Elimination Act (PREA) Education 14. POC-99S Acknowledgment of Receipt of/Access to Information Prison Rape Elimination Act (PREA) Education, Spanish <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. 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</p> |

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.

2 - The facility reports the number of inmates admitted, in the past 12 months, who were given this information, at intake, as 1839. Auditor interviewed the facility Intake staff and she verified that she does give all incoming inmates information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. She said that she conducts Orientation every other Thursday for all inmates who are new to the facility. She said she keeps track of which inmates miss their scheduled Orientation and she ensures that they come to the next one. She said that inmates cannot move of the Intake Unit until they complete Orientation. She also said that inmates are required to sign an acknowledgment, in the agency computerized database system, that they received the information. She said that in addition to the information she presents, there are posters, throughout the facility, that tell them ways to report and provides numbers they can call to report, and that at Dodge, the agency's reception facility, inmates are supposed to be given a handbook. At her facility Orientation, she ensures that every inmate got a handbook at Dodge or, if they didn't receive one at Dodge, she gives them one.

115.33 (b)

1 – The facility reports that 1792 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. The interview with intake staff revealed that inmates have been educated as required by conducting twice monthly orientation for prisoners. Of 34 inmates randomly selected for interview, 28 of them said that they received Orientation within the first couple weeks of their arrival at the facility. Six of them said they had been here a long time and could not remember having received Orientation at Kettle Moraine.

115.33 ©

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. The Intake staff who conducts Orientation said that transfers in arrive on Tuesdays and Thursdays, and that she conducts Orientation every other Thursday so that no inmate waits more than two weeks for Orientation.

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. The facility also has a Spanish version of the Orientation video.

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, which Agency PREA Director presented for auditor review.

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. Agency PREA Director also presented an audio recording of the Inmate Handbook that is also provided to inmates with limited reading skills. Auditors interviewed two cognitively disabled inmates and three inmates who speak only Spanish, using a phone translation service. All but two of them verified that they had received the information and that Social Work staff had helped them understand the information, and/or it had been presented in Spanish so they could understand it themselves. Two of the Spanish speaking inmates said that they had been at the facility a long time, and they both revealed that they could not read or write either English or Spanish, so they were not able to read the Spanish Orientation materials or the posters that are written in Spanish. They also said they had not revealed this information to staff at the facility previously. Auditors requested that these two inmates be provided an opportunity to view the Orientation video in Spanish, and

staff provided that opportunity during the course of the audit. The Security Director provided documentation of both inmates having viewed the video in Spanish.

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:

Corrective Action Required: Three Spanish only speaking inmates were interviewed with the use of the telephone translation service. Two of them reported that they were not aware of the agency's zero tolerance policy for sexual abuse and sexual harassment, that they would not know how to report a sexual abuse if they needed to, and were not aware of their right to be free from sexual abuse and sexual harassment. When asked if they were given PREA information printed in Spanish, at their facility orientation, they both verified that they were given a great deal of printed information but that they are not able to read, or write, in either English or Spanish. When asked if they reported that during Orientation, they both said they did not. They also said they did not view the Orientation video in Spanish because it was not provided to them. Auditors asked staff if they were aware that these two Spanish only speaking inmates were not able to read in Spanish and they said they were not.

Corrective Action Taken: Auditors requested that the two inmates who could not read or write English, or Spanish, be provided an opportunity to view the Orientation video in Spanish, and staff provided that opportunity during the course of the audit. The Security Director provided documentation of both inmates having viewed the video in Spanish.

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

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| 115.34 | Specialized training: Investigations |
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| | Auditor Overall Determination: Meets Standard |
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| | Auditor Discussion |
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The following evidence was analyzed in making the compliance determination:

Documentation:

1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)
2. Investigation Training Outline
3. Sexual Abuse and Sexual Harassment Investigations, Training Module
4. Sexual Abuse and Sexual Harassment Investigations Checklist
5. Wisconsin Department of Corrections (WIDOC) Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement Directory
6. Pre-audit Questionnaire (PAQ)

Interviews:

1. Investigative Staff

Findings (By Provision):

115.34 (a)

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. Two facility investigators were interviewed who confirmed receipt of training specific to conducting sexual abuse investigations in confinement settings.

115.34 (b) 1 - The same policy requires that investigative staff receive 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. 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.

115.34 © 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 17 investigators at the Kettle Moraine Correctional Institution have completed the appropriate training.

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

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Training Module, PREA for Healthcare Staff 3. Pre-audit Questionnaire (PAQ) 4. KMCI Healthcare Staff PREA Training Completion Roster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Healthcare Staff <p>115.35 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), 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 35 medical staff completed the required training and presented a computerized database printout verifying that. Medical staff at the facility include Nurses, Psychologists, Social Workers, and Treatment Specialists. Auditors interviewed mental health staff and medical staff, including a nurse who had been a SANE nurse, while working in a community setting, some years ago. All of the health care staff who were interviewed verified that they had received a considerable amount of training on sexual abuse and sexual harassment in confinement, both from the agency and in their educational programs.</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 all 35 medical and mental health staff employed at the facility have completed the required training.</p> <p>115.35 (d)</p> |

1 – The facility presented training documentation that demonstrated that medical staff and Treatment Specialists receive training mandated for employees by 115.31.

2 – The facility does not have contracted, or volunteer, healthcare employees.

CONCLUSION: Auditors noted that the training module for medical and mental health staff instructed staff to ensure that both victims and perpetrators not take any actions that might destroy evidence.

Corrective Action Required: Auditors asked the administration to revise the training module to say that staff should request that victims not take any actions that might destroy evidence and to ensure that perpetrators not take actions that might destroy evidence.

Corrective Action Taken: The correction was made and medical and mental health staff were advised of the change via e-mail. The facility presented a copy of the communication to staff. Auditors felt that this corrective action was adequate because Executive Directive #72 is worded correctly and all employees are required to read the Directive and verify by signature that they understand that they are required to adhere to it. In addition, the facility gives all staff pocket cards with the correct information on them. Based on the above evidence, the facility is found to be compliant with the standard.

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| 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>Documentation</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 #410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization 3. Pre-audit Questionnaire (PAQ) 4. PREA Screening Tool Adult Male Facility 5. PREA Screening Tool Adult Female Facility 6. Records for Inmates Admitted to the Facility Within the Past 12 Months <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Random Sample of Inmates 3. PREA Director 4. Facility PREA Compliance Manager (PCM) <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." Of 51 inmates interviewed, all but six of them remembered having been screened with a few hours of their arrival at the facility. Those six said that they did not remember, or that they had been at the facility too long to remember. Intake staff said that she transfers in arrive on either Tuesday or Thursday, that she prints the list and typically does the screenings on the same day they arrive or the following day. She said there are back-up staff who will do the screenings if she is going to be away from the facility, but that she is the primary person who does the risk screenings.</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 1839. The facility provided copies of risk screens completed for 10 of the prisoners who were randomly chosen for interview and auditors verified that their risk screening was completed within 72 hours of their admission to the facility.</p> |

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 (e)

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 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

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 10 screens that were reviewed, all of them demonstrated that the reassessment was conducted within 30 days of the initial screening.

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 1792. Of the 51 inmates interviewed, 29 said they did receive a follow-up screening at about 30 days after they arrived at the facility, three had not been at the facility 30 days yet, and 19 said they did not remember.

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 regarding 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 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 information is restricted because it is in our WICCS program." He said that if he goes in to view the information, the system will ask him if he has a reason to be in there. He also said, "the screen has a status history so we can keep track of the access and who is viewing it."

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

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| 115.42 | Use of screening information |
| | <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="252 456 459 490">Documentation:</p> <ol data-bbox="252 501 1375 613" style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse a Sexual Harassment in Confinement (PREA) 2. Division of Adult Institutions (DAI) Policy #306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization <p data-bbox="252 757 395 790">Interviews:</p> <ol data-bbox="252 801 839 913" style="list-style-type: none"> 1. Facility PREA Compliance Manager (PCM) 2. Staff Responsible for Risk Screening 3. PREA Director <p data-bbox="252 969 561 1003">Findings: (By Provision)</p> <p data-bbox="252 1014 386 1048">115.42 (a)</p> <p data-bbox="252 1059 1487 1865">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, "if someone is a ROV we will not house them with someone who is assaultive, based on the screen results." He also said, "We also use screening result if we have someone being transferred. If they are transgender, we can send someone out to see if they can meet with the individual, pre-screening, and are they appropriate for dorm setting. We can also get PSU and HSU involved in the decision as to where we house them. Some of the staff are really good at working with those individuals." In addition, he explained how the computerized database that the agency uses is programmed to not allow an inmate whose screening score indicates he is at high risk of victimization to be housed with an inmate whose screening score indicates he is at high risk of abusiveness. Facility PCM also identified that inmates are 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. Auditors noted, during the on-site review of the facility, that the Program building has good camera coverage. There are currently 33 cameras, in the Programs building, and a video monitoring upgrade, that has already been approved, will result in an additional 25 cameras being added to six vocational classrooms.</p> <p data-bbox="252 1910 386 1944">115.42 (b)</p> <p data-bbox="252 1955 1455 2157">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. The facility PREA Compliance</p> |

Manager said, “the information is used for housing placements. We don’t put ROV and ROA in the same room. We also keep an eye on them in programming placements. Staff facilitators are present in all the groups, but we can make assignment changes if the roster seems to have a much larger number of ROAs than ROVs in a group.”

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. The facility currently houses only one identified transgender inmate who said, in an interview, that they were asked if they feel safe, in their room and at the facility, and if they had ever been put in a wing, or unit, that was strictly for housing transgender inmates. They confirmed that they do feel safe at the facility.

115.42 (d)

1 - The facility currently houses only one identified transgender inmate who said, in an interview, that they were asked if they feel safe, in their room and at the facility, and if they had ever been put in a wing, or unit, that was strictly for housing transgender inmates. They confirmed that they do feel safe at the facility. Social Work staff are responsible for risk screening and they verified in interviews that they maintain continued contact, at least twice yearly, and typically more often, and reassess housing, programming and work assignments of all inmates regularly. At the Kettle Moraine facility, Social Workers are assigned to housing units.

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. A transgender inmate who was interviewed verified that they were asked if they feel safe at the facility and they said they reported to staff that they do feel safe at the facility.

1151.42

(f) Transgender inmates are allowed to shower at count time where there is no other movement in the housing units. In the Segregation Unit shower stalls are individual so every inmate housed there has the opportunity to shower alone. In the Cottages, which are Housing Unit 1 through 12, the showers are individual and have shower curtains, so everyone showers alone, but, again, transgender inmates are allowed to shower at count time if they wish to.

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. The Kettle Moraine Correctional Facility does not have dedicated housing units, or wings, for housing gay, bisexual, transgender or intersex inmates.

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

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| 115.43 | Protective Custody |
| 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. 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 2. DOC-30 Review of Inmate In Restrictive Housing <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Staff Responsible for Risk Screening 3. PREA Director <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 alternatives 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 Warden was interviewed and verified that inmates at risk of victimization will not be involuntarily separated from the general population. She said, "I would only do that if I had no other option but we are pretty big so we don't typically need to do that because we have a lot of units, and they are pretty spread out. I could separate them by unit, or complex, and could also transfer them to another facility if needed."</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 find it necessary to limit access to these things, for safety reasons, they will document the opportunities limited and the reason.</p> | |

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.

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

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| 115.51 | Inmate reporting |
| | 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. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Inmate Handbook – English and Spanish 3. Wisconsin Department of Corrections (WIDOC) PREA Posters in English and Spanish <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random Sample of Inmates <p>Findings: by Provision</p> <p>115.51 (a)</p> <p>1 - 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>Fourteen 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, Safe Harbor, that will take reports, and all 14 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. A total of 51 inmates were interviewed and all but two of them knew how to make a report if they needed to. One inmate said, “there are staff here who respect me even though I’m an inmate. I could talk to them if I needed to make that kind of report.” All but two of the inmates who were interviewed said they saw the information about how to make a report on posters in various places around the facility. They also said they got that information in Orientation and saw it on the Orientation video. The two inmates who were not familiar with the reporting methods were two Spanish only speaking inmates who also revealed that they were not able to read or write either English or Spanish. They both indicated that they had not</p> |

previously shared that information with staff and auditor asked staff to provide an opportunity for these two inmates to view the Spanish Orientation video. While the audit was still in progress, these two inmates viewed the orientation video in Spanish.

115.51 (b)

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 Safe Harbor, 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. The facility PCM said, "There are phone lines, #777 and #888, that inmates can call to report. One line connects to the Madison Capitol Police and the other to Safe Harbor. The posters are placed around the facility, in every housing unit, with that information, and the #888 number is anonymous so and it doesn't register in our phone system, so it is truly anonymous." He also said, "they can also contact the Sheboygan County Sheriff's office."

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 14 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 they would immediately report all allegations to their supervisor and document them in an Incident Report. Of the 51 inmates who were interviewed, all but three 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 which they are required to sign for. All 14 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.

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Department of Corrections, Chapter DOC 310, 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. Pre-audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Complaint Examiner <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. 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. 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. 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 processed 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>In an interview, the Facility Inmate Complaint Examiner said, "when I pick up complaints, if I see a complaint of sexual abuse or sexual harassment, I immediately take it to the Security</p> |

Director, or to the Deputy Warden, to see if they have been made aware of it yet and have started an investigation. Then I code it and enter it into the system. Then I respond to the prisoner with a receipt saying we have received it and a notice is also sent to the inmate telling him that it is a PREA matter, which is not investigated as a grievance or through the complaint system, and that it will be investigated as a PREA matter. Then, at that point, I'm out of it and from there it goes through the PREA investigation system."

115.52 (b) 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 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. The Facility Inmate Complaint Examiner verified that inmates are notified immediately, when the complaint is received, that their complaint has been referred for investigation and will be treated as PREA matter.

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 (e)

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

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.

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in (PREA) 2. Inmate Handbook 3. POC-41B Sexual Abuse in Confinement A Resource for Offenders 4. Memorandum of Understanding Between Wisconsin Department of Corrections (WIDOC) and Safe Harbor <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Inmates <p>Findings (By Provision):</p> <p>115.53(a)</p> <ol style="list-style-type: none"> 1 - Agency policy, Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in section XVI, paragraph B, no. 5, (p. 14), 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, Safe Harbor, in Sheboygan, WI. 2 - The facility provided a copy of a poster that tells inmates Safe Harbor 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, but, unfortunately, a glitch in the phone system made them unable to reach Safe Harbor by dialing the #888 number. However, at the time this report is being submitted, this problem has been fixed and inmates are able to use a different phone number to reach the agency. The facility has also obtained all new posters, with the new number on them, and has them posted in the facility housing units, right next to the telephones, where inmates can easily see the number and call it if they need to. The Agency PREA Director provided copies of the new posters, with the new crisis hotline phone number on them, a copy of the updated POC-41B Prisoner Handbook Addendum with the information about the crisis hotline, and the new telephone number, printed on it, and a memo sent to all Division of Adult Institutions facilities informing the of the new number. The memo also identifies that staff are to post the newly printed posters, with the new telephone number, and are to begin immediately using the updated POC-41B Prisoner Handbook Addendum with the |

updated telephone number printed on them.

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. Of 51 inmates who interviewed, all but two of them said they were aware of the outside advocacy agency. They said they saw the information, and numbers to call, on posters in the housing units, and that they also got the information at Orientation. When asked if they knew what kind of services were available, they 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. When asked if they got mailing addresses and telephone numbers, for these services, all but two of them said that information was on the posters throughout the facility. 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 they all 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 of the inmates who were aware of these services said that they believed that any conversations held with staff from the advocacy would remain private.

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1 and 2 - The facility reports that they have entered into an MOU with a local advocacy agency, Safe Harbor, 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 Safe Harbor, the local advocacy agency that the facility has an MOU with. She said that her agency 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 Safe Harbor also provides onsite victim services, court support and victim advocacy, victim accompaniment with law enforcement interviews, and forensic examinations, and will provide therapy as appropriate. She is familiar with facility's intake and prisoner orientation processes and said that her staff have attended volunteer orientation at the facility. She said that her staff have been to the institution multiple times, that she feels her staff and staff at the facility have a very good working relationship. She identified her points of contact, at the facility, as the facility Victim Services Coordinator and the Security Director. She said that both staff attend monthly meetings of the Sheboygan Count SART and Human Trafficking Task Force. She said that facility staff always assist with Safe Harbor staff entry into the facility and always provide them the room and resources they need to fulfill the MOU. She feels the two agencies have a very positive working relationship.

CONCLUSION: Based on the above evidence, the facility is found to be non-compliant with this standard because the number printed on the posters, for the outside confidential support services, was inaccurate and did not reach the service, identified on the poster, when dialed from the Institution. This matter was investigated, by the Agency PREA Coordinator, during the audit, and it was determined that it was due to a telephone system problem that originated with an agency wide telephone system upgrade. The problem appears to be agency wide, but was not noted until January 27, 2020, during the audit of the Kettle Moraine Correctional Institution.

Corrective Action Required: The Agency PREA Coordinator will work with the telephone company to resolve the issue. She has already been working with them and the problem has been identified. She has also had all PREA Posters, with the contact information for the outside support services agency printed on them ordered but they have not yet been delivered to the facility. When the posters are delivered, the telephone services vendor will install the necessary repairs so that inmates will be able to dial a new number, that will be printed on the information posters that will be posted in the housing units, and will be able to reach the outside agency. Agency PREA Coordinator will notify auditor when this repair has been accomplished.

Corrective Action Completed: At the time this report is being submitted, this problem has been fixed and inmates are able to use a different phone number to reach the agency. The facility has obtained all new posters, with the new number on them, and has them posted in the facility housing units, right next to the telephones, where inmates can easily see the number and call it if they need to. The Agency PREA Director provided copies of the new posters, with the new crisis hotline phone number on them, a copy of the updated POC-41B Prisoner Handbook Addendum with the information about the crisis hotline, and the new telephone number, printed on it, and a memo sent to all Division of Adult Institutions facilities informing them of the new number. The memo also identifies that staff are to post the newly printed posters, with the new telephone number, and are to begin immediately using the updated POC-41B Prisoner Handbook Addendum with the updated telephone number printed on them.

The Security Director provided a memo verifying that all the old posters have been removed and replaced with the new posters that have the new telephone number on them.

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Wisconsin Department of Corrections (WIDOC) Web Site 2. WIDOC PREA Poster in English and Spanish <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Inmates <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, printed in both English and Spanish, 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 suggestions as to 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> |

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| 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>Documentation:</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. Warden 4. PREA Director <p>Findings (By Provision):</p> <p>116.61 (a)</p> <ol style="list-style-type: none"> 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. Staff are required to immediately report to a supervisor who is not the subject of the allegation. All 14 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, they all knew what their responsibility was. There was not one staff person interviewed that did not know the answer to this question. 2 – 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. 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>115.61 (b)</p> <ol style="list-style-type: none"> 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 were, "I would tell the Warden, the Deputy Warden, the Security Director, or other Supervisory |

staff, but I would not tell other inmates or any staff who would not be involved in investigating the matter.” All staff interviewed were aware of the impropriety of talking to other staff and inmates about any such report they might receive.

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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 she said, “If I were to see someone and they had concerns for sexual abuse, I would tell them that I have to report and who I was reporting to, and I would keep them safe and calm. I would tell them if we needed to send them somewhere for a forensic exam, and so I would tell them what to expect. They can refuse service when they get there but they cannot refuse transfer. If they were reporting a crime that happened a year ago, that involved a child, I would tell them I had to report it to the State of Wisconsin.” When asked if she had ever become aware of any such incident, she said “not yet, but I’ve only been here four months. I just participated in a sexual assault incident review, but I was not part of the allegation, or the investigation, because it happened a while ago and I wasn’t here then.”

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 PREA Director said, in an interview, “Administratively, we would notify child, or adult, protective services depending on which the victim is. We would also notify parents or guardians, attorneys if one or both is not appropriate, caseworker, etc. We don't have any youth or youthful inmates in any adult facilities, not since December of 2017. They now all live at Lincoln Hills/Copper Lake, girls on one side, boys on the other, until they're 18. And then they will come back to the Division of Adult Facilities to serve the remainder of their sentence.”

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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 Warden verified that all allegations are referred to designated officials and investigators.

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

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| 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>Documentation: Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>Interviews: 1. Random Sample of Staff 2. Agency Head 3. Warden 4. PREA Director</p> <p>Findings (By Provision): 115.62 (a) 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 Warden said, "we would review the information we received and separate the inmate identified as the potential victim to keep them safe. If we need to, we can move them to another housing unit, or even transfer to another facility. We would definitely take action to keep the inmate safe." Staff who were randomly chosen for interview said that they would, "separate the inmates and immediately notify security." A non-security staff said they would, "keep them in my line of sight until the Captain came and took over." All 14 random staff, who were interviewed, said that they would immediately alert the captain 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> <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p> |

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| 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>Documentation: 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA)</p> <p>Interviews: 1. Agency Head 2. Warden</p> <p>Findings (By Provision): 115.63 (a) 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 eight reports of sexual abuse that occurred at another facility. 3 – Staff reported, on the PAQ, that gathered information, notified supervisors and compliance manager, and submitted incident reports. They said they referred the allegations to the head of the facility of alleged abuse within 72 hours and assisted with investigation as needed. The facility provided copies of the eight incident reports in question.</p> <p>115.63 (b) 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. Review of documentation provided revealed that the reports were made timely.</p> <p>115.63 © 1 – Agency policy, Executive Directive #72 says, in section XIV, paragraph C, no. 8, (p. 11) to document all such notifications. The facility reported, on the PAQ, that, in the past 12 months, eight inmates have reported that they were abused while confined at another facility. Copies of Incident Reports made when the reports were made verified that the facility does document all such notifications.</p> <p>115.63 (d) 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</p> |

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 if an allegation is received from another facility, they would report it as an allegation and investigate it.

2 – The facility reports that one allegation of sexual abuse was received from another facility in the past 12 months. The report was made at Dodge Correctional Institution and the information was relayed to KMCI via SINC (PREA tracking system.) The report was assigned a number and investigation took place. The Warden said, in an interview, "when we receive an allegation from another facility we do an investigation. We follow up with anything we have and we may work with the other facility because they can contact the facility. We follow through and try to wrap up everything, but it's always on file so we always have all the evidence. I always try to encourage inmates to report because you might see patterned behavior and reopen investigations or bring closure to old ones, sometimes."

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

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| 115.64 | Staff first responder duties |
| | 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. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Sexual Abuse Incident Response Healthcare Staff First Responder Action Steps 3. Sexual Abuse Incident Response Non-Security Staff First Responder Action Steps 4. Sexual Abuse Incident Response Security Staff First Responder Action Steps 5. Pre-audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Security and Non-Security Staff First Responders <p>Findings (By Provision):</p> <p>115.64 (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, No. 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 - The facility reports that three allegations that an inmate was sexually abused were received n the past 12 months. 7 – The facility reports that of these three allegations of sexual abuse, in the past 12 months, each time, the first security staff member to respond to the report separated the alleged victim and abuser. 8 – The facility reports that, in the past 12 months, there were three allegations where staff were notified within a time period that still allowed for the collection of physical evidence. 9 – The facility reports that of the three allegations, in the past 12 months, where staff were notified within a time period that still allowed for the collection of physical evidence, in all three |

instances, the first security staff member to respond to the report preserved and protected the crime scene until appropriate steps could be taken to collect any evidence.

10 – The facility reports, that, in the past 12 months, in each of the three instances staff were notified within a time period that still allowed for the collection of physical evidence and those staff who were the first security staff members to respond to the report requested 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.

11 – The facility reports that, in the past 12 months, of the three allegations made, that in each instance where staff were notified within a time period that still allowed for the collection of physical evidence, they did ensure that the alleged abuser did not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

All of the 14 staff who were randomly chosen for interview were well able to relate the staff first responder duties, for both security and non-security staff, to auditors.

115.64 (b)

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. All non-security staff, who were randomly chosen for interview, said they would request that the victim not take any actions that could destroy physical evidence, that they would keep the victim in their line of sight, and that they would notify security staff. When asked how quickly they would notify security staff, they said, “immediately.”

3, 4, and 5 – The facility reports that of those allegations, made in the last 12 months, the number of times a non-security staff member was the first responder was zero.

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

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| 115.65 | <p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documentation:</p> <p>1. Wisconsin Department of Corrections (WIDOC) Sexual Abuse in Confinement Coordinated Response Plan</p> <p>Interviews:</p> <p>Findings (By Provision):</p> <p>115.65 (a)</p> <p>1 - 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 and 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> |
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| 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>Interviews:</p> <p>1. Agency Head</p> <p>Findings (By Provision):</p> <p>115.66 (a)</p> <p>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, "in Wisconsin, there is a state statute, Act 10, that prohibits any collective bargaining on the behalf of State employees."</p> |

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. DOC-2767 Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Response Checklist 3. DOC-2805 Sexual Abuse Allegation Staff Retaliation Monitoring 4. Pre-audit Questionnaire <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 the Psychological Services Unit Supervisor, the facility Victim Services Coordinator, and the facility Assistant Victim Services Coordinator monitor inmates for retaliation. The facility Security Director, who also serves as the Facility PREA Compliance Manager, monitors staff reporters for retaliation. <p>115.67 (b)</p> <ol style="list-style-type: none"> 1 – When asked how the agency protects inmates and staff against retaliation for reporting or having cooperated with an investigation, the Victim Services Coordinator said, that she initiates contact with inmates who has been identified as a victim, meets with them as soon as possible, always within 72 hours, and starts by checking on their safety. She asks them if staff or inmates are treating the differently, tells them to keep it confidential to keep the investigation more solid, and explains to the what retaliation means. She tells the inmate to contact her right away if they do experience retaliation and from there, she checks in with them every 30 days for at least 90 days. After the 90 days expire, she leaves it up to them if they want her to continue to check on them and lets the know that they can write her any time they feel they need to. When she meets with them, she asks them if they feel that anyone is picking on the or talking about their investigation, or is staff are doing anything out of the ordinary. She looks for misconducts, extra pat searches or room searches. The Facility PREA Compliance Manager said he looks for things like negative work evaluations, disciplinary action, etc. |

115.67 ©

1 – The facility reported that various staff have been appointed, the Psychological Services Supervisor, the Victim Services Coordinator and the Facility PREA Compliance Manager, to monitor the conduct or treatment of staff or inmates who reported sexual abuse and of inmates who were reported to have suffered sexual abuse for any possible retaliation.

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. The facility Victim Services Coordinator said that she monitors anyone who did report the sexual abuse of an inmate for at least 90 days and longer if it is warranted or if the inmate feels they need the continued contact with her.

3 – Agency policy requires the monitoring to 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 said that she initiates contact with inmates and checks on the at least every 30 days, or more often if warranted, to look for things like disciplinary instances or additional pat or room searches.

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. The 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.

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. DOC-30 Review of Inmate in Restrictive Housing <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden <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. 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. <p>In an interview, the Warden said, "I would do that only if I had no other options, but we are a pretty big facility so we don't typically need to do that because we have a lot of units, and they are pretty spread out, so I could separate them by unit or complex, and I could also transfer them to another facility." She also acknowledged that if an inmate were to be placed in involuntary segregation the placement would only be until an alternative means of separate from likely abusers could be arranged. When asked how long, ordinarily, inmates at high risk of victimization, or who have alleged sexual abuse, are placed in voluntary housing, she said, "I've never done it. We've just never needed to."</p> <p>CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p> |

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. PRB-0001 Records Retention/Disposition Authorization 3. PREA Administrator Memo, dated 07/21/2016 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Warden 3. PREA Director 4. Facility PREA Compliance Manager <p>115.71</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, 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> |

k - the agency to inform all victims, following an investigation, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and to document the notification,

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, "we haven't had any but we would try to get it going within 72 hours. I report, it goes to the Security Director and ours is in Central Office, and the allegation would be sent out right away. They will assign investigators as soon as possible. "

Two investigators were interviewed, and both said that allegations of sexual abuse are addressed immediately. One investigator said, "If a call comes in to SINC, the reviewers at Central Office get it and they send them out where they go. If I'm notified on a unit, I'm going to start right away, asking questions, etc. A formal investigation would start within 24 hours." The other investigator said the investigation begins as soon as the report is received. Both investigators said that the reporting method has no bearing on how quickly the investigation starts. They said they treat all allegations the same way.

115.71 (b) (c)

1 – Executive Directive #72 Sexual abuse and Sexual Harassment in Confinement (PREA), 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 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. 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 agency investigators were properly trained. The facility investigators who were interviewed said that they had completed a 40-hour training of PREA and investigative training. One said, "You have a victim, you need to consider how you're going to approach that person, and they're not cookie cutter investigations. You need to treat each one differently, like a brand-new investigation each time, not like a fight, which happens often, and all are similar. A PREA investigation, you can't predict because it can take you down a whole different road." Both investigators identified first steps as, separating victim and abuser, maybe determining if one needs to be transferred to another housing unit or to another facility, gather evidence such as clothing, video monitoring information, and making the appropriate notifications to health services and psychological services.

115.71 (d)

1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), 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 assist the Sheriff's department and continue to work with them. They both identified that they do not conduct compelled interviews and, instead, leave that up to the Sheriff's Department.

115.71 (e)

1 – Agency directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 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. Both facility investigators confirmed that the standard of evidence required to substantiate allegations of sexual abuse is a preponderance of evidence. They also said that they do not ever ask offenders who make allegations of sexual abuse to submit to a polygraph examination.

115.71 (f)

1 - Agency directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) identifies, 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.

15.71 (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. Auditors viewed the reports from the investigations that were conducted during the audit period and determined that the appropriate reports were written that the reports contained thorough descriptions of physical, testimonial, and documentary evidence. The investigations included reports of the interviews that were conducted as well as photographs and printout of video monitoring.

115.71 (h)

1 – Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), 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 would refer any such allegations to the Sheboygan 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 Sexual Abuse and Sexual Harassment in Confinement (PREA), in

Section XVII, paragraph H, (p. 16) requires that documentation of administrative and criminal investigations be retained as long as the alleged abuser 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 |
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| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>he 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. Interviews with facility investigators bore out that they use a preponderance of evidence in determining the 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> |

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| 115.73 | Reporting to inmates |
| | <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="252 456 459 490">Documentation:</p> <ol data-bbox="252 501 1453 658" style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Sample Departmental Memos of Notification to Inmate of Outcome of Allegation of Sexual Abuse or Sexual Harassment 3. Pre-audit Questionnaire (PAQ) <p data-bbox="252 797 392 831">Interviews:</p> <ol data-bbox="252 842 517 916" style="list-style-type: none"> 1. Warden 2. Investigative Staff <p data-bbox="252 1012 561 1046">Findings (By Provision):</p> <p data-bbox="252 1057 386 1090">115.73 (a)</p> <p data-bbox="252 1102 1477 1386">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 data-bbox="252 1397 1477 1682">2 and 3 - The facility reports the number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months. The facility reports that of the one investigation of alleged sexual abuse that was completed by an outside agency, in the past 12 months, the number of inmates alleging sexual abuse who were notified verbally or in writing of the results of the investigation was also one. Auditors reviewed that investigation and noted that the proper notification, to the inmate alleging sexual abuse, was made.</p> <p data-bbox="252 1742 386 1776">115.73 (b)</p> <p data-bbox="252 1787 1449 1901">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 data-bbox="252 1912 1477 1986">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 data-bbox="252 2047 386 2080">115.73 (c)</p> <p data-bbox="252 2092 1449 2166">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</p> |

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.

2 and 3- The facility reports that there have been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate, in this facility, in the past 12 months.

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.

3 (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 three allegations of sexual abuse or sexual harassment were received, in the past 12 months, that the facility provided notifications to all three of those inmates making the allegations and that the facility also documented all notifications. Auditors reviewed all three investigation packets and noted that copies of the notifications made to the three inmates were preserved as documentation in the files.

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

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| 115.76 | Disciplinary sanctions for staff |
| | <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="252 456 459 490">Documentation:</p> <ol data-bbox="252 501 1410 613" style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Executive Directive #43 Work Rules 3. Pre-audit Questionnaire <p data-bbox="252 712 561 745">Findings (By Provision):</p> <p data-bbox="252 757 370 790">15.76 (a)</p> <ol data-bbox="252 801 1481 958" 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 data-bbox="252 1014 370 1048">15.72 (b)</p> <ol data-bbox="252 1059 1481 1216" 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 data-bbox="252 1272 370 1305">115.76 ©</p> <ol data-bbox="252 1317 1481 1518" 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 data-bbox="252 1574 386 1608">115.76 (d)</p> <ol data-bbox="252 1619 1481 1865" 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 data-bbox="252 2000 1423 2078">CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p> |

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| 115.77 | Corrective action for contractors and volunteers |
| | <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="252 456 459 490">Documentation:</p> <ol data-bbox="252 501 1410 573" style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Pre-audit Questionnaire <p data-bbox="252 714 395 748">Interviews:</p> <ol data-bbox="252 759 389 792" style="list-style-type: none"> 1. Warden <p data-bbox="252 844 561 878">Findings (By Provision):</p> <p data-bbox="252 889 389 922">115.77 (a)</p> <p data-bbox="252 934 1469 1133">1 and 2- Section XIX, paragraph A, no. 4, of Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PREA) 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 data-bbox="252 1144 1401 1261">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.</p> <p data-bbox="252 1272 389 1305">115.77 (b)</p> <p data-bbox="252 1317 1458 1561">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. In an interview, the Warden said, “If it’s alleged, that person will not be allowed in, and we will partner with law enforcement to follow through with the investigation, because they are not our staff. It would have to be unfounded for them to be allowed back in.”</p> <p data-bbox="252 1615 1426 1686">CONCLUSION: Based on the above evidence, the facility is found to be compliant with the standard.</p> |

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement 2. Pre-audit Questionnaire (PAQ) 3. Department of Corrections Chapter 303 Discipline <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Medical Staff <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 Warden said, in an interview, that discipline is imposed based on an Administrative Code that the agency adheres to. She identified, as disciplinary sanctions inmates are subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse, "restrictive housing time, disciplinary separate. Outside law enforcement will press charges if its criminal. Can also result in raise in custody level and we may have to transfer the person out even to higher level facility."</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. When asked if sanctions are 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, she said, "yes, they are."</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 Warden again verified this</p> |

by saying, "yes."

115.78 (d)

1 – Mental health staff who were interviewed said, "Yes, we offer sex offender treatment. It wouldn't be the same services, but is still therapy, intervention, treatment. Everybody in the facility is on a psychologist's caseload. That doesn't mean we will have contact with all of them but we potentially could and we would offer services if they request them."

2 - The same staff, when asked if an inmate would be required to participate as a condition of access to programming or other benefits, said, "No. The only exception I would put on that is that if the offender is assigned sex offender treatment either because of the incident or before the incident, if they refuse to participate in treatment they could be refused transfer to minimum security because they still have the programming need but we would offer that treatment again, at a later date if they are willing to participate, and we would also continue to offer individual services. We would not take away privileges. We don't want people in treatment who don't want treatment because that's not effective."

115.78 (e)

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 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.

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. PREA Admission Risk Screening Tool 2. Division of Adult Facilities (DAI) Policy #500.70.01 Mental Health Screening, Assessment and Referral 3. Agency Electronic Medical Record Note 4. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 5. Pre-audit Questionnaire 6. DAI Policy #500.50.09 Disclosure of Protected Health Information (PHI) With Inmate Patient Authorization and Court Orders. 6. DOC-1923 Limits of Confidentiality of Health Information 7. DOC-1163 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. Medical Staff <p>Findings (By Provision):</p> <p>115.81 (a)</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 percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was 100.</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</p> |

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. Staff who perform risk screening were interviewed and a social worker said, "I ask the inmate if they want that and if they say yes, there is a referral form that we send to whichever they want, or both, if they want both. If they tell me no, I always ensure that they know they can make the request for that meeting at a later point, at any time, really, and we will make that request for them when they ask for it."

115.81 (b)

1 and 2- Staff who perform risk screening were interviewed and verified that inmates who disclose, during screening, that they have ever had sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them are also offered a meeting with psychological services or health services. The same social worker said, "To be honest, I've never had an inmate say yes to that question. So, if they say yes, I think the WICCS system would likely automatically refer me to that screen where the meeting is offered but I can't say for sure because I haven't had it happen. I do have access to their files, so I often know if they have had a sexual assault misconduct, but I've never had one admit it when asked about it."

The facility presented, as documentation, copies of the screening assessment that shows that question number 8 asks this question. If the inmate answers in the affirmative, a radio button is generated that prompts staff to then offer the referral to mental health services. If the inmate accepts the referral, the system, and the appropriate box is checked, the system automatically documents the date of acceptance and the referral is electronically generated. When the follow-up meeting takes place, health care staff make a notation recording the date, time, and reason for the meeting, and the name of the staff who met with the inmate. The system can be queried, and a printout generated, documenting the referrals made and the date the follow-up meetings were conducted.

3 – The facility reported, on the PAQ, that, within the past 12 months, there were no inmates who disclosed prior sexual perpetration 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. Auditors interviewed eight inmates who had disclosed prior sexual victimization during risk screening. Of the eight who were interviewed, four accepted the meeting and four declined. One of the four who declined the meeting said he was already on a mental health case load, so he didn't feel the extra meeting was necessary. Of the four who accepted the meeting, all said the meeting happened within a week or two. In addition, auditors were able to review the risk screens and accompanying documentation verifying that the meetings with mental health were held within two weeks.

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

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. A Social Worker who was interviewed said, " I think access is controlled to just Social Workers, PSU staff, and supervisors. They can see the ROV/ROA scores, but not the information on the screen itself. There is also a confidentiality

115.81 (e)

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. A mental health staff who was interviewed said, "If it did not occur in the institution, and they report that they were sexually abused, we go over what the process of reporting that is and the pros and cons, but I wouldn't report that because it is no longer my responsibility because they are an adult. If they tell me about a child who is being abused, I tell them that I do have to report that." She also said, "We cannot have under 18 here. In theory, if we had them here, we would have to have a different process because they are underage. We do have people here who have Guardians for people who have cognitive disabilities. You would treat them like a vulnerable adult, so somebody like that, I would have to report it because they have a guardian. It's like mandatory reporting with elderly individuals."

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

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Division of Adult Facilities (DAI) Policy #500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse 2. DOC-3001 Off-Site Service Request and Report 3. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 4. DAI 316.00.01 – Inmate Co-Payment for Health Services <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff <p>Findings (By Provision):</p> <p>115.82 (a)</p> <ol style="list-style-type: none"> 1 - 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. The medical staff who was interviewed said, “Yes, they go to Sheboygan Memorial Hospital where there is 24/7 coverage for forensic nursing. If we have both a victim and alleged perpetrator who need exams, we coordinate with the hospital who should go first because it’s not good to have them both in the same place at the same time.” She also said, “This happens immediately. We work to preserve the evidence, then we make the phone call and then transfer them.” 2 - She also said that the nature and scope of the services provided would be determined according to her professional judgment. She said, “We have protocols and policies within our licensure and, yes, that’s within our licensure. If we have a provider on-sight, we will seek their input but otherwise its nursing. On 3d shift, we have on call nursing, so the Security Director would notify the on-call nurse.” 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. <p>115.82 (b)</p> <ol style="list-style-type: none"> 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. All 14 staff who were randomly chosen for interview were also asked the first responder questions, both non-Security and security staff, and all of them 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.

115.82 ©

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 reported that inmates would be provided timely information about access to emergency 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. The SANE nurse, at Sheboygan County Hospital, also said that hospital staff would provide emergency contraception and sexually transmitted infections prophylaxis at the hospital and would coordinate with facility health care staff for any follow up meds that might be needed.

115.82 (d)

1 - 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 – Copayment 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.

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) Division of Adult Facilities 2. Division of Adult Facilities (DAI) Policy #500.70.01 Mental Health Screening, Assessment and Referral <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff <p>Findings (By Provision):</p> <p>115.83 (a)</p> <p>1 - Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), 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)</p> <p>1 - 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.”</p> <p>A mental health staff person said, in an interview, “If an incident were to happen in the institution and victim said they didn’t need services, I would still try to check in with them. I try to check in with an inmate who has gone to the hospital, for whatever reason, I will check on them. If it’s somebody who requests services, I meet with them and we work together to determine what kind of services they need. If they have a significant need, we can refer to Wisconsin Resource Center. We work together to develop a treatment plan and that’s going to look different for everyone.” A medical health care staff said, “We assess them for life threatening emergency for treatment here, then transfer for SANE exam, then as a manager, make sure the Victim Services Coordinator is notified and the mental health treatment coordination among staff is handed off properly.”</p> <p>115.83 ©</p> <p>1- 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. Health care staff at the facility said, “I think there’s more access to services here than in the community. I think the</p> |

quality is the same, but access is easier here.”

115.83 (d) and €

1 – The Chaney Correctional Center houses only adult males so no pregnancy tests, following an allegation of sexual abuse, would be necessary.

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 SANE nurse identified that the hospital would work with the facility to continue treatment for sexually transmitted infection prophylaxis.

115.83 (g)

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.

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.” When asked if they conduct a mental health evaluation of all known inmate-on-inmate abusers and offer treatment if appropriate, a mental health staff said, “Sort of. If an inmate were to sexually abuse another inmate, the hope is that that would then trigger them to be eligible for sex offender treatment, even if they do not receive an additional sentence, the misconduct would raise them to the level of being eligible to participate in that. They may or may not be evaluated here. If they were to assault someone, they go to RHU with a misconduct and will be reclassified, and possibly transferred, and be evaluated there. We have a very well-defined system for doing that. Psychology staff can make a recommendation for sex offender treatment and do the evaluation. We typically do that for someone who gets numerous, repeated sexual misconduct tickets, but it depends on what the nature of the tickets are. It happens mostly when an inmate gets a ticket for masturbating in front of female staff. And, they have to get a lot of tickets for it, not just one or two.”

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

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| 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>Documentation:</p> <ol style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. DOC-2863 Sexual Abuse Incident Review (SAIR) – PREA 3. Completed Sexual Abuse Incident Review Form 4. Pre-audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Facility PREA Compliance Manager (PCM) 3. Incident Review Team <p>Findings (By Provision):</p> <p>115.86 (a)</p> <ol style="list-style-type: none"> 1 - Executive Directive #72, Sexual Abuse and Sexual Harassment in Confinement (PPREA) 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 two. The facility presented the completed review form for one of those reviews. <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) The review that was submitted as documentation showed a date of 6/14/19 as the date the administrative investigation was completed. The date of the Sexual Abuse Incident Review was 07/09/19. 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 2. <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 Sexual Incident Review Team includes, as identified on the Review Form, the Security Director, the PSU Supervisor, a Nurse, a Program Supervisor and the Warden. <p>115.86 (d)</p> |

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 Incident Review Form that was submitted as documentation, and was reviewed by auditors, showed that the team considered physical barriers that may have been in the area, the availability of video monitoring technology, staffing levels during the time of the alleged incident, any possible motivations for the incident including race, ethnicity, gang affiliation, group dynamics at the facility, intersex condition, LGB identification/perception, or Transgender Identification/Perception. In this instance, the review team felt that perhaps the age of the victim may have been a motivation. The Warden said, “There’s a lot of discussion on whether policy or rules or training needs to happen. We actually had a maintenance supervisor at our last one and that helped with an eye toward barriers that we hadn't recognized. I like to invite other line staff because it's good knowledge to see what we can do better.”

115.86 €

1 – The Warden said, “There’s a lot of discussion on whether policy or rules or training needs to happen. The Facility PCM said, “we meet, Warden, HSU, Investigator, DW, PSU staff member, and we view the report on the screen, for needed changes, etc., and we have the investigation packet available for review. We have changed facility modifications and post orders. “

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

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| 115.87 | Data collection |
| | <p data-bbox="252 170 895 203">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="252 456 459 490">Documentation:</p> <ol data-bbox="252 501 1410 618" style="list-style-type: none"> 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 2. Survey of Sexual Victimization, 2017 3. Survey of Sexual Victimization, 2018 <p data-bbox="252 714 560 748">Findings (By Provision):</p> <p data-bbox="252 759 389 792">115.87 (a)</p> <p data-bbox="252 804 1453 1005">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 data-bbox="252 1061 400 1095">(115.87 (b)</p> <p data-bbox="252 1106 1442 1218">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 data-bbox="252 1274 373 1308">115.87 ©</p> <p data-bbox="252 1319 1410 1431">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 data-bbox="252 1487 389 1520">115.87 (d)</p> <p data-bbox="252 1532 1474 1733">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 SSV 2018 submission noted that the data collected via SINC provided the information necessary to complete the SSV.</p> <p data-bbox="252 1789 389 1823">115.87 (e)</p> <p data-bbox="252 1834 1482 2114">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 2018, 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> |

115.87 (f)

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.

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| 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="252 456 459 490">Documentation:</p> <ol data-bbox="252 501 1442 613" style="list-style-type: none"> 1. Wisconsin Department of Corrections (WIDOC) Prison Rape Elimination Act 2017 Annual Report 2. WIDOC Web Site <p data-bbox="252 672 395 705">Interviews:</p> <ol data-bbox="252 716 839 828" style="list-style-type: none"> 1. PREA Director 2. Facility PREA Compliance Manager (PCM) 3. Agency Head <p data-bbox="252 927 389 960">115.88 (a)</p> <p data-bbox="252 972 1477 1263">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 1317 389 1350">115.88 (b)</p> <p data-bbox="252 1361 1442 1473">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 1485 1477 2157">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, the installation of additional locking mechanisms on doors and outbuildings, adjusting camera angles and the installation of new cameras, incorporating incident and compliance reviews into multidisciplinary team meetings, adding telephones and access to telephones to report sexual abuse and sexual harassment, and formalizing opposite gender announcing procedure. 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 look for potential patterns</p> |

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.

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| 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>Documentation:</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> <p>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 stored in a folder that only PREA office staff have access to. She also said that the data contains no inmate identifying information.</p> <p>115.89 (b)</p> <p>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> <p>115.89 ©</p> <p>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> <p>115.89 (d)</p> |

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.

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| 115.401 | Frequency and scope of audits |
| | 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. Audit notices posted throughout the facility 2. Photos of audit notices posted through the facility 3. Agency website <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Director <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 organizations 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 three 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> |

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| 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. Agency Website <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator <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 | |
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| | 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 | |
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| | 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 | |
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| | 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 | |
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| | 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 |

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| 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 |

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| 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 |

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| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |

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| 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 |

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| 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.) | na |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | na |

| 115.15 (c) | Limits to cross-gender viewing and searches | |
|------------|---|-----|
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (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 | |
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|--|--|-----|
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? | yes |

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|--|--|-----|
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |

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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 |

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|-------------------|---|-----|
| 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 |

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|-------------------|--|-----|
| 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 |

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|-------------------|--|-----|
| 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 |

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|-------------------|--|-----|
| 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 |

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|-------------------|---|-----|
| 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.) | na |

| 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.) | yes |
| | 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.) | yes |

| 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.) | yes |

| 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.) | yes |

| 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.) | na |
| | 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.) | na |
| | 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.) | na |

| 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.) | na |
| | 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 |

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|-------------------|--|-----|
| 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 |

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|-------------------|---|-----|
| 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 |

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|-------------------|--|-----|
| 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 |

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|-------------------|--|-----|
| 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? (N/A if the facility is not a prison). | 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? (N/A if the facility is not a jail). | 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 |

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| 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 |

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|-------------------|---|----|
| 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 |

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| 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 |

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|-------------------|--|-----|
| 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 |

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|-------------------|---|-----|
| 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 |

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| 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 |

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

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|-------------------|---|-----|
| 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 |

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|-------------------|--|-----|
| 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 |

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| 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 |

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| 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 |

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|-------------------|--|-----|
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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

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| 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 |

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

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|-------------------|---|-----|
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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

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|--------------------|---|-----|
| 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 |

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| 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 |