

# PREA Facility Audit Report: Final

**Name of Facility:** Racine Youthful Offender Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 02/06/2020

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"/>
<b>Auditor Full Name as Signed:</b> Matthew Silsbury	<b>Date of Signature:</b> 02/06/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	Silsbury, Matthew
<b>Address:</b>	
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<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	06/19/2019
<b>End Date of On-Site Audit:</b>	06/20/2019

FACILITY INFORMATION	
<b>Facility name:</b>	Racine Youthful Offender Correctional Facility
<b>Facility physical address:</b>	1501 Albert Street, Racine, Wisconsin - 53404
<b>Facility Phone</b>	262-638-1999
<b>Facility mailing address:</b>	PO Box 2200, Racine, WI , Wisconsin - 53404-2200

Primary Contact	
<b>Name:</b>	Nirdip Dulai
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Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Je'Leslie Taylor
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<b>Telephone Number:</b>	262-638-2901

Facility PREA Compliance Manager	
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<b>Telephone Number:</b>	
<b>Name:</b>	Jyl Brunner
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<b>Facility Health Service Administrator On-site</b>	
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<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	500
<b>Current population of facility:</b>	455
<b>Average daily population for the past 12 months:</b>	
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	
<b>Facility security levels/inmate custody levels:</b>	Medium
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	185
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	Kevin Carr
<b>Email Address:</b>	Kevin.Carr@wisconsin.gov
<b>Telephone Number:</b>	(608) 240-5065

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

## AUDIT FINDINGS

### **Narrative:**

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

### Introduction

We have audited the Racine Youthful Offender Correctional Facility (RYOCF) in accordance with the National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA). This audit was conducted in accordance with a multi-state consortium agreement between the States of Michigan, Maryland, Pennsylvania, and Wisconsin (the consortium). The consortium agreement ensures that audits are conducted in a manner that is independent, objective, credible and equitable.

The on-site audit of Racine Youthful Offender Correctional Facility commenced on June 19, 2019 and concluded on June 20, 2019. RYOCF is located at 1501 Albert Street, Racine, Wisconsin 53404-0001. The facility began operations in 1998 and is operated by the Wisconsin Department of Corrections. RYOCF houses male inmates ages 18-24 years old and is the first adult facility in the state designated for a specific age group.

The audit was conducted by Matthew A. Silsbury who is a U.S. Department of Justice Certified PREA auditor for adult facilities. Accompanying Mr. Silsbury on the audit were Chris Lamentola, Yvonne Gorton, and John Morell who served in a support capacity during the conduct of the audit. All members of the audit team were employed by the Michigan Department of Corrections at the time of the audit. Pursuant to Standard 115.402, the auditor asserts that no conflict of interest exists regarding Racine Youthful Offender Correctional Facility or the Wisconsin Department of Corrections (WIDOC).

### Pre-Onsite Audit

The audit commenced with the delivery of the audit notices and instructions for posting the audit notices to the RYOCF PREA Coordinator on May 5, 2019. These notices were provided in both English and Spanish and included specific instructions for posting said notices. On May 7, 2019, the RYOCF PREA Coordinator provided photographs of the audit postings. The photographs depicted audit notices posted on colored paper in areas visible to staff, inmates, and the public.

An introductory conference call with the RYOCF PREA Compliance Manager, PREA Coordinator and other facility staff was held on May 22, 2019. Discussion included the delivery of the PAQ and relevant audit documentation. The use of the Online Audit System (OAS), facility access, on-site audit logistics, and the development of a tentative on-site itinerary was discussed. Also discussed was the timely delivery of information and documentation relevant to the audit and any corrective action plan.

The auditor's role throughout the audit process was discussed at length. Discussion regarding the audit process and on-site logistics, set expectations for both parties going forward. The facility was advised

that PREA audits are practice based audits and do not rely solely on policies, procedures, past audit results. Rather, the audit relies on a practice-based methodology to assess day-to-day practices used by facility staff. Furthermore, the facility was advised that the burden of demonstrating compliance lies solely with the facility. Expectations regarding privacy, relative to interviews of employees, inmates, and other individuals was also discussed

Facility staff were asked to provide employee rosters, inmate rosters, and targeted inmate lists on the first day of the audit. Records of all sexual abuse and sexual harassment allegations, background check and training documents for the past 12 months were also requested. All documentation was requested to be available on the date of the on-site audit.

## Research

On June 16, 2019, the auditor contacted Just Detention International pursuant to pg. 37 of the PREA Auditor Handbook regarding "Conducting Outreach to Advocacy Organizations." A response was received on June 17, 2019. As of June 17, 2019, Just Detention International had not received any PREA-related information regarding RYOCF.

An internet search of Racine Youthful Offender Correctional Facility was conducted. The purpose of this search was to discover possible news items, legal issues, or other relevant information related to facility conditions. The search noted nothing of significance related to the conditions at the facility.

The State of Wisconsin does have mandatory reporting laws for child abuse and/or neglect and school violence. Wisconsin Law 48.981(2) Abused or Neglected Children and Abused Unborn Children pertains to many occupations including first responders and policy or law enforcement officers.

Audit notices were provided on May 3, 2019. Notifications were posted on May 6, 2019, six weeks prior to the on-site audit. On May 7, 2019, the auditor received confirmation that the audit notices were posted as instructed. As of this report, the auditor did not receive any confidential correspondence from inmates or staff at Racine Youthful Offender Correctional Facility.

## On-Site

The on-site audit began Wednesday, June 19, 2019. Upon arrival, audit staff were cleared through security and escorted into the secure perimeter of the facility. A brief introductory meeting between the audit staff and facility staff was held in the warden's conference room. In attendance were all four audit staff and six RYOCF/WIDOC staff. Amongst those in attendance for RYOCF were the warden, PREA compliance manager, and facility security director. Those in attendance for the WIDOC were the agency PREA coordinator and WIDOC PREA office staff.

Discussion involved an overview of the activities to be performed while on-site. A tentative outline of audit activities was discussed. The rosters, lists, and other documentation requested prior to the on-site audit were delivered. Tour security escort assignments were determined. Mental health care staff were requested to be available should anyone (staff or inmate) become uncomfortable or upset during the interview process. Requirements regarding documentation requests, access to all areas of the facility, and privacy needs relative to the conduct of interviews were discussed. Facility staff advised that access to all areas of the facility would not be an issue, documentation requests would be filled as requested, and measures had been taken to ensure that space would be available to conduct interviews in relative

privacy.

Audit staff split into two groups for the escorted tour. The site review was guided by the PREA Compliance Audit Instrument – Instructions for PREA Audit Tour. Points of emphasis while conducting the tour were the posting of audit notices, contact information specific to PREA, staffing levels, camera and security mirror placement, opposite gender announcements, availability of phones, mailbox access, opposite gender viewing issues, and blind spots or hidden areas.

During the tour all areas of the facility were observed. The tour included the lobby area, administration, health care, religious services, support building, sally port, intake, strip search area, visiting room, and records office. All inmate housing units were inspected. Audit staff also toured the training and conference center, which is the only building located outside of the secure perimeter of the institution.

The facility has attempted to eliminate blind spots and hidden areas through the use of video monitoring equipment and/or staffing assignments. The construction of the facility itself minimizes blind spots, hidden areas, and visual obstructions. However, RYOCF reports that 76 cameras and 185 staff are strategically placed throughout the facility to efficiently and effectively manage the inmate population and increase the overall safety and security of the facility.

General population housing units are two-story free-standing structures, and identical in construction in all material ways. Each unit has 120 cells and a maximum capacity of 240 inmates. The first floor of each unit consists of classrooms, recreation room/dining room area, a shower area, inmate cells, staff control area, and an officer station. The second floor is configured similarly and consists of classrooms, offices, a shower area, and inmate cells. Each unit was noted to have several telephones available for use by the inmate population. Phone lines were tested and were observed to be in working order. Audit staff observed audit notices, hotline contact information, third party contact, and advocacy support services information posted in all units.

The restrictive housing unit is a two-story unit consisting of 57 total cells. Restrictive housing also consists of shower facilities and an outdoor recreation/yard area. Given the nature of the unit, inmate movement is strictly limited. Therefore, each cell is provided its own copy of agency/facility PREA materials.

Audit staff directly observed the intake and risk screening process. All inmates who transfer into the institution are strip searched in the intake area. This process was observed to be conducted by same gender staff in the intake building. The first part of the risk screening process is conducted by health services unit (HSU) staff in a private setting. The second part of the risk screening process was also confirmed. The second part of the process consists of a records review by unit supervisory staff. This review was observed to be an in-depth review of institutional behavior records and criminal history records.

During the tour, inmates were generally aware of the audit and its purpose via the audit notices. During interviews and informal conversations inmates were able to articulate knowledge and awareness of the PREA information posted throughout the institution. Many inmates were familiar with the agency's PREA hotline information. Likewise, most inmates remembered receiving PREA information within days of arrival at the facility.

Interviews

The following interview guides were utilized during the conduct of interviews:

- Interview Guide for Agency Head (or Designee)
- Interview Guide for Inmates
- Interview Guide for PREA Compliance Managers and PREA Coordinators
- Interview Guide for a Random Sample of Staff
- Interview Guide for Specialized Staff
- Interview Guide for Warden (or Designee)
- Interview Guide for Inmates
- Supplementary Questionnaire on Community Advocate Engagement

Staff and inmate interviews were conducted on June 19, 2019 through June 20, 2019. All employees, contract workers, administrators, and inmates selected for interviews were selected at random by the lead auditor. Offices located in areas that considered both the privacy necessary to conduct the interview and the safety and security needs of the institution were provided.

The total number of employees reported in the PAQ was 185. A total of 13 random employees were selected, by the auditor, from rosters provided by the facility. Selections were made at random with the intent to capture a representative sample of employees across all levels of employment and shifts at the facility. At least one employee was interviewed from each shift.

Twenty-three specialized interviews were conducted. This total includes interviews of SAFE/SANE personnel (x2) from a local hospital and a representative from the Sexual Assault Services (SAS) whose organization provides advocacy and emotional support services. Those individuals selected for specialized interviews were selected based on how their day-to-day job duties best fit the interview protocol. Interviews conducted included the following agency administrative staff: agency head designee, the agency PREA coordinator, and agency contract administrator. Facility staff interviewed on-site include the warden, PREA compliance manager, intermediate or higher-level staff(x2), volunteers, contractors, medical staff, mental health staff, human resources, investigative staff, staff who perform risk screening(x2), incident review team staff, retaliation monitoring staff, security and non-security staff who act as first responders, intake staff and staff who supervise inmates in segregated housing.

The auditor followed the PREA Auditor Handbook guidance regarding the number and composition of inmate interviews to be conducted. The facility population on the first day of the audit was 456. Pursuant to the PREA Auditor Handbook a total of 26 inmate interviews (13 random and 13 targeted) is required. A total of 40 interviews (23 random and 10 targeted) were completed during the audit. At the time of the onsite audit, the facility reported they had no inmates that fit following targeted categories: youthful, transgender, intersex, lesbian, or segregated for risk of sexual victimization. Neither auditor interviews or observations noted any inmates that fit these categories. Additional interviews in the random category were conducted to make up for the lack of specialized interviews.

A total of 10 targeted interviews were conducted. Multiple inmates from the disabled and limited English proficient; gay or bisexual; and inmates who reported sexual abuse categories were interviewed. Three inmates who were disabled or limited English proficient were interviewed. Three inmates who reported sexual abuse were interviewed. One inmate who disclosed sexual victimization during risk screening was interviewed. Three inmates who identified as gay or bisexual were interviewed. Again, all inmate interviews were selected by audit staff.

## File Review

Audit staff conducted a review of human resources, training, medical and mental health, intake/risk screening, inmate PREA education, and investigation records. All records were selected by the audit staff from the lists of employees and inmates provided by the facility. Human resources records were reviewed to ensure compliance with the background check and hiring and promotion standards. Training records were reviewed with respect to PREA employee training and specialized PREA investigator training.

Inmate records were reviewed to ensure intake risk screening was completed within 72 hours and to verify that re-assessment screening was completed within 30 days. The file review also included education receipts related to intake information and comprehensive information provided pursuant to Standard 115.33.

A list of all sexual abuse or sexual harassment investigations for the past 12 months was requested. Upon review it was noted that a total of eight investigations were opened during the twelve month audit period. However, only three were completed at the time of the audit. All three completed investigations were selected by the auditor for review. Each file was reviewed to see whether the investigation was done promptly, thoroughly, and objectively. The review included whether interviews were conducted with victims, perpetrators, and witnesses. Each report was viewed for a description of the investigative facts and findings, summaries of interviews, evidence collection, victim services, the completion of an incident review, documentation of retaliation monitoring, and notice of disposition to victim.

## Exit Meeting

The audit team concluded remaining onsite tasks on the evening of June 20, 2019. An exit meeting was held between audit staff and facility staff was held in the administration building conference room. In attendance were all four audit staff and RYOCF and WIDOC PREA office employees. Discussion included general observations and preliminary findings. The post-audit phase was described and facility employees were advised about what to expect next.

## 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.

Racine Youthful Offender Correctional Facility (RYOCF) was opened in May of 1998. RYOCF is a campus style facility consisting of six separate building structures. The facility footprint is rectangular shape, surrounded by 25-foot concrete wall topped with razor wire, and has a maximum operating capacity of 450 inmates. The facility consists of a large open recreation/yard area in the center of the facility bordered by the various buildings (i.e. housing units, administration) that make up the institution. RYOCF is a medium-security male prison, housing male inmates who are 18-24 years of age. The facility's last annual report indicates the inmate population is predominately (71.9%) comprised of black males between 18-24 years of age.

There are 76 cameras installed throughout the facility. A complete list of all facility cameras was obtained, reviewed, and retained for audit purposes. During the onsite audit, the facility video monitoring system was observed and camera coverage was reviewed by the audit team. The facility reported that video footage could be downloaded and retained for up to 30 days.

The facility is managed by a warden, deputy warden, security director, captains, lieutenants and sergeants. RYOCF consists of both security and non-security employees. Daily operations are managed by captains, lieutenants, and sergeants who oversee the line staff of officers. The facility has three shifts: first shift (0600-1400 hours), second shift (1400-2200 hours) and third shift (2200-0600 hours).

RYOCF provides inmates with a variety employment and programming options. Treatment programming options include: Substance Use Disorder (SUD), Thinking for Change, Domestic Violence Counseling, Carey Guides and Bits, Sex Offender Treatment, and Restrictive Housing. Educational programming includes: Adult Basic Education (HSED/GED), Special Education, Title I, Competency Based Education (CBE), and Career Technical Education (CTE).

## AUDIT FINDINGS

### Summary of Audit Findings:

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

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	45
<b>Number of standards not met:</b>	0

Number of Standards Exceeded: 0

Number of Standards Met: 45

Number of Standards Not Met: 0

Summary of Corrective Action (if any):

- 115.15(d) The facility shall add cuff-slot barriers in the upper South Memorial unit shower area in order to enable inmates to shower, perform bodily functions and change clothing without non-medical employees of the opposite gender viewing their breasts, buttocks or genitalia.
- 115.15(d) The facility shall implement policies and procedures in the restrictive status housing unit in order to enable inmates to shower, perform bodily functions and change clothing without non-medical employees of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks
- 115.15(d) Despite announcements being made there appears to be some inconsistency regarding the purpose of the announcement or "buzzer" and use of the announcement or "buzzer." RYOCF shall develop a plan to educate inmates as to the purpose of the announcement or "buzzer" and ensure consistency amongst the units when making the announcement or "buzzer."
- 115.86(b) The sample documentation does not reflect that the SAIR review was conducted within 30 days of the conclusion of the investigation. The facility shall provide documentation demonstrating that SAIR reviews are conducted within 30 days of conclusion of an investigation.
- 115.86(c) The facility did provide documentation that demonstrates the sexual abuse incident review team is comprised of upper level-management officials, with input from line supervisors, and investigators. However, there were no medical or mental health practitioners noted as part of the SAIR team. The facility shall provide documentation demonstrating that either medical or mental health practitioners are part of the SAIR review team.
- 115.86(e) the facility did not implement recommendations for improvement or document the reasons for

not implementing said recommendations. The facility shall implement recommendations for improvement or document the reasons for not implementing recommendations pursuant to provision 115.86(e). The facility shall demonstrate implementation of recommendations for improvement or document the reasons for not implementing said recommendations.

Corrective Action Verification:

- 115.15(d) Cuff-slot barriers were installed in the upper South Memorial unit shower area. Previously cross gender viewing was possible through the shower door cuff slot. The installation of these barriers will enable inmates to shower, perform bodily functions and change clothing without non-medical employees of the opposite gender viewing their breasts, buttocks or genitalia. Photo's of depicting the installation of these physical barriers were obtained, reviewed, and retained for audit purposes. Based on the above, the facility has demonstrated substantial compliance with provision 115.15(d).
- 115.15(d) The facility implemented physical barriers in the restrictive status housing unit in order to enable inmates to shower, perform bodily functions and change clothing without non-medical employees of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. The installation of dark colored window film on the windows facing the inner corridor of the unit allow inmates in these cells to change clothing and perform bodily functions without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Photo's of depicting the installation of these physical barriers were obtained, reviewed, and retained for audit purposes. Based on the above, the facility has demonstrated substantial compliance with provision 115.15(d).
- 115.15(d) The facility revised institutional policy 900.416.01(I) which states, "G. Announcement Frequency 1. Cross gender announcements are to be made at the beginning of every shift if cross gender staff are present on the unit. 2.T If cross gender staff are on the unit for the duration of an entire shift, one announcement at the beginning of the shift is sufficient to notify inmates of their presence on the unit. 3. If cross gender staff move off the unit and no other cross gender staff remain on the unit during that time, the Unit Sergeant/Officer will make a new announcement upon a cross gender staff entering the unit." This change is necessary to clarify the purpose of the announcement or "buzzer" and use of the announcement or "buzzer." This policy change was also incorporated into the inmate intake orientation process. A copy of this policy revision was obtained, reviewed, and retained for audit purposes. Based on the above, the facility has demonstrated substantial compliance with provision 115.15(d).
- 115.86(b) The sample documentation does reflect that SAIR reviews are conducted within 30 days of the conclusion of the investigation. The facility submitted several Sexual Abuse Incident Review (SAIR) – PREA forms. These forms clearly demonstrate that sexual assault incident reviews are completed in a timely manner and well within the 30-day timeline stated in the standard. This was determined by comparing the date the investigation was completed with the date of the SAIR review. Based on the above, the facility has demonstrated substantial compliance 115.86(b).
- 115.86(c) Additional SAIR documentation was provided by the facility. A review of the documentation noted that the sexual abuse incident review team consists of upper level-management officials, with input from line supervisors, and investigators. A review of the SAIR documentation noted that supervisory, upper level management, investigatory, health care and mental health care staff did participate in SAIR team reviews. The documentation clearly demonstrates that medical and mental health practitioners are

part of the SAIR team. Based on the above, the facility has demonstrated substantial compliance with provision 115.86(c).

• 115.86(e) The facility did implement recommendations for improvement or document the reasons for not implementing said recommendations. A review of the SAIR documentation noted recommendations for more timely responses to other institutions for re-screening, the implementation of a process to ensure the Victim Services Coordinator is notified in a timelier manner, and improvements to consistency in the SAIR process. To implement these changes monthly PREA meetings are held on the first Friday of every month. At a minimum, these meetings include the personnel necessary to complete the SAIR. The documentation provided reflects this practice. The PREA Compliance Manager personally monitors all PREA reports to ensure the Victim Services Coordinator is notified in a timely fashion and ensure re-screening is completed. There were no documented reasons for not implementing recommendations pursuant to provision 115.86(e); therefore, documented reasons for not implementing these changes is not required. Based on the above, the facility has demonstrated substantial compliance with provision 115.86(e).

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

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

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• PREA Director Position Description</li> <li>• Organization Chart</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Interview with PREA Coordinator</li> <li>• Interview with PREA Compliance Manager</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• Site Review Observations</li> </ul> <p>Findings:</p> <p>115.11(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section V states, “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.” This policy guides facility practice regarding zero tolerance of sexual abuse and sexual harassment; PREA Coordinator.</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section III provides the definitions for sexual abuse, sexual harassment, and voyeurism. The definitions contain the same verbiage as the adult Prisons and Jails standards with the exception that the standards speak to “staff” whereas agency directive refers to the “employee.” Likewise, the standards speak to “inmate, detainee, or resident” whereas the agency directive refers to the “offender.”</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.A.1-4. covers administrative sanctions for employees, including volunteers and contractors, who engage in behaviors prohibited by the directive. Section XIX.B.1-7 covers sanctions for inmates who engage in behaviors prohibited by the directive.</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) is a comprehensive document that directs agency practice. The directive is a 19 page document that covers definitions, policy, personnel, contracts, facility design, supervision and monitoring,</p>	

searches, training and education, offender education, risk assessments, placement of inmates, reporting strategies, initial response and care, investigations, retaliation, administrative sanctions, sexual abuse incident reviews, data collection and monitoring, and audits. The directive outlines agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates within its facilities.

100% of random staff reported having received training in the agency's zero tolerance policy. Many staff reported that training regarding the agency's zero tolerance policy occurs at new employee training academy and is provided annually at the facility.

The agency does have a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. Additionally, Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) does outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Staff interviewed were aware and knowledgeable in the agency directive. Based on the above, the facility has demonstrated compliance with provision 115.11(a).

#### 115.11(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VI.C. states, "The DOC shall employ or designate a PREA Director to oversee department efforts to comply with PREA standards. This position shall have sufficient time and authority to develop, implement and oversee DOC's efforts to comply with PREA standards in all of its facilities [§115.11(b), §115.311(b)]." This policy guides facility practice regarding zero tolerance of sexual abuse and sexual harassment; PREA Coordinator.

Leigha Weber (Director Weber) is the agency's PREA Director and serves as the agency's upper-level agency-wide PREA Coordinator. The organization chart submitted with the PAQ indicates that Director Weber is two layers removed from the agency head and reports directly to the number two position in the agency. Therefore, Director Weber does have the authority and impact necessary to carry out the duties of a PREA Coordinator as required by provision 115.11(b). A review of the PREA Director Position Description submitted with the PAQ supports the above.

Director Weber reported having sufficient time and authority to manage all PREA related responsibilities. Also noted was a growing support team that includes investigators, a research analyst, and a policy analyst to assist with PREA related responsibilities. Director Weber reported a total of 36 PREA compliance managers within the WIDOC. Regular contact with the facility compliance managers is maintained through email, telephone, training and during facility visits. Interactions between Director Weber and the facility compliance manager lead the auditor to believe that Director Weber does communicate regularly with facility PREA managers.

Based on the above, the agency does have an upper-level, agency-wide PREA coordinator. Furthermore, Director Weber does have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the federal PREA standards. Based on the above,

the facility has demonstrated substantial compliance with provision 115.11(b).

#### 115.11(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VI.D. states, "The appointing authority or designee at each facility shall assign one employee as the facility-based PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards as set forth by DOC [§115.11(c), §115.311(c)]." This policy guides facility practice regarding zero tolerance of sexual abuse and sexual harassment; PREA Coordinator.

RYOCF has an appointed a captain as the PREA Compliance Manager (PCM). The PCM reports directly to the facility security director and has direct access to the facility head (i.e. warden). Based on the command hierarchy, the PCM's position does have sufficient time and authority to coordinate facility compliance efforts. On-site observations suggest that the PCM does have direct access to facility administration.

The PCM reported having time to manage all PREA related responsibilities. However, there is some concern regarding information sharing. The PCM did indicate that information regarding investigations is sometimes hard to obtain; therefore, it is sometimes hard to gauge the progress of investigations. This is attributed to a new facility administration. Given the complexity of PREA standards this is understandable. However, it was reported that the PCM does have direct access to the warden and was advised that the warden is open to enhancing compliance efforts. Additionally, the facility has established a PREA task force that meets quarterly. This task force has developed training implements such as PREA flash cards, PREA Jeopardy, monthly training day, and the implementation of Executive Directive 72 into new employee orientation.

The facility does have a designated PREA compliance manager. Furthermore, it does appear that the PCM has sufficient time and authority to coordinate facility compliance efforts. However, there is some concern that the PCM does not either receive information, regarding investigations, in a timely manner or at all. This concern will be addressed in the recommendations section of this report. Based on the above, the facility has demonstrated substantial compliance with provision 115.11(c).

#### Recommendations:

- Given the recent change in administrative personnel it is recommended that the agency PREA Director, facility administration, and facility PREA compliance manger hold a meeting to discuss information sharing. Information sharing as it specifically relates to PREA investigations should be the primary topic. The goal of such a meeting should be to create a more streamlined process for providing information regarding the progress of PREA investigations.

#### Corrective Action:

• None

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Fond Du Lac County Contract</li> <li>• Juneau County Contract</li> <li>• Vilas County Contract</li> <li>• Vernon County Contract</li> <li>• Sauk County Contract</li> <li>• Racine County Contract</li> <li>• Oneida County Contract</li> <li>• Milwaukee House of Corrections Contract</li> <li>• Ozaukee County Contract</li> <li>• Jefferson County Contract</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Interview with PREA Director who serves as the agency contract administrator for PREA purposes</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.12(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VII states, in part “All new or renewed contracts for the confinement of the DOC offenders not within a DOC-operated facility shall include a provision regarding the contractor’s obligation to adopt and comply with PREA standards.” This policy guides agency practice regarding Contracting with other entities for the confinement of inmates.</p> <p>The PAQ indicates that the Wisconsin Department of Corrections has a total of ten contracts for the confinement of inmates that the agency entered into or renewed on or after August 20, 2012, or since the last PREA audit. Contract documents were obtained, reviewed, and retained for audit purposes. Upon review it was noted that PREA compliance is explicitly stated in all ten contracts. Contract language addresses compliance with the Federal Prison Rape Elimination Act of 2003 and any subsequent standards imposed by the United States Attorney General. Additionally, if a contracted facility is not in compliance the facility shall take all feasible and necessary steps to work toward full compliance, shall continue to endeavor until</p>

full compliance is achieved, and shall continue to maintain full compliance.

The WIDOC does contract for the confinement of its inmates. A review of the documentation noted the obligation of the contractor to comply with PREA standards is clearly stated in contract language and supports compliance with provision 115.12(a). Based on the above, the facility has demonstrated substantial compliance with provision 115.12(a).

115.12(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VII states, in part “In addition, any new contract or contract renewal shall provide for contract monitoring to ensure that the contractor is complying with PREA standards [§115.102, §115.312].” This policy guides agency practice regarding contracting with other entities for the confinement of inmates.

The PAQ indicates that the Wisconsin Department of Corrections has a total of ten contracts for the confinement of inmates that the agency entered into or renewed on or after August 20, 2012, or since the last PREA audit. Contract documents were obtained, reviewed, and retained for audit purposes. Upon review it was noted a provision for contract monitoring is stated in all ten contracts. General provisions in the contract language include during the years in which the contracted facility is not audited by a US DOJ PREA auditor, the WIDOC shall conduct an annual compliance review to ensure that the contracted facility is compliant with PREA standards. Per the contract, a compliance review may include, but is not limited to, a facility tour, staff and inmate interviews, and examination of agency policies, procedures, staff records, inmate records, training records, retaliation allegations, and incident records related to sexual abuse or sexual harassment allegations.

The PREA director demonstrated a high level of knowledge in contract requirements, specifically, related to the contractor’s obligation to adopt and comply with PREA standards. Likewise, the PREA Director was also knowledgeable in contract requirements regarding monitoring to ensure the contractor is complying with the PREA standards. The PREA director demonstrated that this process is institutionalized at the agency level.

The WIDOC does contract for the confinement of its inmates. A review of the documentation noted that the obligation of the contractor to comply with the PREA standards is clearly stated in contract language. Based on the above, the facility has demonstrated substantial compliance with provision 115.12(a).

Recommendations:

- None

Corrective Action:

- None



<b>115.13</b>	<b>Supervision and monitoring</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• RYOCF Staffing Plan, April 2018</li> <li>• RYOCF Job Assignment Report</li> <li>• Unannounced Rounds Logbook Signatures</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Warden</li> <li>• PREA Compliance Manager</li> <li>• Intermediate or Higher-Level Staff</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.13(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section IX.A. states, “ 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. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall consider [§115.13(a), §115.313(a)]: 1. Generally accepted correctional practices; 2. Any judicial, federal investigative and internal/external oversight agency findings of inadequacy; 3. The facility's physical plant including blind-spots or areas where employees or offenders may be isolated; 4. The composition of the offender population; 5. The number and placement of security staff; 6. Institution programs occurring on a particular shift; 7. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 8. Applicable State or local laws, regulations, standards and other relevant factors.” It should be noted that regarding 115.13(a)(1) neither the WIDOC nor the RYOCF are accredited by any external accreditation entity. This policy guides agency practice regarding supervision and monitoring.</p> <p>The RYOCF Staffing Plan, April 2018 was submitted with the PAQ. Therefore, RYOCF does have a formalized written staffing plan. A review of the RYOCF Staffing Plan, April 2018 was conducted for audit purposes. A review noted that the plan covers multiple topics including the</p>	

eleven enumerated requirements indicated in provision 115.13(a). Per the PAQ, the RYOCF staffing plan is predicated on an average daily population of 460 inmates. The staffing plan also includes discussion regarding inmate population demographics, physical plant, supervisory staff, staffing levels/supervision programming, prevalence of sexual abuse incidents, rounds, transportation, volunteer/contractor supervision, overtime, and any findings of inadequacy.

Interviews with the warden and PREA compliance manager indicate that RYOCF does have a formalized written staffing plan. A review of the RYOCF Staffing Plan, dated April 2018 was conducted for audit purposes. The plan covers multiple topics including the eleven enumerated requirements indicated in provision 115.13(a). Per the PAQ, the RYOCF staffing plan is predicated on an average daily population of 460 inmates. The facility staffing plan also includes discussion relative to inmate population demographics, physical plant, supervisory staff, staffing levels/supervision programming, prevalence of sexual abuse incidents, rounds, transportation, volunteer/contractor supervision, overtime, and any findings of inadequacy.

It was reported, that the facility staffing plan does consider all eleven of the enumerated factors required by provision 115.13(a). The plan was reportedly crafted to consider any judicial findings of inadequacy, findings of inadequacy from internal or external oversight bodies, and findings of inadequacy from federal investigative agencies. However, it was noted that there were no such findings. Staffing levels are addressed in the facility staffing plan and addressed every Tuesday for the following week to ensure minimal staffing requirements are met. A review of the staffing plan confirms this statement and indicates that staffing requirements are set forth by the Wisconsin State biennial budget process. Video monitoring technology is also considered in conjunction with staff placement to mitigate blind spots. It was reported that prior assaults, blind spots, and basic knowledge of the facility are considered when determining placement of mirrors or cameras. A future camera upgrade was noted as being possible but ultimately subject to funding.

Composition of the inmate population including risk assessment scores, gang affiliation, and racial demographics are considered in the staffing plan. It was reported that due to the age demographic at RYOCF, the facility has more cameras than an ordinary medium security facility. The number of staff allocated to the facility is determined at the agency level. However, when issues are discovered the facility has the ability to allocate available staff to a particular area of the facility. Again, based on the need (i.e. evening programming) the facility can manipulate staff placement to address areas of increased activity. Additionally, the facility could use overtime or position closures to mitigate staff shortages or increase staffing during times of increased activity in an area of the facility. These measures could also be deployed to address a prevalence of substantiated and unsubstantiated incidents of sexual abuse in an area. Nothing unusual regarding applicable state or local laws, regulations, standards or other relevant factors was reported. Other relevant factors that may be considered would be weather and holidays that can require additional staff to ensure adequate security. A review of the staffing plan confirmed the above considerations.

Through document analysis, interviews, and onsite observations, the RYOCF staffing plan demonstrates compliance regarding each element of 115.13(a). Based on the above, RYOCF has demonstrated substantial compliance with provision 115.13(a).

#### 115.13(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section IX.A. states, “In circumstances where the staffing plan is not complied with, the facility shall document in written form and justify all deviations from the plan [§115.13(b), §115.313(b)]” This policy guides facility practice with regard to supervision and monitoring.

Per the PAQ, the facility reported no deviations from the staffing plan in the past 12 months. The RYOCF Staffing Plan, April 2018 outlines the minimum requirements for facility staffing levels. However, the facility RYOCF Job Assignment Report does note deviations from the staffing plan and serves as the platform for documenting these deviations. The RYOCF Job Assignment Report identifies positions, the staffing requirements for those positions, and reconciles staffing deployment in accordance with the facility staffing plan. Any deviations from the staffing plan are documented on the RYOCF Job Assignment Report with an explanation for the deviation. A random sample of RYOCF Job Assignment Report’s from March 2019 through June 2019 was selected by the auditor. Upon review the most common deviations were noted as overtime, sick calls, training, assignment coverage, relief coverage, and medical transportation coverage.

Interviews noted that deviations from the staffing plan are documented on the RYOCF Job Assignment Report. The most frequent deviations reported were overtime, sick calls, and emergency transportation. The information conveyed during the interview correlates with the documentation obtained by the auditor.

On-site observations noted that staff deployment in accordance with the facility staffing plan. Positions subject to deviation were observed as having been addressed through overtime. It was also noted that staff are deployed in a manner consistent with the RYOCF Job Assignment Report.

Through document analysis, interviews, and onsite observations, RYOCF does document and justify all deviations from the facility staffing plan. Based on the above, the facility has demonstrated substantial compliance with provision 115.13(b).

#### 115.13(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section IX.C. states, “Whenever necessary, but not less frequently than once each year each facility, in consultation with the PREA Coordinator, shall assess, determine and document whether adjustments are needed to [§115.13(c), §115.313(d)]: 1. The facility's staffing plan; 2. The facility's deployment of video monitoring systems and other monitoring technologies; and 3. The resources the facility has available to ensure adherence to the staffing plan.” This policy guides facility practice regarding supervision and monitoring.

The agency PREA Director reported that a new process for conducting annual staffing plan

reviews was implemented during the 2018 spring conference. This workshop included all facility PREA compliance managers. The process allows for discussion between facility staff and the agency PREA coordinator regarding the facility staffing plan. During this meeting facility PREA compliance managers and facility administration, in consultation with the PREA director, agreed upon and signed the review documents.

A review of the staffing plan review documentation verified the information provided by the PREA director. The facility does have a written staffing plan. A yearly review of the staffing plan was conducted on April 3, 2018. The document itself has signature lines for both the facility PREA compliance manager and agency PREA director. A caption above the signature line states, "By signing (or typing my name below), I acknowledge that this staffing plan was reviewed and modified, as needed and in consultation with the PREA Director, in accordance with the Prison Rape Elimination Act fine rule (28 C.F.R. Part 115.13). A review of this form noted that the review included the changes to the staffing plan, deployment of monitoring technology, and/or the allocation of facility/agency resources to ensure compliance with the staffing plan.

Through document analysis, interviews, and onsite observations, RYOCF does complete and document a staffing plan review. The agency does have a process in place for conducting a staffing plan review which is guided by policy. Interviews indicate that a staffing plan review is conducted annually. Furthermore, the documentation supports that the facility does consider the deployment of video monitoring systems and resources available to commit to ensure adherence to the staffing plan as part of the review process. The documentation indicates this is completed on an annual basis and is signed by both the PREA director and the PREA compliance manager. Based on the above, RYOCF has demonstrated substantial compliance with provision 115.13(c).

#### 115.13(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section IX.C. states, "Supervisory staff shall conduct and document unannounced rounds, covering all shifts to identify and deter employee sexual abuse and sexual harassment. The DOC employees are prohibited from alerting other employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility [§115.13(d), §115.313(e)]." This policy guides facility practice regarding supervision and monitoring.

Two intermediate or higher-level staff were randomly selected by the auditor for interviews. Interviews indicate that unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted. Staff reported that rounds are varied to prevent predictability and documented in assignment logbooks. Staff who are caught alerting other staff are verbally counseled and told to stop the behavior. During the on-site tour logbooks were reviewed to verify that supervisory rounds are being conducted in accordance with policy. A review of these logbooks noted that unannounced rounds are being conducted on all shifts in accordance with agency policy.

Through document analysis, interviews, and on-site observations, RYOFC does conduct and document unannounced rounds. The agency does have a policy in place that requires the rounds be unannounced and documented. Based on the above, the facility has demonstrated substantial compliance with provision 115.13(d).

Recommendations:

- None.

Corrective Action:

- None

<b>115.14</b>	<b>Youthful inmates</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions Administrator Letter</li> <li>• Division of Adult Institutions, Policy and Procedures 302.00.20</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• On-Site Observations</li> </ul> <p>Findings:</p> <p>115.14</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section IX.C. states, “Youthful inmates shall not be placed in a housing unit in which they have sight, sound or physical contact with any adult offender through use of a shared dayroom or other common space, shower area or sleeping quarters. In areas outside of housing units, DOC shall either: maintain sight and sound separation between youthful inmates and adult offenders or provide direct staff supervision when youthful inmates and adult offenders have sight, sound or physical contact. Adult facilities shall make best efforts to avoid isolating youthful inmates to comply with this provision. Absent exigent circumstances, adult facilities shall not deny youthful inmates daily large muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. Such exigent circumstances leading to the denial of large-muscle exercise, legally required education services and/or other programming shall be documented [§115.14].”</p> <p>The Division of Adult Institutions Administrator Letter submitted with the PAQ states, “The Wisconsin Department of Corrections (DOC) Division of Adult Institutions (DAI) has taken measures to achieve compliance with the Prison Rape Elimination Act (PREA), Youthful Inmate federal standard 115.14. Specifically, DAI has moved all youthful inmates out of the adult institutions and they now are housed within Division of Juvenile Corrections (DJC) facilities. All of the youthful inmates who were previously housed at Prairie du Chien Correctional Institution, Columbia Correctional Institution, Milwaukee Secure Detention Facility, Dodge Correctional Institution, and Racine Youthful Offender Correctional Facility were moved</p>	

to the DJC facility. Additionally, no youthful inmates will be housed at any of the above stated facilities, or at any DAI facilities, from this point forward. Please note that new male inmates coming into the DOC are processed at Dodge Correctional Institution, for approximately two hours prior to transfer to DJC. Please accept this correspondence as verification of DOC compliance with PREA standard 115.14 for the above stated facilities.”

Division of Adult Institutions, Policy and Procedures 302.00.20 I.A-B states, “Adjudicated juveniles who are less than 18 years of age shall not be admitted to a DAI facility or the WRC. Juveniles sentenced as adults shall be admitted to LHS or CLS and transferred to a DAI facility at age 18.” Collectively, these policies guide facility practice regarding supervision and monitoring.

RYOCF does not house youthful inmates. Pre-audit and onsite discussions confirmed that inmates under the age of 18 were not housed at RYOCF. On-site observations did not indicate the presence inmates under the age of 18. Standard 115.14 does not apply insofar as RYOCF does not house youthful inmates under the age of 18. Based on the above, the facility has demonstrated substantial compliance with provision 115.14.

Recommendations:

- None

Corrective Action:

- None

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions, Policy and Procedures 306.17.02</li> <li>• Division of Adult Institutions, Policy and Procedures 500.70.27</li> <li>• Division of Adult Institutions Administrator Letter</li> <li>• Correctional Officer Pre-Service, Introduction to Body Searches</li> <li>• Staff Training Records</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Random Staff Interviews</li> <li>• Random Inmate Interviews</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• Housing Units</li> </ul> <p>Findings:</p> <p>115.15(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section X.B. states, “Facilities shall not permit cross-gender strip or body cavity searches except in exigent circumstances or when performed by medical practitioners [§115.15(a), §115.315(a)].” Division of Adult Institutions, Policy and Procedures 306.17.02 section D states, “All body cavity searches and certain body content searches must be conducted by off-site health professionals.” Collectively, these policies guide facility practice regarding limits to cross-gender viewing and searches.</p> <p>Policy prohibits cross-gender strip and cross gender body cavity searches except in exigent circumstances. The PAQ indicated zero cross-gender strip or cross-gender visual cavity searches of inmates were performed in the past 12 months. Similarly, the PAQ reported zero 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. Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by non-medical or medical staff in the past 12 months. Furthermore, none of the inmates interviewed reported being subjected to cross-gender viewing by female staff during a strip search. Thus, interviews of non-medical staff involved in cross-gender strip or visual body cavity searches were not conducted.</p>

Based on the above, the facility has demonstrated substantial compliance with provision 115.15(a).

115.15(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section X.A. states, " Except in exigent circumstances, adult facilities shall not permit cross-gender pat-down searches of female offenders nor shall Juvenile facilities permit cross-gender pat-down searches of either gender [§115.15(b), §115.315(b)]." Division of Adult Institutions, Policy and Procedures 306.17.02 section II.B. states, "Cross gender personal searches of female inmates by male staff is prohibited, except in exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision." Collectively, these policies guide facility practice regarding limits to cross-gender viewing and searches.

Discussion with staff, inmates, and on-site observations indicate that RYOCF is a male only facility. Therefore, provision 115.15(b) does not apply insofar as RYOCF does not house female inmates. Based on the above, the facility has demonstrated substantial compliance with provision 115.15(b).

115.15(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section X.C. states, "All cross-gender strip and body cavity searches, in addition to cross-gender pat-down searches of females, shall be documented [§115.15(c), §115.315(c)]." Division of Adult Institutions, Policy and Procedures 306.17.02 section I.E.2. states, "Documentation of exigent circumstances where cross-gender pat-down searches of female inmates by male staff are conducted shall be maintained." Collectively, these policies guide facility practice regarding limits to cross-gender viewing and searches.

Discussion with staff, inmates, and on-site observations indicate that RYOCF is a male only facility. Therefore, provision 115.15(c) does not apply insofar as RYOCF does not house female inmates. Based on the above, the facility has demonstrated substantial compliance with provision 115.15(c).

115.15(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section IX.E. states, "In order to enable offenders to shower, perform bodily functions and change clothing without non-medical employees of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell

checks, employees of the opposite gender shall announce their presence when entering an offender housing unit. If opposite gender status quo changes during that shift then another announcement is required. Facilities shall not restrict access to regularly available programming or other out-of-cell or housing unit opportunities in order to comply with this provision [§115.15(d), §115.315(d)].” This policy guides facility practice regarding limits to cross-gender viewing and searches.

During the tour it was noted that the facility had implemented procedures that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. All cells located in the Lake and Memorial units were noted to have a toilet and a solid door with a window. Upon reviewing the cell configuration, any cross-gender viewing, would be incidental to routine rounds. The facility also provided cuff slot barriers in the shower areas to afford inmates adequate privacy while showering. These barriers were noted as being in-place in every unit except upper South Memorial Unit.

However, the restrictive status housing unit was noted as an area of concern. Restrictive status housing cells have a toilet inside the cell and the entire wall facing the inner corridor of the unit is essentially a window. Consequently, these cells are configured in such a way that it does not enable the inmate to change clothing or perform bodily functions without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia.

Video monitoring equipment was noted throughout the institution, including placement within offender housing areas. Upon reviewing any questionable viewing angles, it was determined that none of the camera placements were a cross gender viewing concern.

100% of inmates reported that while being housed in Lake and Memorial units, they were not able to be viewed by female staff when using the toilet, showering, or changing clothes. All inmates held in the restricted movement unit reported no privacy when using the toilet and changing clothes in the cell. Furthermore, two inmates reported recently being released from the restrictive status housing unit and confirmed that using the toilet and changing clothes was a concern in the restricted movement unit.

70% of inmates reported that opposite gender staff announce their presence when entering a housing unit. This practice was observed by the audit team during the on-site tour. The facility uses a distinct audible “buzzer” as a substitute for a verbal announcement. Many inmates were able to articulate that the “buzzer” was used to notify inmates that opposite gender staff were in the unit. Some inmates reported that some opposite gender staff will also verbally announce their presence. 100% of random staff interviews noted that opposite gender staff verbally announce or use the “buzzer” prior to entering housing units. Announcements are being made; however, a few inmates were unaware of the purpose of the “buzzer.” A few inmates also reported some inconsistency in the announcements or “buzzer” between units.

RYOCF does have policies in place that require staff of the opposite gender staff to announce or use the “buzzer” prior to entering the unit. The facility has also implemented procedures (i.e. visual barriers, camera placement) to ensure inmates have adequate privacy when changing clothes, showering, or using the toilet. Inmate interviews verified the above and did not indicate a concern regarding cross gender viewing in the general population units. However, the addition of cuff-slot barriers in the upper South Memorial unit shower area will

be part of the corrective action plan. Additionally, adequate privacy for inmates being held in the restrictive status housing unit will also be incorporated into the corrective action plan. Despite announcements being made there appears to be some inconsistency regarding the purpose of the announcement or “buzzer” and use of the announcement or “buzzer.” RYOCF shall educate inmates as to the purpose of the announcement or “buzzer” and ensure consistency amongst the units when making the announcement or “buzzer.” Based on the above, the facility has not demonstrated substantial compliance with provision 115.15(d).

#### 115.15(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section X.D. states, “Facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, 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 [§115.15(e), §115.315(e)]. Division of Adult Institutions, Policy and Procedures 500.70.27 section II.D. states, “Staff shall not physically examine or search a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If unknown, an inmate’s genital status may be determined through the following methods 1. Conversation with the inmate. 2. Review of medical records. 3. As part of a broader medical examination conducted in private by an ACP.” Division of Adult Institutions, Policy and Procedures 500.70.27 section III.F. states, “Strip searches shall be conducted consistent with training and DAI Policy 306.17.025.” Collectively, these policies guide facility practice regarding limits to cross-gender viewing and searches.

The PAQ reported zero searches of transgender or intersex inmates for the sole purpose of determining the offender’s genital status occurred in the past 12 months.

100% of random staff interviewed reported that the facility prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining genital status. The facility was unable to identify any transgender or intersex inmates during the on-site audit. Additionally, the audit team was unable to identify through inmate interviews or a review of risk assessment documentation any transgender or intersex inmates currently housed at the facility. Therefore, the audit team did not conduct interviews of transgender or intersex inmates during the on-site audit.

Both the agency and RYOCF have policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining genital status. Staff interviews indicate that searches for the sole purpose of determining genital status were prohibited. Based on the above, the facility has demonstrated compliance with provision 115.15(e).

#### 115.15(f)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves

as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.3 states, "All security staff shall be trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders to ensure professionalism and to utilize the least intrusive manner possible consistent with security needs [§115.15(f), §115.315(f)]." This policy guides facility practice regarding limits to cross-gender viewing and searches.

The agency submitted Correctional Officer Pre-Service, Introduction to Body Searches training as the primary curriculum regarding cross gender, transgender, and intersex search procedures. Correctional Officer Pre-Service, Introduction to Body Searches is a 3-hour, lecture based, curriculum that primarily covers the agency's offender search protocol. Training covers many topics including definitions associated with transgender and intersex populations, pat down search procedures, and strip search procedures. Definitions were found to be consistent with the standards. The training module indicates that searches of transgender and intersex inmates are restricted to medical staff, female staff, and allow for inmate preference. Search procedures were found to be consistent with the requirements of the standards.

The Pre-Audit Questionnaire indicates that 100% of RYOFC staff have been trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional, respectful, and in the least intrusive manner possible. 100% of random staff reported that they had received training regarding cross gender, transgender, and intersex search procedures. 100% of random staff reported having completed this training in the last 24 months. A review of training records confirms that training has been provided.

The agency does have policy in place regarding the conduct of cross-gender, transgender, and intersex inmate searches. Training is comprehensive in the processes, techniques, and conduct of searches. Search protocol is tailored to the specific gender of the inmate and includes a provision to allow transgender or intersex inmates to be searched by the gender of their preference. Based on the above, the facility has demonstrated substantial compliance with provision 115.15(f).

Recommendations:

- None

Corrective Action:

- 115.15(d) The facility shall add cuff-slot barriers in the upper South Memorial unit shower area in order to enable inmates to shower, perform bodily functions and change clothing without non-medical employees of the opposite gender viewing their breasts, buttocks or genitalia.
- 115.15(d) The facility shall implement policies and procedures in the restrictive status housing unit in order to enable inmates to shower, perform bodily functions and change clothing without non-medical employees of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

- 115.15(d) Despite announcements being made there appears to be some inconsistency regarding the purpose of the announcement or “buzzer” and use of the announcement or “buzzer.” RYOFC shall develop a plan to educate inmates as to the purpose of the announcement or “buzzer” and ensure consistency among the units when making the announcement or “buzzer.”

Corrective Action Verification:

- 115.15(d) Cuff-slot barriers were installed in the upper South Memorial unit shower area. Previously cross gender viewing was possible through the shower door cuff slot. The installation of these barriers will enable inmates to shower, perform bodily functions and change clothing without non-medical employees of the opposite gender viewing their breasts, buttocks or genitalia. Photo's of depicting the installation of these physical barriers were obtained, reviewed, and retained for audit purposes. Based on the above, the facility has demonstrated substantial compliance with provision 115.15(d).
- 115.15(d) The facility implemented physical barriers in the restrictive status housing unit in order to enable inmates to shower, perform bodily functions and change clothing without non-medical employees of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. The installation of dark colored window film on the windows facing the inner corridor of the unit allow inmates in these cells to change clothing and perform bodily functions without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Photo's of depicting the installation of these physical barriers were obtained, reviewed, and retained for audit purposes. Based on the above, the facility has demonstrated substantial compliance with provision 115.15(d).
- 115.15(d) The facility revised institutional policy 900.416.01(I) which states, "G. Announcement Frequency 1. Cross gender announcements are to be made at the beginning of every shift if cross gender staff are present on the unit. 2. If cross gender staff are on the unit for the duration of an entire shift, one announcement at the beginning of the shift is sufficient to notify inmates of their presence on the unit. 3. If cross gender staff move off the unit and no other cross gender staff remain on the unit during that time, the Unit Sergeant/Officer will make a new announcement upon a cross gender staff entering the unit." This change is necessary to clarify the purpose of the announcement or “buzzer” and use of the announcement or “buzzer.” This policy change was also incorporated into the inmate intake orientation process. A copy of this policy revision was obtained, reviewed, and retained for audit purposes. Based on the above, the facility has demonstrated substantial compliance with provision 115.15(d).

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 71: Language Assistance Policy and Implementation for Addressing Needs of Offenders with Limited English Proficiency</li> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions, Policy and Procedures 300.00.35</li> <li>• Division of Adult Institutions, Policy and Procedures 300.00.61</li> <li>• Sign Language Services Contract Documentation</li> <li>• Interpretation Services Contract Documentation</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Disabled and Limited English Proficient Inmate Interviews</li> <li>• Agency Head Designee</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• PREA Signage in Spanish</li> <li>• Prisoner Orientation</li> <li>• Interpreter Services Purchase Order</li> </ul> <p>Findings:</p> <p>115.16(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.B.4 states, “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. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities [§115.16(a, b), §115.316(a, b), §115.33(d), §115.333(d)].” Division of Adult Institutions, Policy and Procedures 300.00.35 section II.C. states, “Facilities shall attempt to modify their practices or facility procedures to make its services, programs, and activities accessible to individuals with disabilities. 1. Modifications may not fundamentally alter the nature of the service, program or activity or create an undue administrative or financial burden or a significant risk to the safety and/or security of the facility, staff, or inmates. 2. Facilities shall seek alternative means of achieving accessibility for qualified individuals with disabilities if a requested modification is not</p>

feasible.” Collectively, these policies guide facility practice regarding inmates with disabilities and inmates who are limited English proficient.

The agency makes available video remote sign language services through the following entities: Bromberg & Associates; Geneva Worldwide Inc.-New York; Interpreters Unlimited, Inc.; and Language Services Associates, Inc. The agency also provides in-person sign language services through Geneva Worldwide, Inc.; Deaf Services Unlimited; Sign Here Interpreting; and SWITS, Ltd. This was verified via a review of the contact documentation. The agency head designee confirmed that PREA materials are provided in both English and Spanish, close captioned video is provided in three languages, and translation services are available.

Two disabled inmates were randomly selected for interviews. 50% of disabled inmates reported receiving information about sexual abuse and sexual harassment in a format that could be understood. Based on offender PREA education records, the offender who reported that he did not receive information regarding sexual abuse and sexual harassment was provided this information on October 22, 2018. Furthermore, education records are also signed by the offender acknowledging receipt and understanding of the educational materials related to sexual abuse and sexual harassment in confinement.

RYOCF has procedures and practices in place to assist disabled inmates with understanding the agency’s sexual abuse and sexual harassment program. Based on the above, the facility has demonstrated substantial compliance with provision 115.16(b).

#### 115.16(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.B.4 states, “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. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities [§115.16(a, b), §115.316(a, b), §115.33(d), §115.333(d)].” Division of Adult Institutions, Policy and Procedures 300.00.61 section I.A. states, “Ensure LEP inmates in DAI facilities are not precluded from accessing or participating in important programs or proceedings, including those which may affect the duration and condition of their confinement or classification.” Collectively, these policies guide facility practice regarding inmates with disabilities and inmates who are limited English proficient.

The agency makes available telephone interpretation services through the following entities: Interpreters Unlimited, Inc.; Worldwide Interpreters; Language Link; Proprio Language Services; and Lionbridge Global Solutions II. Written language translation services are provided through Bromberg & Associates; Idea Translations: Interpreters Unlimited; Prisma International, Inc.; and Voiance Language Services, LLC. The agency also provides in-person

interpretation services through Bylyngo Interpreting and Translation, LLC; Lakeside Ventures, Inc.; and SWITS, Ltd. This was verified via a review of the contact documentation.

A limited English proficient offender reported that he did receive information about sexual abuse and sexual harassment that he was able to understand. The offender reported that information is provided in both English and Spanish formats and reported having used the telephone translation services provided by the agency.

Interpretation services are available should inmates need assistance with accessing the program. Materials provided in Spanish were noted throughout the institution. Advocacy and external support services information is also provided in Spanish. RYOCF has procedures and practices in place to assist Limited English Proficient inmates with understanding the agency's sexual abuse and sexual harassment program. Based on the above, the facility has demonstrated substantial compliance with provision 115.16(b).

#### 115.16(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVI.A.4 states, "The facility shall not rely on offender interpreters, offender readers or other types of offender assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-responder duties or the investigation of the offender's allegations. The exigent circumstances in which offender assistants are used shall be documented [§115.16(c), §115.316(c)]." Executive Directive 71: Language Assistance Policy and Implementation for Addressing Needs of Offenders with Limited English Proficiency section V.A.4 states, "Not rely upon fellow offenders to provide language services in situations with potentially significant consequences involving LEP offenders, unless an emergency arises. Situations in which another offender may not be used include, but are not limited to, medical and 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 (PRC) hearings." Collectively, these policies guide facility practice regarding inmates with disabilities and inmates who are limited English proficient.

62% of random staff reported that inmate interpreter use is limited to circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. 23% of staff reported that they would not use an inmate interpreter and would obtain a staff interpreter or utilize the interpretation services available through the agency. 8% of random staff reported that inmate interpreters could be used without limitations. Inmate interview results did not reveal anything that would contradict the requirements of the standards. Training records were reviewed and noted that staff had completed PREA training. Most staff could articulate limitations to interpreter use; however, a recommendation to reinforce this requirement will be made.

The PAQ reported zero instances whereby offender interpreters, readers, or other types of offender assistants have been used. A review of investigation documents and interviews did not reveal any allegations that would contradict the information provided in the PAQ.

RYOCF has procedures and practices in place to limit the use of inmate interpreters. Based on the above, the facility has demonstrated substantial compliance with provision 115.16(c).

Recommendations:

- It is recommended that the facility provide refresher training regarding the limitations to interpreter use regarding sexual abuse and sexual harassment allegations.

Corrective Action:

- None

115.17	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 459 360">Documentation:</p> <ul data-bbox="252 416 1455 745" style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Executive Directive 42: Police Contact, Arrest, and Conviction Policy for Current Employees</li> <li>• Division of Adult Institutions, Policy and Procedures 309.06.03</li> <li>• Division of Adult Institutions, Policy and Procedures 309.06.01</li> <li>• Department of Corrections Human Resources Procedures: Background Check Procedure</li> <li>• Department of Corrections Human Resources Procedures: Fingerprint Procedures</li> <li>• DOC-1098 Wisconsin Department of Corrections, Background Check Authorization</li> <li>• DOC-2674 Wisconsin Department of Corrections, DAI Volunteer Application</li> </ul> <p data-bbox="252 797 392 831">Interviews:</p> <ul data-bbox="252 887 794 920" style="list-style-type: none"> <li>• Administrative (Human Resources) Staff</li> </ul> <p data-bbox="252 972 411 1005">Site Review:</p> <ul data-bbox="252 1061 596 1095" style="list-style-type: none"> <li>• Human Resources Office</li> </ul> <p data-bbox="252 1189 373 1223">Findings:</p> <p data-bbox="252 1267 379 1301">115.17(a)</p> <p data-bbox="252 1357 1471 1738">Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VI.A.1 states, “The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee [§115.17(a, b), §115.317(a, b)].”</p> <p data-bbox="252 1783 1481 2119">Executive Directive 42: Police Contact, Arrest, and Conviction Policy for Current Employees section VIII states, “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 1f 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>

Department of Corrections Human Resources Procedures: Background Check Procedure states, "In addition to the criteria set in WHRH Ch. 246, and in accordance with the PREA standards, DOC will not hire or promote an applicant, or enlist the services of a contractor for a position which may have contact with inmates, offenders or juveniles who has: 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."

The DOC-1098 Wisconsin Department of Corrections, Background Check Authorization (DOC-1098) is the form utilized to complete background checks pursuant to policy. The DOC-1098 requires a prospective employee to answer the following questions: "Have you ever been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention?; Have you ever been convicted of engaging or attempt 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 Have you ever been civilly or administratively adjudicated to have engaged in the activity described above?"

The Division of Adult Institutions, Policy and Procedures 309.06.03 section III.A. states, "All potential volunteers shall complete a DOC-2674." Likewise, Division of Adult Institutions, Policy and Procedures 309.06.01 section VII.A. states, "Proposed professional and pastoral visitors shall request permission from designated facility staff to visit. DOC-2674 shall be completed for Pastoral/Religious visit requests."

The DOC-2674 Wisconsin Department of Corrections, DAI Volunteer Application (DOC-2674) is the instrument used to screen visitors pursuant to provision 115.17(a). The PREA compliance section of the DOC-2674 Wisconsin Department of Corrections, DAI Volunteer Application requires a prospective volunteer to answer the following questions: "Have you ever been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention?; Have you ever been convicted of engaging or attempt 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 Have you ever been civilly or administratively adjudicated to have engaged in the activity described above?" Collectively, these policies and documents guide facility practice regarding hiring and promotion decisions.

A total of five (3 security and 2 non-security) background check records were obtained, reviewed, and retained for audit purposes. Background check documentation related to employee promotions was also included. These documentation indicate that background checks were completed. None of the background check documents revealed anything contrary to provision 115.17(a)(1-3).

Human resources staff reported that all applicants and employees who may have contact with inmates, in written applications for hiring or promotions about previous behavior described in provision 115.17(a)(1-3). Background checks are completed by way of computer software and personal reference checks are completed by human resources staff. A review of background

records check documents verified the above.

The agency does have procedures and practices in place that prohibit the hiring, promotion and acquisition of services from anyone who does not meet the requirements of 115.17(a)(1-3). Based on the above, the facility has demonstrated substantial compliance with provision 115.17(a).

#### 115.17(b)

The Department of Corrections Human Resources Procedures: Background Check Procedure states, "Moreover, the agency will consider incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with inmates, offenders or juveniles." This policy guides facility practice regarding hiring and promotion decisions.

Human resources staff reported, that incidents of sexual harassment are considered and failure to disclose such information may be grounds for termination.

Agency policy requires consideration for incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with inmates, inmates or juveniles. Human resources staff confirmed that incidents of sexual harassment are considered. Based on the above, the facility has demonstrated substantial compliance with provision 115.17(b).

#### 115.17(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VI.A.3 states, "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 [§115.17(c, d), §115.3 17(c, d)]. a. 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 [§115.17(c, h), §115.317(c, h)]. b. The DOC shall conduct a criminal background records check every five years for current employees [§115.17(e), §115.317(e)]." This policy guides facility practice regarding hiring and promotion decisions.

The PAQ indicates that a total of 73 persons have been hired in the past 12 months. A total of five (3 security and 2 non-security) background check records were obtained, reviewed, and retained for audit purposes. Background check documents related to employee promotions were reviewed. These documents indicate that background checks were completed. The documents also demonstrate that prior institutional employers (even prior institutional employers within the agency) are contacted pursuant to provision 115.17(a)(1-3). The documentation also demonstrates that prior non-institutional employers are contacted. None of the background check documentation noted anything contrary to provision 115.17(a)(1-3).

Human resources staff reported that criminal background checks and efforts to contact all prior institutional employers of new employees are performed by facility human resources staff. It was reported that the human resources director will personally attempt to conduct an on-site reference check with a past institutional employer.

Pursuant to agency policy, the facility does conduct criminal background checks and does endeavor to contact all prior institutional and non-institutional employers. Human resources staff affirm that background checks and prior employer contacts are completed. Furthermore, the documentation demonstrates verifies the above. Based on the above, the facility has demonstrated substantial compliance with provision 115.17(c).

#### 115.17(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VI.A.1 states, "The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee [§115.17(a, b), §115.317(a, b)]." Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section III defines "employ" as any staff member, contractor or volunteer who performs work inside of a WIDOC facility.

Executive Directive 42: Police Contact, Arrest, and Conviction Policy for Current Employees section VIII states, "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 1f 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."

Department of Corrections Human Resources Procedures: Background Check Procedure states, "In addition to the criteria set in WHRH Ch. 246, and in accordance with the PREA standards, DOC will not hire or promote an applicant, or enlist the services of a contractor for a position which may have contact with inmates, offenders or juveniles who has: 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." Collectively, these policies guide facility practice regarding hiring and promotion decisions.

Human resources staff reported that criminal background checks of all contractors are conducted in the same fashion as any other employee. Additionally, all contractors are fingerprinted like WIDOC employees.

The PAQ reports that 2 contracts for services were executed in the past 12 months. Currently, RYOCF currently has only one contractor on-site. Agency hiring records were obtained, reviewed, and retained for audit purposes. Records indicate that a criminal background check was performed for the lone contractor currently employed at RYOCF.

Per agency policy, contractors are subject to the same requirements as any other employee. Records demonstrated that the agency does perform criminal background checks of contractors. Human resources staff confirmed this as well. Based on the above, the facility has demonstrated substantial compliance with provision 115.17(d).

#### 115.17(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VI.A.3.b states, "The DOC shall conduct a criminal background records check every five years for current employees [§115.17(e), §115.317(e)]."

Department of Corrections Human Resources Procedures: Fingerprint Procedures states, "Once fingerprints are received, staff in the central BHR will review fingerprint results in the DOJ portal, and will send notification via e-mail to the HR mailbox of the applicable employing unit that the individual is "cleared" and may proceed unescorted or is "not cleared" and follow-up will occur with the worksite. BHR is responsible for entering fingerprint results into PeopleSoft for employees, contractors and persons of interest entered in PeopleSoft or a spreadsheet for individuals not included in PeopleSoft (i.e. construction workers, cleaning crew, etc.)." Collectively, these policies guide facility practice regarding hiring and promotion decisions.

Human resources staff reported that employee, contractor and volunteer criminal background checks are completed on a rolling five-year basis. The background check schedule is tracked by computer software and background checks are completed using LiveScan software.

Agency background check records were examined. A review of the documentation indicates that criminal records background checks are being completed as required and tracked by computer software as indicated by human resources staff. The documentation also notes the results and the due date of the next background check.

Agency policy requires criminal background records checks of current employees and contractors at least every five years. Documentation demonstrates that criminal background records checks are being conducted and have a system in place for capturing criminal background records checks information. Based on the above, the facility has demonstrated substantial compliance with provision 115.17(e).

#### 115.17(f)

Executive Directive 42: Police Contact, Arrest, and Conviction Policy for Current Employees section VI.A.1 states, in part "A current employee is required to notify his or her supervisor in

writing of any nonwork related police contact with the exception of employees who are victims of a crime. A crime victim is not required to report. In the event of an arrest or charge, the employee must also notify the supervisor of any updates related to the court proceedings as well as the final outcome of the arrest or charge. To ensure understanding of the scope of this requirement, notification also includes each of the following instances: a) The employee becomes aware law enforcement has identified the employee as a possible subject in a police investigation or has issued a warrant for the employee's arrest. b) The employee is subject to a restraining order or injunction. c) The employee is placed under a deferred prosecution agreement. Employees also have the responsibility to report any traffic violations if they have a fleet or driving requirement as part of their duties. Notification under this section is required by the start of the employee's next scheduled workday or within 48 hours, whichever occurs first." This policy guides facility practice regarding hiring and promotion decisions.

The DOC-1098 Wisconsin Department of Corrections, Background Check Authorization is the form utilized to complete background checks pursuant to policy. The DOC-1098 requires a prospective employee to answer the following questions: "Have you ever been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention?; Have you ever been convicted of engaging or attempt 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 Have you ever been civilly or administratively adjudicated to have engaged in the activity described above?"

Human resources staff reported that hiring and promotion applications include all the questions described in provision 115.17(a). This was verified via a review of application documents. Human resources staff also reported that employees are required to report pursuant to Executive Directive 42: Police Contact, Arrest, and Conviction Policy for Current Employees.

A total of five background check records were obtained, reviewed, and retained for audit purposes. Background check documentation was noted to include questions regarding previous misconduct described in provision 115.17(a) of this section.

Per policy the agency is required to ask all applicants and employees directly about previous misconduct described in provision 115.17(a) of this section, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Furthermore, agency policy does impose a continuing affirmative duty to disclose any misconduct described in Standard 115.17. Based on the above, the facility has demonstrated substantial compliance with provision 115.17(f)

115.17(g)

Executive Directive 42: Police Contact, Arrest, and Conviction Policy for Current Employees section VI.A.3 states, "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." Section VI.A.4 states, "If it is discovered during the period of employment that an employee has a prior criminal record and that the employee did

not provide this information at the time of hire, the employee may be subject to disciplinary action, including discharge for falsifying an application, or otherwise having misled the Department.” This policy guides facility practice regarding hiring and promotion decisions.

Per policy, the agency does consider material omissions regarding misconduct, and/or materially false information regarding conduct described in 115.17 as grounds for termination. Based on the above, the facility has demonstrated substantial compliance with provision 115.17(g).

115.17(h)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VI.A.3.a states, “a. 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 [§115.17(c, h), §115.317(c, h)].” This policy guides facility practice regarding hiring and promotion decisions.

Human resources staff report that RYOFC does provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee. Such disclosure is pursuant to agency policy and upon receiving a request from an institutional employer for whom that employee has applied to work.

Agency policy does allow for disclosure of information regarding substantiated allegations of sexual abuse or sexual harassment involving former employees. Human resources staff verified this to be the case. Based on the above, the facility has demonstrated substantial compliance with provision 115.17(h).

Recommendations:

- None.

Corrective Action:

- None

115.18	<b>Upgrades to facilities and technologies</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Wisconsin Department of Corrections Website</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Agency Head Designee</li> <li>• Warden</li> <li>• Agency PREA Coordinator</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• Physical Plant</li> <li>• Video Monitoring Equipment</li> </ul> <p>Findings:</p> <p>115.18(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VIII.A. states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the DOC shall consider the effect of the design, acquisition, expansion or modification upon the DOC’s ability to protect offenders from sexual abuse [115.18(a), §115.318(a)].” This policy guides facility practice regarding upgrades to facilities and technology.</p> <p>A review of the agency website noted that since 2016 every facility under the direct control of the agency has completed at least one PREA audit. Therefore, the benchmark for determining compliance would be any new facility acquisitions or substantial expansions or modifications made to existing facilities, since the last PREA audit. The PAQ reported that the agency did not acquire a new facility, nor did RYOFC undergo any substantial expansion or modifications to existing facilities since the last PREA audit. Per discussions with the warden and agency PREA coordinator no substantial expansions or modifications to the existing physical plant are planned.</p> <p>The agency head designee reported that designing, acquiring, or planning substantial modifications to facilities involves input from agency leadership, facility administration, and the PREA Office. Historical information, correctional best practices, and best practices from other states are also considered.</p>	

The on-site tour did not reveal any substantial expansions or modifications to the facility's physical plant during the past 12 months or since the last PREA audit. Based on the above, the facility has demonstrated substantial compliance with provision 115.18(a).

115.18(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VIII.B. states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the DOC shall consider how such technology may enhance the DOC's ability to protect offenders from sexual abuse [§115.18(b), §115.318(b)]." This policy guides facility practice regarding upgrades to facilities and technology.

A review of the agency website noted that since 2016 every facility under the direct control of the agency has completed at least one PREA audit. Therefore, the benchmark for determining compliance would be any new installation or updated video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The PAQ reported that the agency did not install or update video monitoring systems, electronic surveillance systems, or other monitoring technology since the last PREA audit in 2016. Per discussions with the warden, enhancements to the facility's camera system are possible in the future. However, these enhancements are in the beginning stages of development, subject to funding, and a date for implementation has not been determined.

The agency head designee reported that the agency is looking for continuous improvement. Typically, agency administration and facility administration will collaborate and assess different monitoring technologies. Technology is utilized to monitor both staff and inmate movement, behavior to reduce incidents. Likewise, monitoring technology is utilized as an investigative tool.

The on-site tour did not reveal any significant updates to the facility's video monitoring systems, electronic surveillance systems or other monitoring technology since the last PREA audit in 2016. Based on the above, the facility has demonstrated substantial compliance with provision 115.18(b).

Recommendations:

- None.

Corrective Action:

- None

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions, Policy and Procedures 306.00.14</li> <li>• Division of Adult Institutions, Policy and Procedures 500.30.19</li> <li>• WI DOC DAI: Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates</li> <li>• Wisconsin Chapter of International Association Forensic Nurses website</li> <li>• Sexual Assault Services Memorandum of Understanding</li> <li>• Support Services Workshop – Certificate of Attendance</li> <li>• Sexual Abuse and Sexual Harassment Incident Victim Support Contact Log</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• SANE Staff</li> <li>• PREA Compliance Manager</li> <li>• Inmates who Reported Sexual Abuse</li> <li>• Victim Advocate</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• Nope</li> </ul> <p>Findings:</p> <p>115.21(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.C. states, “The DOC shall follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions. Such protocol shall be developmentally appropriate for youth, where applicable, and adapted from a comprehensive and authoritative protocol developed after 2011 [§115.21(a, b), §115.321(a, b)]. When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e) and §115.321(a-e) [§115.21(f), §115.321(f)].”</p> <p>Division of Adult Institutions, Policy and Procedures 306.00.14 section I sets general guidelines for maintaining the integrity and credibility of evidence. Section II discusses photographing and/or digital recording of evidence. Section III provides guidance regarding</p>

the collection, preservation and logging of evidence. Per policy, WIDOC staff do not generally collect evidence if the incident is criminal in nature and may result in outside charges unless the agreement with local law enforcement allows. Evidence collection duties are typically reserved for local law enforcement. Collectively, these policies guide facility practice regarding evidence protocol and forensic medical examinations

The PAQ reports that the agency or facility is responsible for conducting administrative sexual abuse investigations. However, the agency or facility is not responsible for conducting criminal sexual abuse investigations. Per the PAQ, the Racine Police Department is responsible for conducting criminal sexual abuse investigations for RYOFC.

Per policy, if the incident is criminal in nature and may result in outside charges, local law enforcement would most likely collect the evidence. 100% staff were able to articulate their role and responsibilities regarding the collection and preservation of evidence. Most staff were able to articulate the separation of the alleged victim and aggressor, the preservation of evidence (including not taking actions that may destroy evidence), preservation of the scene of the incident, and contacting an immediate supervisor.

The agency does have a uniform protocol for the collection and preservation of evidence. Staff were universally able to describe evidence collection protocol. Based on the above, the facility has demonstrated substantial compliance with provision 115.21(a).

#### 115.21(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.C. states, "The DOC shall follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions. Such protocol shall be developmentally appropriate for youth, where applicable, and adapted from a comprehensive and authoritative protocol developed after 2011 [§115.21(a, b), §115.321(a, b)]. When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e) and §115.321(a-e) [§115.21(f), §115.321(f)]."

Division of Adult Institutions, Policy and Procedures 306.00.14 section I.A. states, "All staff shall maintain the integrity and credibility of evidence to be used in inmate disciplinary proceeding and/or criminal proceedings and/or criminal cases." Collectively, these policies guide facility practice regarding evidence protocol and forensic medical examinations.

The Division of Adult Institutions, Policy and Procedures 306.00.14 is comprised of several components that direct evidence collection procedures. Section 1 covers requirements for securing and protecting the scene. This includes separation of suspects and victims, secure entryways, requesting that victims not take actions that may destroy physical evidence, ensuring that alleged suspects not take any actions that may destroy physical evidence, cordon off area using evidence tape, ensure objects are not moved or touched, photograph and/or digitally record the area, document the names of individuals in the area, ensure all

inmates and unnecessary staff are kept out of the area, ensure proper notifications are made, complete chain of custody documents for collecting criminal evidence, collect and document evidence that appears to be contraband but not criminal in nature, and document all contact with law enforcement.

Section II covers photographing and/or digitally recording evidence related to the incident. This includes recording all areas related to the scene of the incident, injuries related to the incident, location of any evidence before being collected, any related blood spills, views from all angles of the scene, and vantage points (long-range, mid-range, and close-up). Additionally, cataloging and storage of photographic and digital evidence is also covered.

Procedures regarding the collection, preservation, and documentation of evidence is covered in section III. Such procedures call for the collection of items such as clothing or linens contaminated with blood, body fluids, or other potentially infectious materials, the wearing of protective gloves during the evidence collection process and minimizing the number of individuals handling evidence. Proper handling of blood, body fluids, other potentially infectious materials such to avoid contamination and preserve the evidentiary value of these items has also been incorporated into policy. This section also discusses the proper storage and documentation of evidence. For example, items such as blood, body fluids, or other potentially infectious materials shall be placed in paper bags, allowed to air dry, and then secured in a biohazard bag. Separate bags for each type of evidence collected shall be used. Per policy, all evidence is to be logged, secured in a designated storage area, and access is to be restricted to only approved staff.

The PAQ indicates that the uniform evidence protocol is derived from the National Commission on Correctional Health Care - Response to Sexual Abuse protocol. A review of Division of Adult Institutions, Policy and Procedures 306.00.14 noted that this protocol has been incorporated into agency policy. Therefore, the agency does have a uniform protocol for the collection and preservation of evidence that appears to be developmentally appropriate for youth and is derived from the National Commission on Correctional Health Care - Response to Sexual Abuse protocol.

Based on the above, the facility has demonstrated substantial compliance with provision 115.21(b).

115.21(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVI.B.3. states, in part “Further, all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SANEs [§115.21(c), §115.321(c)].”

Division of Adult Institutions, Policy and Procedures 500.30.19 section III.C. states, “When

determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, send the alleged victim to the designated ER for the SANE to conduct an evidentiary exam. If a SANE is not available, contact the next closest ER. Section IV.B. states, “When determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, send the alleged victim to the designated ER for the SANE to conduct an evidentiary exam. 1. If a SANE is not available, contact the next closest ER. 2. Follow the steps as described in Section III above for sending an inmate patient for a SANE exam if indicated.”

The WI DOC DAI Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates states, “With your consent, the investigation may include a physical exam by a qualified medical professional in a local hospital; this free and confidential exam is conducted to ensure your health and to collect any evidence.” This resource is available to the entire inmate population for reference. Collectively, these documents guide facility practice regarding evidence protocol and forensic medical examinations.

The PAQ indicates that the facility does not offer on-site forensic medical examinations. However, the facility does offer access to forensic medical examinations at an outside medical facility. The PAQ also indicated that two forensic medical examinations were conducted during the current audit period. Initial investigation documentation indicates that two inmates (victim and abuser) were sent to the local medical facility for a SANE examination. An examination of the victim was conducted, and an examination of the abuser is pending. At the time of this report this investigation is still ongoing. Nonetheless, the facility was able to provide documentation that demonstrates communication between the facility and local law enforcement, detailing the status of the SANE examinations.

If a forensic exam were medically appropriate or necessary to preserve evidence the victim would be transported to Ascension All Saints Hospital.

Audit staff were able to reach Ascension All Saints Hospital (Ascension) SANE examination staff. The Ascension examiner reported having a team of five nurses, who provide services to any correctional facility or county jail in the Racine area. Furthermore, an interview with the back-up SANE (examiner) from Wheaton Franciscan Healthcare – All Saints (Wheaton) was conducted. The examiner reported being trained through the International Associate for Forensic Nurses. The Wheaton examiner verified that Ascension is the primary provider for SANE exams performed on RYOFC inmates. If Ascension cannot perform a SANE exam, the victim will be referred to the examiner at Wheaton. If for whatever reason the Wheaton examiner is not available, the victim will be referred to MercyHealth in Janesville for examination.

Facility medical staff report that inmate victims of sexual abuse are sent to the local hospital for SANE examinations. Interviews noted that RYOFC does have access to SANE services through multiple service providers. Based on discussions with staff, it's evident that facility staff do not conduct forensic exams. Based on the above, the facility has demonstrated substantial compliance with provision 115.21(c).

115.21(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves

as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVI.B.4. states, "The facility shall attempt to make available to the victim an advocate from a local sexual assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. As requested by the victim, such a person shall also provide emotional support, crisis intervention, information and referrals. If a sexual assault service provider is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues. Facilities shall document efforts to secure services from a local sexual assault service provider [§115.21(d, e, h), §115.321(d, e, h)]." This policy guides facility practice regarding evidence protocol and forensic medical examinations.

RYOCF inmates are connected with external advocate services, through the facility victim services coordinator (VSC). If external advocate services are not readily available, the VSC has received victim advocacy/accompaniment training. In order to provide these services, the VSC must attend a 11.5 hr support services workshop. The workshop covers such topics as gender inclusive responses, forensic medical examinations, victim accompaniment, support services and PREA compliance. The material is presented by FORGE (a transgender training and technical assistance agency), the Wisconsin Coalition Against Sexual Assault (WICASA), Aurora Healthcare, and the Wisconsin Department of Corrections PREA Office. Upon completion staff receive a Support Services Workshop – Certificate of Attendance; a copy of the certificate was obtained, reviewed, and retained for audit purposes.

The facility has a qualified victim advocate from an external local rape crisis center available through Sexual Assault Services (SAS). This was confirmed via an interview with the SAS advocate. The advocate reported a relationship with the WIDOC correctional institutions in Racine county for approximately several years.

The PREA compliance manager confirmed that external advocate services are provided through an agreement with SAS. A copy of the Sexual Assault Services Memorandum of Understanding was obtained, reviewed, and retained for audit purposes. Upon request by the inmate, SAS can come speak with the inmate in person. Services include accompaniment through the investigatory process and/or a SANE/SAFE exam.

Three inmates who reported sexual abuse were interviewed. One inmate reported that the abuse happened at another facility in the past. Another inmate refused to participate in the interview process upon being asked the "inmates who reported sexual abuse protocol." The third inmate reported that the incident was harassment and not sexual abuse.

Agency policy requires the facility to make a victim advocate available. Interviews indicate that external advocate services are in place. Based on the above, the facility has demonstrated substantial compliance with provision 115.21(d).

115.21(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive

Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVI.B.4. states, in part “As requested by the victim, such a person shall also provide emotional support, crisis intervention, information and referrals. If a sexual assault service provider is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues. Facilities shall document efforts to secure services from a local sexual assault service provider [§115.21(d, e, h), §115.321(d, e, h)].” This policy guides facility practice regarding evidence protocol and forensic medical examinations.

RYOCF inmates are connected with external advocate services, through the facility victim services coordinator (VSC). The VSC tracks contacts with advocacy services via the Sexual Abuse and Sexual Harassment Incident Victim Support Contact Log for a particular incident. A sample contact log was reviewed and noted that VSC had spoken with the inmate regarding SAS services.

The facility has a qualified victim advocate from an external local rape crisis center available through Sexual Assault Services (SAS). This was confirmed via an interview with the SAS advocate and a review of the Sexual Assault Services Memorandum of Understanding. It was reported that advocates are able to meet with the victims at the facility. Additionally, services are also provided via telephone through the crisis line. The SAS advocate also reported that if an inmate were taken to the hospital, the hospital will automatically call the advocate, who will then report to the hospital to provide services including forensic exams.

The PREA compliance manager reported that external advocate services are provided through an agreement with SAS. Services include accompaniment through the investigatory process and/or a SANE/SAFE exam. Upon request by the inmate SAS can come speak with the inmate in person.

Three inmates who reported sexual abuse were interviewed. One inmate reported that the abuse happened at another facility in the past. Another inmate refused to participate in the interview process upon being asked the “inmates who reported sexual abuse protocol.” The third inmate reported that the incident was harassment and not sexual abuse.

Agency policy requires the facility to make a victim advocate available. Interviews indicate that external advocate services are in place. Based on the above, the facility has demonstrated substantial compliance with provision 115.21(e).

115.21(f)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. The WIDOC does not conduct criminal investigations; however, per policy allegations of sexual abuse or sexual harassment are investigated administratively. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.A. states, “The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigation [§115.22(a, d),

§115.322(a, d), [§115.71(a), §115.371(a)].” Section XVII.A. states, “Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC's website [§115.22(b, c), §115.322(b, c), §115.71(h), §115.371(1)]. This policy guides facility practice regarding evidence protocol and forensic medical examinations.

On March 11, 2019, the agency head issued a letter to numerous local law enforcement agencies requesting compliance with paragraphs (a) through (e) of Standard 115.21. A copy of this document was provided in the PAQ. Therefore, the agency has requested compliance from the agencies that conduct criminal investigations.

Based on the above, the facility has demonstrated substantial compliance with provision 115.21(f).

115.21(g)

The auditor is not required to audit this provision.

115.21(h)

External advocacy services are provided through SAS; therefore, this provision is not applicable to RYOCF. However, if for whatever reason external advocate services are not available, the VSC has received victim advocacy/accompaniment training. In order to provide these services, the VSC must attend a 11.5hr support services workshop. The workshop covers such topics as gender inclusive response, forensic medical examinations, victim accompaniment, and support services and PREA compliance. The material is presented by FORGE (a transgender training and technical assistance agency), the Wisconsin Coalition Against Sexual Assault (WICASA), Aurora Healthcare, and the Wisconsin Department of Corrections PREA Office. Upon completion staff receive a Support Services Workshop – Certificate of Attendance; a copy of the certificate was obtained, reviewed, and retained for audit purposes. Based on the above, the facility has demonstrated substantial compliance with provision 115.21(h).

Recommendations:

- None.

Corrective Action:

- None

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="248 168 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="248 248 523 284"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="248 329 459 365">Documentation:</p> <ul data-bbox="248 414 1390 573" style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions, Policy and Procedures 303.00.05</li> <li>• RYOCF Investigation Tracking Spreadsheet</li> <li>• Investigation Documents</li> </ul> <p data-bbox="248 629 392 665">Interviews:</p> <ul data-bbox="248 714 576 790" style="list-style-type: none"> <li>• Agency Head Designee</li> <li>• Investigative Staff</li> </ul> <p data-bbox="248 842 416 878">Site Review:</p> <ul data-bbox="248 927 341 963" style="list-style-type: none"> <li>• None</li> </ul> <p data-bbox="248 1014 371 1050">Findings:</p> <p data-bbox="248 1099 379 1135">115.22(a)</p> <p data-bbox="248 1184 1481 1646">Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. The WIDOC does not conduct criminal investigations; however, per policy allegations of sexual abuse or sexual harassment are investigated administratively. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.A. states, in part “The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources.” Similarly, section XVII.B. states, in part “Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented.” This policy guides facility practice regarding evidence protocol and forensic medical examinations.</p> <p data-bbox="248 1697 1465 2116">The PAQ reported eight allegations of sexual abuse and sexual harassment were received in the past 12 months. Eight of these allegations resulted in an administrative investigation and one of these allegations was referred for a criminal investigation. Investigation and allegation documents were obtained, reviewed, and retained for audit purposes. A review of these documents noted that administrative investigations are conducted. One allegation had been referred to local law enforcement; however, as of this report this investigation is still ongoing. Nonetheless, the facility was able to provide documentation of communication between the facility and local law enforcement regarding an allegation referral. This documentation demonstrates a referral of a sexual abuse allegation, to an agency with the authority to conduct a criminal investigation.</p>

Agency head designee reported that Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) does ensure that an administrative of criminal investigation is completed for all allegations of sexual abuse and sexual harassment. An administrative investigation is conducted, and criminal matters are referred to local law enforcement for investigation.

The agency has a policy to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. A review of investigation and allegation documents confirmed that allegations of sexual abuse and sexual harassment are referred for investigation. Based on the above, the facility has demonstrated substantial compliance with provision 115.22(a)

115.22(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. The WIDOC does not conduct criminal investigations; however, per policy allegations of sexual abuse or sexual harassment are investigated administratively. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.B. states, in part "Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented." Division of Adult Institutions, Policy and Procedures 303.00.05 section I.A.1-4 states, in part "The Warden/designee shall refer the following to LE: 1. Battery by prisoner in accordance with Wisconsin Statutes s. 940.20. 2. Sexual abuse per Executive Directive 72. 3. Staff sexual assault of an offender per Executive Directive 16A. 4. Sexual assault per Wisconsin Statutes s. 940.225." Collectively, these policies guide facility practice regarding evidence protocol and forensic medical examinations.

The PAQ reported that one allegation of sexual abuse had been referred to local law enforcement. However, at the time of the audit this investigation is ongoing. The facility was able to provide documentation of communication between the facility and local law enforcement regarding an allegation referral. This documentation demonstrates the referral of a sexual abuse allegation, to an agency with the authority to conduct a criminal investigation.

Investigative staff reported that all allegations of sexual abuse and sexual harassment are investigated administratively. Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior are referred to the Racine City Police Department.

The agency does have a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. Agency policy describing sexual abuse and sexual harassment referrals, in addition to the investigative responsibilities of the WIDOC and local law enforcement, is published and maintained on the WIDOC website. A review of the agency website verified publication of Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA). Based on the above, the facility has demonstrated substantial compliance with provision 115.22(b).

115.22(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. The WIDOC does not conduct criminal investigations; however, per policy allegations of sexual abuse or sexual harassment are investigated administratively. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.B. states, in part “The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC’s website [§115.22(b, c), §115.322(b, c), §115.71(h), §115.371(1)].” This policy guides facility practice regarding evidence protocol and forensic medical examinations.

Agency policy describing sexual abuse and sexual harassment referrals, in addition to the investigative responsibilities of the WIDOC and local law enforcement, is published and maintained on the WIDOC website. A review of the agency website verified publication of Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA). Based on the above, the facility has demonstrated substantial compliance with provision 115.22(c).

115.22(d)

The auditor is not required to audit this provision.

115.22(e)

The auditor is not required to audit this provision.

Recommendations:

- None

Corrective Action:

- None

115.31	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• State of Wisconsin, Department of Corrections, Correctional Officer Preservice Program</li> <li>• RYOCF Correctional Officer Pre-Service PREA</li> <li>• RYOCF PREA Healthcare Staff Online Training</li> <li>• RYOCF PREA Online Course (2017 Refresher)</li> <li>• RYOCF PREA Online Course</li> <li>• 2017 WIDOC PREA Refresher</li> <li>• PREA PAGE newsletter</li> <li>• PREA Flashcards</li> <li>• RYOCF PREA Jeopardy</li> <li>• Employment Statement of Acknowledgement DOC-1558</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.31(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.1. states, in part “The training shall include, but is not limited to the subparts listed below. Each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received [§115.31, §115.331]. a. The DOC's zero tolerance policy for sexual abuse and sexual harassment; b. How to fulfill staff responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; c. Offenders' right to be free from sexual abuse and sexual harassment; d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; e. The dynamics of sexual abuse and sexual harassment in confinement; f. The common reactions of sexual abuse and sexual harassment victims; g. How to detect and respond to signs of threatened and actual sexual abuse; h. How to avoid inappropriate relationships with offenders; i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming offenders; j. How to comply with relevant laws</p>	

related to mandatory reporting of sexual abuse to outside authorities; k. Relevant laws regarding the applicable age of consent; l. Instruction tailored to male and female offenders; and m. Instruction specific to the unique needs and attributes of juveniles.”

The State of Wisconsin, Department of Corrections, Correctional Officer Preservice Program states, “ PRISON RAPE ELIMINATION ACT (PREA) (2.5 hrs.) The Prison Rape Elimination Act (PREA) of 2003 was enacted by Congress to address the problem of sexual abuse of and/or by persons in the custody of U.S. Correctional agencies and to eliminate offender-on-offender and staff-on-offender sexual misconduct. All correctional agencies in the nation (including Wisconsin) must adhere to the tenets of PREA.” Collectively, these policies and documents guide facility practice regarding employee training.

New hire training is 2.5 hours long, computer based, and delivered via an online training module (module). The module is 34 pages in length, intranet based, narrated and accompanied by a synopsis of the narration. Knowledge checks are spaced throughout the module. Staff understanding is assessed at the end of the presentation via a “final exam.”

The training module covers the agency’s zero-tolerance policy for sexual abuse and sexual harassment; inmates’ right to be free from sexual abuse and sexual harassment; and right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. Employees are also provided instruction regarding their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response procedures. The module also discusses abuse dynamics associated with inmate populations such as vulnerable populations, gender considerations, environmental considerations; reporting challenges; and common reactions to abuse and harassment.

Content regarding common reactions to sexual abuse and sexual harassment (i.e. anger, fear, anxiety, suicidal ideation, isolation for adult, adolescent and juvenile populations is also discussed are consistent with the intent of the standards. The training module also discusses agency/facility culture, prevention, detection, reporting, and documentation strategies. Instruction regarding staff reporting and response duties, evidence collection, and laws related to mandatory reporting of sexual abuse is also provided.

The module also discusses how to avoid inappropriate relationships with inmates and provides staff with examples of behaviors (e.g. sexual jokes favoritism, special privileges) that are considered inappropriate. Professional and effective communication with inmates is also discussed. This includes definitions related to lesbian, gay, bisexual, transgender and intersex populations, so staff have a better understanding of these populations. Other topics include using non-offensive language, nonverbal communication, and proper use of pronouns.

Completion of this training is tracked electronically via staff training database and via spreadsheet. Training records for facility staff (security and non-security) were obtained, reviewed, and retained for audit purposes. Staff training records were reviewed to confirm staff have completed training in accordance with provision 115.31(a). Training records revealed that staff had completed PREA training. 100% of random staff reported that training contains all the information required by provision 115.31(a).

Agency policy requires that training be delivered to all staff that may have contact with

inmates. Training contains all ten requirements noted in provision 115.31(a). Finally, staff reported and records reflect that training does meet the requirements of this provision. Based on the above, the facility has demonstrated substantial compliance with provision 115.31(a).

#### 115.31(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.1.I. requires that training be tailored to male and female offenders. This policy guides facility practice regarding employee training.

Training records for facility staff (security and non-security) were obtained, reviewed, and retained for audit purposes. Staff training records were reviewed to confirm staff had completed training in accordance with provision 115.31(a). Training records revealed that staff have completed PREA training. Additionally, 100% of random staff reported that training contains all the information required by provision 115.31(a) and that the training is tailored towards the male inmate population at the facility.

RYOCF houses male inmates and training is tailored to the gender of the inmates at RYOCF. Therefore, the type of training is appropriate for this facility. Based on the above, the facility has demonstrated substantial compliance with provision 115.31(b).

#### 115.31(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.1. states, in part "The DOC shall train all new staff members on the department's zero-tolerance policy for sexual abuse and sexual harassment. All staff members shall receive training every two years; in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies." This policy guides facility practice regarding employee training.

Refresher training is computer based and delivered via an online training module (module). The module is 26 slides in length, narrated, and a synopsis of the narration is also provided. Knowledge checks are spaced throughout the module; staff understanding is assessed at the end in the form of a "final exam." Receipt of training is tracked electronically.

The training module covers the agency zero-tolerance policy for sexual abuse and sexual harassment. This module also covers and inmates' right to be free from sexual abuse and sexual harassment and the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. Employees are provided instruction regarding multiply ways for staff or inmates to report sexual abuse or sexual harassment. Also discussed is staff responsibilities relative to agency sexual abuse and sexual harassment reporting and response procedures.

The module discusses how to communicate effectively and professionally with inmates. This

includes definitions related to lesbian, gay, bisexual, transgender and intersex populations, so staff have a better understanding of these populations. Other topics include using non-offensive language, nonverbal communication, and proper use of pronouns.

Training is tracked via spreadsheet. Training records were obtained, reviewed, and retained for audit purposes. Training records indicated PREA refresher training was completed in 2017 and 2018. Anyone who did not complete training may have been unable to attend for various reasons (i.e. injury, or illness) and would be required to make up any missed training by the required deadline. 77% of random staff reported that refresher training is provided. Several staff reported that information regarding PREA related topics is provided regularly.

The agency PREA Office also regularly provides the PREA PAGE newsletter. A sample of the PREA PAGE newsletter was reviewed. Newsletters contained various PREA related topics such as first responder duties, cross gender viewing issues, and inmate notifications. The facility also provides several non-traditional training methods. The facility has implemented PREA flashcards and PREA Jeopardy into its PREA information training package. Though these methods of training are not required, staff interviews demonstrate that these methods allow staff to retain the information.

Staff are required to attend annual in-service training. The agency's bi-annual in-service training does fulfill the requirements as outlined in 115.31(c). Staff training records, information gleaned from interviews, and documentation gathered on-site demonstrates that refresher training and refresher information is provided. Based on the above, the facility has demonstrated substantial compliance with provision 115.31(c).

#### 115.31(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.1. states, in part "Each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received [§115.31, §115.331]." This policy guides facility practice regarding employee training.

Training records were obtained, reviewed, and retained for audit purposes. Staff training records were reviewed to confirm electronic verifications were obtained pursuant to provision 115.31(d). Electronic verifications indicating completion of training were provided.

Based on the above, the facility has demonstrated substantial compliance with provision 115.31(d).

#### Recommendations:

- None.

#### Corrective Action:

- None.



115.32	<b>Volunteer and contractor training</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions, Policy and Procedures 309.06.03</li> <li>• DAI Volunteer, Pastoral, Visitor, Program Guest &amp; Intern Orientation Manual</li> <li>• DAI Volunteer, Pastoral, Visitor, Program Guest &amp; Intern Orientation (Slide Presentation)</li> <li>• Sexual Abuse and Sexual Harassment in Confinement, A Guide for Volunteers and Contractors Brochure</li> <li>• Sexual Abuse &amp; Sexual Harassment in Confinement Prison Rape Elimination Act, Contractor and Volunteer Training (Slide Presentation)</li> <li>• DAI Brief Volunteer Orientation</li> <li>• Volunteer Orientation Roster Attendance Record, Prison Rape Elimination Act (PREA) Acknowledgement DOC-2809</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Contractor and volunteer interviews</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.32(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section X.I.A.2. states, in part “All volunteers and contractors who have contact with offenders shall be trained, in accordance with the type of service and level of contact they have with offenders, on the DOC's zero-tolerance policy as it relates to sexual abuse and sexual harassment. They shall, additionally, be trained on their responsibilities under the DOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Each volunteer or contractor shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received [§115.31, §115.331].” Division of Adult Institutions, Policy and Procedures 309.06.03 regarding orientation training states, “Volunteers are required to complete an orientation prior to facility entry and inmate interaction based upon type, frequency and level of inmate contact.” Collectively, these policies guide facility practice regarding volunteer and contractor training.</p> <p>Training curriculum was obtained, reviewed, and retained for audit purposes. Slide</p>	

presentations do have a lecture element. Additionally, hard copy materials are provided to the individual contractor or volunteer for review. Depending on the frequency and level of contact, volunteer and contractor training is typically delivered utilizing a combination of the following: DAI Volunteer, Pastoral, Visitor, Program Guest & Intern Orientation Manual and DAI Volunteer, Pastoral, Visitor, Program Guest & Intern Orientation (Slide Presentation); Sexual Abuse & Sexual Harassment in Confinement Prison Rape Elimination Act, Contractor and Volunteer Training (Slide Presentation); Sexual Abuse and Sexual Harassment in Confinement, and A Guide for Volunteers and Contractors Brochure.

Training materials cover volunteer and contractor responsibilities pursuant to the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All training materials notify contractors and volunteers of their obligation to immediately report knowledge or suspicion of sexual abuse or sexual harassment, retaliation against inmates or staff who report such information, and any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. Also discussed is signs and symptoms (e.g. behavior changes, aggressiveness, refusing to shower) of sexual abuse and sexual harassment. Training also discusses how to avoid inappropriate relationships with inmates and provides staff with some behaviors (e.g. sexual jokes favoritism, special privileges) that are considered inappropriate.

One contractor and one volunteer were interviewed. Both the contractor and volunteer reported having received training regarding their responsibilities related to sexual abuse and sexual harassment prevention, detection, and response. Volunteer and contractor training records were obtained, reviewed, and retained for audit purposes. A total of 30 training records were reviewed and confirmed that volunteers and contractors have received training.

Agency policy requires volunteers and contractors to receive training regarding their responsibilities pursuant to the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Training records verify that training is conducted. Based on the above, the facility has demonstrated substantial compliance with provision 115.32(a).

#### 115.32(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section X.I.A.2. states, in part "All volunteers and contractors who have contact with offenders shall be trained, in accordance with the type of service and level of contact they have with offenders, on the DOC's zero-tolerance policy as it relates to sexual abuse and sexual harassment. They shall, additionally, be trained on their responsibilities under the DOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Each volunteer or contractor shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received [§115.31, §115.331]." Division of Adult Institutions, Policy and Procedures 309.06.03 regarding orientation training states, "Volunteers are required to complete an orientation prior to facility entry and inmate interaction based upon type, frequency and level of inmate contact." Collectively, these policies guide facility practice regarding volunteer and contractor training.

Training curriculum was obtained, reviewed, and retained for audit purposes. Training is provided via a slide presentation accompanied by a lecture element. Additionally, hard copy materials are provided to the individual contractor or volunteer. Depending on the frequency and level of contact, volunteer and contractor training is typically delivered utilizing a combination of the following: DAI Volunteer, Pastoral, Visitor, Program Guest & Intern Orientation Manual and DAI Volunteer, Pastoral, Visitor, Program Guest & Intern Orientation (Slide Presentation); Sexual Abuse & Sexual Harassment in Confinement Prison Rape Elimination Act, Contractor and Volunteer Training (Slide Presentation); Sexual Abuse and Sexual Harassment in Confinement, and A Guide for Volunteers and Contractors Brochure.

All training materials discuss the agency's zero tolerance policy. Materials cover volunteer and contractor reporting responsibilities pursuant to the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

One contractor and one volunteer were interviewed. Both the contractor and volunteer reported having received training regarding the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. During interviews both individuals exhibited knowledge of agency protocols (e.g. evidence collection) beyond what is minimally required by provision 115.32(b). Contractor and volunteer training records were obtained, reviewed, and retained for audit purposes. A total of 30 training records were reviewed and confirm that volunteers and contractors have received training.

Agency policy requires volunteers and contractors to receive training based on the level of inmate contact. Documentation demonstrates that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report these incidents. Training documentation and interviews demonstrate the above minimum requirements. Based on the above, the facility has demonstrated substantial compliance with provision 115.32(b).

#### 115.32(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section X.I.A.2. states, in part "Each volunteer or contractor shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received [§115.31, §115.331]." Division of Adult Institutions, Policy and Procedures 309.06.03 section F.1. states, "Facilities shall require each volunteer to sign DOC-2809 to verify attendance for all brief and full volunteer orientations (conducted by group or individually), including annual orientation update." The Volunteer Orientation Roster Attendance Record, Prison Rape Elimination Act (PREA) Acknowledgement DOC-2809 (DOC-2809) is the document utilized to capture signatures or electronic verification's acknowledging understanding and receipt of training. The DOC-2809 explicitly states, "Per the Prison Rape Elimination Act (PREA), the Wisconsin Department of Corrections shall ensure that all volunteers who have contact with inmates have: Been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment; Been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures;

Received training based on the services they provide and the level of contact they have with inmates. My signature below verifies that I have received and understand training on DOC policies and my responsibilities.” Collectively, these documents guide facility practice regarding volunteer and contractor training.

A total of 30 training records were reviewed and confirm that volunteers and contractors have received training. Pursuant to agency policy, training records were accompanied by the signature of the contractor or volunteer who received the training. Therefore, signatures or electronic verification's are captured on the Volunteer Orientation Roster Attendance Record, Prison Rape Elimination Act (PREA) Acknowledgement DOC-2809.

Agency policy requires a volunteer or contractor to acknowledge and certify, through signature or electronic verification, that they understand the training they received. Training records have demonstrated that signatures or electronic verification's are completed. Based on the above, the facility has demonstrated substantial compliance with provision 115.32(c).

Recommendations:

- None

Corrective Action:

- None

115.33	<b>Inmate education</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions, Policy and Procedures 410.20.01</li> <li>• Wisconsin Department of Corrections, Division of Adult Institutions, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates POC-41</li> <li>• Sexual Abuse in Confinement A Resource for Offenders POC-41B</li> <li>• Inmate and Youth PREA Education Facilitator Guide POC-0041C</li> <li>• Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates Video</li> <li>• Acknowledgement of Receipt of/Access to Information, Prison Rape Elimination Act (PREA) Education</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Intake Staff</li> <li>• Random Sample of Inmates</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• Health Services Unit</li> <li>• Inmate ID cards</li> <li>• Posters</li> </ul> <p>Findings:</p> <p>115.33(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.B.1. states, “At intake, offenders shall receive information detailing the DOC’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents or suspicions [§115.33(a), §115.333(a)].” Division of Adult Institutions, Policy and Procedures 410.20.01 section I.A. states, “Upon arrival at an intake facility each inmate shall receive:1.POC-0041. 2. POC-0041B complete with local sexual assault service provider contact information. Section II.A. states, “Upon transfer to a facility, each inmate shall receive:1. POC-0041 if they state they don’t already have a copy. 2. POC-0041B complete with local sexual assault service provider contact information.” Collectively, these policies guide facility practice regarding inmate education.</p> <p>RYOCF is not an “intake” facility as defined by the standards. All RYOCF inmates have been</p>	

transferred into the facility from another agency facility. Prior to arrival, inmates have received education regarding agency zero-tolerance policy regarding sexual abuse, sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment prior to arrival. Additionally, effective December 19, 2018, the agency's zero tolerance statement and reporting methods are printed on the back of new or reprinted inmate identification cards. This was observed on-site and a photocopy of an inmate ID was obtained. Nonetheless, the facility provides the inmates with the Wisconsin Department of Corrections, Division of Adult Institutions, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates POC-41 upon arrival.

Intake staff report that inmates do receive information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates will receive this information upon transfer and during orientation. Orientation is usually completed within a week of arrival.

96% of random inmates reported having received information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment upon arrival. Many inmates were able to specifically cite that the information was provided during a meeting with HSU staff.

The PAQ reported that in the past 12 months 325 inmates 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 within 30 days of intake. Twelve random files were selected for the purpose of evaluating transfer education records. A review of inmate transfer documents indicated that 100% received the Wisconsin Department of Corrections, Division of Adult Institutions, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates POC-41 upon transfer.

Agency policy is in place to provide inmates with the information required by provision 115.33(a). The institutional process was found to provide information explaining 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. Based on the above, the facility has demonstrated substantial compliance with provision 115.33(a).

115.33(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.B.2. states, "Within 30 days of intake at adult facilities and within 10 days at juvenile facilities, the facility shall provide a comprehensive education to offenders either in person or through video regarding [§115.33(b), (§115.333(b)): a. The DOC's zero tolerance policy, including offenders' right to be free of sexual abuse, sexual harassment and disclosure-related retaliation; and b. The DOC's policies and procedures for responding to such incidents." Division of Adult Institutions, Policy and Procedures 410.20.01 I.B. states, Within 30 days of intake, each inmate shall be provided comprehensive PREA education, which includes: 1. Viewing the video "Sexual Abuse and Sexual Harassment Prevention and Intervention." 2. Following the

video a staff facilitated discussion shall occur and include: a. The facility's cross-gender announcement procedure. b. Local sexual assault service provider contact information. c. Notable facility-specific PREA procedures. 3. Facilities shall use POC-0041C to guide their comprehensive education." Section II.B states, "Within 30 days of transfer, each inmate shall be provided comprehensive PREA education, which includes, at minimum, a staff facilitated discussion of: 1. The agency's zero tolerance for sexual abuse, sexual harassment and report-related retaliation. 2. Sexual abuse and sexual harassment reporting options. 3. The facility's cross-gender announcement procedure. 4. Local sexual assault service provider contact information. 5. The facility's response procedure. 6. Notable facility-specific PREA procedures. Section C. states, "Facilities shall use POC-0041C to guide their comprehensive education." Collectively, these policies guide facility practice regarding inmate education.

Comprehensive orientation is conducted in a group setting at the facility library. Comprehensive orientation is guided by the Inmate and Youth PREA Education Facilitator Guide POC-0041C includes the Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates Video; a review of Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA); if not already provided a copy of the Wisconsin Department of Corrections, Division of Adult Institutions, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates POC-41 is provided; a description of all reporting options available; notice of cross gender announcements; and advise inmates of the victim services coordinator's (VSC) role. Training also covers victim advocate availability, emotional support and crisis intervention services and services referral. Confidentiality relative to contacting advocates, emotional support and crisis intervention services is also discussed.

Intake staff reported that inmates receive the handbook upon arrival. Additionally, it was reported that inmates also participate in facility orientation. Orientation is typically completed within a week of arrival. 96% of random inmates reported having participated in comprehensive orientation. Inmates generally reported that this information was received within the first week of arrival. None of the inmates indicate that this information was received after thirty days. Only one inmate reported not receiving comprehensive education at all.

Twelve random files were selected for the purpose of evaluating comprehensive education records. A review of inmate transfer documents noted that 100% of inmates who transferred in to the facility had received comprehensive education within 30 days of arrival. These documents were also accompanied by inmate signatures.

Policy requires that WIDOC facilities have a comprehensive education program. Both inmates and staff indicate that comprehensive education is provided. Education records demonstrate that education is provided. Based on the above, the facility has demonstrated substantial compliance with provision 115.33(b).

115.33(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.B.3. states, "Upon transfer to another facility, offenders shall receive education specific to the

facility's sexual abuse, sexual harassment and report-related retaliation policies and procedures to the extent they differ from the previous facility [§115.33(c), §115.333(c)]." This policy guides facility practice regarding inmate education.

In the past 12 months the RYOFC has turned over 70% of its capacity. 96% of random inmates reported receiving education upon transfer. Inmates reported that education was received within the first week of arrival. Twelve random files were selected for the purpose of evaluating transfer education records. A review of inmate transfer documentation noted that 100% received education upon transfer to RYOFC.

Intake staff reported that inmates do receive information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates receive this information upon transfer and at orientation within a week of arrival.

Agency education information is standardized and does not change from one facility to the next. Nevertheless, the process for all incoming RYOFC inmates is the same, regardless of how the inmate arrived at the facility. All inmates go through the very same intake and comprehensive education process as any other inmate. Any difference would be dependent upon the specific needs of the inmate (e.g. interpreter services). Based on the above, the facility has demonstrated substantial compliance with provision 115.33(c).

#### 115.33(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.B.4. states, "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. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities [§115.16(a, b), §115.316(a, b), §115.33(d), §115.333(d)]." This policy guides facility practice regarding inmate education.

The agency provides inmates with the Wisconsin Department of Corrections, Division of Adult Institutions, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates POC-41 in Spanish, Braille, and audiobook. The agency makes available video remote and in-person sign language services. Interpreter services are also available remotely and in-person through several vendors.

Agency policy requires equal opportunity access to inmates with disabilities and inmates who are limited English proficient. Education materials are available in multiple formats. Additionally, interpreter and sign language services are available through multiple vendors. Based on the above, the facility has demonstrated substantial compliance with provision 115.33(d).

115.33(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.B.5. states, "Each facility shall maintain documentation of offender participation in these education sessions [§115.33(e), §115.333(e)]." Division of Adult Institutions, Policy and Procedures 410.20.01 section III regarding acknowledgement of education states, "A. At the intake facility, inmates shall acknowledge they received POC-0041, POC-0041B and comprehensive education by signing the Acknowledgement of PREA Education offender standard form in WICS using an electronic signature pad. B. This acknowledgement shall be completed in WICS each time an inmate transfers." Collectively, these policies guide facility practice regarding inmate education.

Twelve random files were selected for the purpose of evaluating intake records and comprehensive orientation records. Inmates electronically sign the Acknowledgement of Receipt of Access to Information, Prison Rape Elimination Act (PREA) Education. A review of inmate file documents indicated that 100% of inmates acknowledged having received the required information.

Agency policy requires acknowledgement of receipt of information received. Inmate education records reflect that signatures are obtained and maintained electronically. Based on the above, the facility has demonstrated substantial compliance with provision 115.33(e).

115.33(f)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.6. states, "Each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, handbooks or other written formats [§115.33(f), §115.333(f)]." This policy guides facility practice regarding inmate education.

PREA information was observed to be continuously and readily available to the inmate population. PREA signage containing hotline, third party/external reporting, and advocacy/support services was noted throughout the institution. Signage was also observed to be available in both English and Spanish. Inmates are provided with a personal copy of the Wisconsin Department of Corrections, Division of Adult Institutions, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates POC-41 and Sexual Abuse in Confinement A Resource for Offenders POC-41B. PREA Information is also continuously available via the facility's closed circuit television system.

Agency policy requires information to be continuously available. Information was noted as being posted throughout the facility, provided in hard copy, and televised via closed circuit television. Based on the above, the facility has demonstrated substantial compliance with provision 115.33(f).

Recommendations:

• None

Corrective Action:

• None

115.34	<b>Specialized training: Investigations</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions, Policy and Procedures 306.00.14</li> <li>• Sexual Abuse and Sexual Harassment Investigations</li> <li>• Investigations Training Syllabus</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Investigative Staff</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.34(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.4 states, in part “Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.” This policy guides facility practice regarding specialized training: investigations.</p> <p>Agency policy does require staff who conduct administrative investigations into allegations of sexual abuse and sexual harassment receive training on how to conduct sexual abuse and sexual harassment allegations in a confinement setting. Based on the above, the facility has demonstrated substantial compliance with provision 115.34(a).</p> <p>115.34(b)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.4 states, in part “Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in</p>	

confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.” This policy guides facility practice regarding specialized training: investigations.

The Sexual Abuse and Sexual Harassment Investigations training curriculum was obtained, reviewed, and retained for audit purposes. The curriculum is included as a piece of the agency’s overall investigations program. The entire program is 40 hours long; the last two days or 16 hours is dedicated solely to PREA investigations. Training includes a slide presentation, lecture, scenarios, and video presentations. Training covers interviews, proper use of Miranda, Garrity, and Oddsen Warnings, evidence collection pursuant to Division of Adult Institutions (DAI), Policy and Procedures 306.00.14, evidentiary standards necessary to substantiate a case for administrative action or prosecution referral.

Investigative staff reported that investigator training is 40 hours long; 16 hours is specifically dedicated to PREA investigations. Staff demonstrated knowledge in techniques for interviewing victims, proper use of Miranda Garrity, and Oddsen rules, evidentiary standards, and incident response protocol. During the interview it was noted that investigative staff are well versed in evidence collection and processing procedures.

Specialized training does include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews demonstrated that investigative staff are trained in how to conduct such investigations. Based on the above, the facility has demonstrated substantial compliance with provision 115.34(b).

#### 115.34(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.4. states, in part “The DOC shall maintain documentation of training completion [§115.34, §115.334, §115.71(b), §115.371(b), §115.371(b)].” This policy guides facility practice regarding specialized training: investigations.

The PAQ noted that the agency currently employs has investigators who have completed the required training. Electronic training records were obtained, reviewed, and retained for audit purposes. Upon review it was noted that RYOFC currently has 17 staff who have completed specialized investigator training. Records include the location and date the training was completed.

Documentation of agency investigators who have completed specialized training in the conduct of sexual abuse investigations is maintained pursuant to agency policy. Training records for the RYOFC based investigators demonstrates that facility investigators have completed specialized training. Based on the above, the facility has demonstrated substantial compliance with provision 115.34(c).

#### 115.34(d)

The auditor is not required to audit this provision.

Recommendations:

- None

Corrective Action:

- None

**115.35 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation:

- Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)
- PREA for Healthcare Workers
- RYOCF PREA Healthcare Staff Online Training
- RYOCF PREA Online Course (Refresher)
- RYOCF PREA Online Course

Interviews:

- Medical and mental health staff

Site Review:

- None

115.35(a)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.5. states, "All medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on the subparts below. The DOC shall maintain documentation that such training has been received [§115.35, §115.335]: a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse; c. 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." This policy guides facility practice regarding specialized training medical and mental health care.

Healthcare training is computer based and delivered via the PREA for Healthcare Workers training module (module). The module is 18 pages in length and knowledge checks are spaced throughout the module. Staff understanding is assessed at the end in the form of a "quiz" and completion of this training is tracked electronically.

The training module covers healthcare worker first responder duties including stabilizing and assessing the patient for signs of abuse. Healthcare worker reporting requirements, confidentiality requirements and evidence preservation are discussed at length. Healthcare worker training also covers requesting that the victim does not wash, shower, change clothes, use the bathroom, eat, drink or smoke. Likewise, healthcare workers are advised to ensure that suspects refrain from all the activities noted above. Also discussed is collection of clothing or other evidence. Healthcare workers are also apprised of their role in providing timely,

unimpeded access to emergency care, crisis intervention, and support services. Training also covers integrating a trauma informed approach of recognizing, validating, supporting, and believing the trauma and abuse experience by the victim.

Medical and mental healthcare staff reported that training does cover how to detect and assess signs of abuse and harassment; how to preserve physical evidence; how to respond effectively and professionally to victims; and how and to whom to report allegations. One staff member reported that evidence preservation was not included; however, a review of the training module noted otherwise.

Agency policy requires medical and mental health care receive training in how to detect and assess signs of abuse and harassment; how to preserve physical evidence; how to respond effectively and professionally to victims; and how and to whom to report allegations. Interviews indicate that training is provided. Based on the above, the facility has demonstrated substantial compliance with provision 115.35(a).

#### 115.35(b)

Per the PAQ, neither the agency nor the facility conducts forensic medical exams. Medical and mental healthcare staff verified that forensic examinations are conducted off-site at Ascension Hospital.

During discussions with medical, mental health, and facility staff it is evident that facility health care staff do not conduct forensic medical exams. All forensic medical exams are conducted at a local hospital. Based on the above, the facility has demonstrated substantial compliance with provision 115.35(b).

#### 115.35(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.5. states, "The DOC shall maintain documentation that such training has been received [§115.35, §115.335]," regarding receipt of training. This policy guides facility practice regarding specialized training medical and mental health care.

The RYOCF PREA Healthcare Staff Online Training contains the documented proof that medical and mental health practitioners have received training pursuant to provision 115.35(c). A review of these documents noted dates, times and test scores related to completion of the healthcare training. Per the RYOCF PREA Healthcare Staff Online Training all medical and mental health staff have completed training.

Medical and mental health practitioner training is documented per policy. Medical and mental health care practitioner training records were reviewed and demonstrate compliance with the standard. Based on the above, the facility has demonstrated substantial compliance with provision 115.35(c).

#### 115.35(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.1. states, in part “The DOC shall train all new staff members on the department's zero-tolerance policy for sexual abuse and sexual harassment. All staff members shall receive training every two years; in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies.” Section XI.A.1 also states, “Each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received [§115.31, §115.331].” Section XI.A.5. states, “The DOC shall maintain documentation that such training has been received [§115.35, §115.335],” regarding receipt of training. This policy guides facility practice regarding specialized training medical and mental health care.

The RYOCF PREA Healthcare Staff Online Training was cross referenced with the RYOCF PREA Online Course (Refresher) and RYOCF PREA Online Course documentation. Upon review it was noted that 100% of medical and medical health care practitioners had received training mandated for employees under 115.31.

Policy requires that all employees receive training pursuant to Standard 115.31 and records detailing the receipt of training be maintained. Medical and mental health care practitioner training records indicated that training is complete. Based on the above, the facility has demonstrated substantial compliance with provision 115.35(d).

Recommendations:

- None

Corrective Action:

- None

**115.41 Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation:

- Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions, Policy and Procedures 410.30.01
- PREA Screening Tool Adult Male Facility DOC-2781B

Interviews:

- Staff who Perform Screening for risk of Victimization and Abusiveness
- Random Inmates
- PREA Coordinator
- PREA Compliance Manager

Site Review:

- HSU Screening Process
- Wisconsin Integrated Corrections System (WICS)

115.41(a)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.A. states, in part “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 towards other offenders.” Division of Adult Institutions, Policy and Procedures 410.30.01 states, “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.” Collectively, these policies guide facility practice regarding screening for risk of victimization or abusiveness.

The auditor was able to directly observe the initial risk assessment process during the on-site audit. Upon arrival to RYOCF inmates are processed through health services unit (HSU). The initial risk assessment is conducted in a medical exam room, by HSU staff, who conduct a one on one interview with the inmate. Risk assessment questions are asked, and answers are entered into the Wisconsin Integrated Corrections System (WICS) computerized risk assessment tool. A total of 19 risk assessment records were obtained, reviewed, and retained for audit purposes. Risk assessment documents demonstrate that intake screening is conducted upon transfer into the facility.

74% of inmates reported being asked questions that appear on the risk assessment tool. Many inmates specifically reported that this occurred during the intake process. Only 9% of

inmates reported never being asked questions related to the risk assessment tool. 17% of inmates did not provide a response to this question when asked.

Staff who perform the initial screening for risk of victimization and abusiveness reported that screening is conducted upon transfer into the facility. It was reported that screening usually takes place the day of transfer into the facility.

Document analysis, interview results and onsite observations indicate that inmates are screened upon transfer into the facility. Based on the above, the facility has demonstrated substantial compliance with provision 115.41(a).

#### 115.41(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.A. states, in part “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 towards other offenders.” Division of Adult Institutions, Policy and Procedures 410.30.01 states, “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.” Collectively, these policies guide facility practice regarding screening for risk of victimization or abusiveness.

The auditor was able to directly observe the initial risk assessment process during the on-site audit. Upon arrival to RYOCF inmates are processed through health services unit (HSU). These inmates were observed to be the same inmates that were processed through the transfer office earlier in the day. Furthermore, a total of 19 risk assessment records were obtained, reviewed, and retained for audit purposes. Risk assessment documents demonstrate that 100% of inmates who transferred into the facility received the initial risk assessment within 72 hours.

74% of inmates reported that the risk assessment questions were asked during the intake process. Only 9% of inmates reported never being asked questions related to the risk assessment tool. 17% of inmates did not provide a response to this question when asked. Staff who perform the initial screening for risk of victimization and abusiveness reported that screening usually takes place the day of arrival.

Through sample document analysis, interviews, and onsite observations, RYOCF has demonstrated that inmates are screened upon transfer into the facility. Based on the above, the facility has demonstrated substantial compliance with provision 115.41(b).

#### 115.41(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.A. states, in part “The objective screening instrument shall include, at minimum, the following

criteria [§115.41(a-e), §115.341(a-c)].” This policy guides facility practice regarding screening for risk of victimization or abusiveness.

Risk screening is conducted using the Wisconsin Integrated Corrections System (WICS), a blank hard copy of the PREA Intake Screening – Adult Male Facility form was obtained, reviewed, and retained by the auditor. Note that the Wisconsin Integrated Corrections System (WICS) is merely an electronic version of the PREA Intake Screening – Adult Male Facility form. The Wisconsin Integrated Corrections System (WICS) and PREA Intake Screening – Adult Male Facility form is the agency-approved standardized screening instrument.

The risk screening instrument considers sixteen separate risk factors. Each risk factor is assigned a numerical point value based on the information obtained during an interview with the inmate. The instrument assigns a numerical point value to questions related to risk of victimization, risk of abusiveness, and past behavior. Each “yes” answer assigns a point value to a specific factor. Some questions are weighted based on the increased risk (e.g. demographics and history) associated with that factor. Designations are determined by calculating the numerical values associated with all “Yes” answers in the risk of victimization and risk of abusiveness columns. The sum of both columns is compared, and the higher number determines the inmate’s risk designation. Risk assessment documentation confirms that this is the tool utilized to conduct risk assessments.

The PREA Intake Screening – Adult Male Facility demonstrates that an objective screening instrument is utilized to objectively screen inmates. Furthermore, a scoring matrix and relevant scoring range ensures consistency in scoring. Based on the above, the facility has demonstrated substantial compliance with provision 115.41(c).

#### 115.41(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.A. states, in part “The objective screening instrument shall include, at minimum, the following criteria [§115.41(a-e), §115.341(a-c)]. Offenders may not be disciplined for refusing to answer or for failing to disclose information in regards to the assessment questions [§115.41(h)]. 1. The presence of a mental, physical or developmental disability; 2. Level of emotional and cognitive development (juveniles facilities only); 3. Age; 4. Physical build; 5. Previous incarcerations; 6. Exclusively nonviolent criminal history; 7. Prior convictions for sex offenses against an adult or child; 8. Is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex or gender nonconforming; 9. Previously experienced sexual victimization; 11. Offender’s perception of vulnerability” It should be noted that the WIDOC does not detain inmates solely for civil immigration purposes. This policy guides facility practice regarding screening for risk of victimization or abusiveness.

Risk screening is conducted using the Wisconsin Integrated Corrections System (WICS), a blank copy of the PREA Intake Screening – Adult Male Facility form was obtained, reviewed, and retained by the auditor. The Wisconsin Integrated Corrections System (WICS) and PREA Intake Screening – Adult Male Facility form is the agency-approved standardized screening instrument. It should be noted that the Wisconsin Integrated Corrections System (WICS) is

merely an electronic version of the PREA Intake Screening – Adult Male Facility form. The instrument is essentially administered in two parts. The inmate is personally interviewed using the screening instrument and then case management staff conduct a records review of historical information. Note that both processes were directly observed by the auditor.

The PREA Intake Screening – Adult Male Facility form considers 16 separate factors. Factors considered include the employees perception of the inmate (appears young or gender non-conforming); the age of the inmate; the physical build of the inmate; if the inmate is gay or bisexual or if others think the inmate is gay or bisexual; and if the inmate is transgender or intersex. The screening instrument inquires about past victimization in the community; victimization in a confinement setting; and if the inmate has any concerns or fears of personal safety at the facility. Other factors considered include if the inmate is serving a first prison sentence; convictions for violent offenses; conviction for sexual offenses; prior history of victimization in confinement; and whether the inmate has a mental, physical, or developmental disability. Staff who perform screening for risk of victimization and abusiveness were knowledgeable in the contents of the risk screening instrument. Staff were able to cite many of the factors required to complete the risk assessment.

A review of the screening instrument noted that it does consider all of the criteria required by provision 115.41(d)(7). Interviews demonstrate that staff are knowledgeable in the criteria necessary to effectively administer the risk screening tool. Based on the above, the facility has demonstrated substantial compliance with provision 115.41(d).

#### 115.41(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.A. states, in part “10. Prior acts of sexual abuse, prior convictions for violent offenses and/or history of prior institutional violence or sexual abuse;” This policy guides facility practice regarding screening for risk of victimization or abusiveness.

The PREA Intake Screening – Adult Male Facility form considers 16 separate factors. Factors considered include past substantiated sexual abuse, past sexual assault misconducts, and conduct reports for physical assault. Staff who perform screening for risk of victimization and abusiveness were knowledgeable in the contents of the risk screening instrument.

A review of the screening instrument noted that it does consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency. Interviews demonstrated that staff are knowledgeable in criteria necessary to effectively administer the risk screening tool. Based on the above, the facility has demonstrated substantial compliance with provision 115.41(e).

#### 115.41(f)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section

XII.D. states, in part “In addition to the initial screening, within 30 days of arrival, the facility shall reassess the offender’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening [§115.41(f)].” This policy guides facility practice regarding screening for risk of victimization or abusiveness.

A total of 19 risk re-assessment records were obtained, reviewed, and retained for audit purposes. The Wisconsin Integrated Corrections System (WICS) is utilized to conduct the 30-day re-assessment. A review of 19 randomly selected inmate risk screening re-assessment records noted that 100% of risk screening re-assessments were completed within 30-days.

Staff who perform screening for risk of victimization and abusiveness were knowledgeable in the re-assessment process. These same staff also reported that re-assessments are conducted within 30 days of arrival. 67% of inmates were able to recall being asked questions that are associated with the risk screening re-assessment. Several inmates reported arriving at the facility less than 30-days prior to the audit; therefore, re-assessments were not due.

Policy requires risk-reassessment to be completed within 30-days of transfer into the facility. Documentation and interviews confirm that 30-day risk screening re-assessments are completed as required. Based on the above, the facility has demonstrated substantial compliance with provision 115.41(f).

#### 115.41(g)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.D. states, in part “an offender’s risk level shall 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(g)].” This policy guides facility practice regarding screening for risk of victimization or abusiveness.

A review of investigation documents noted one instance where a risk re-assessment may be necessary. However, the investigation is still on-going; therefore, the re-assessment has not been completed. Staff who perform risk screening report that a re-assessment is conducted as needed due to referral, request, incident of sexual abuse, or upon receiving additional information.

67% of inmates were able to recall having been asked questions that are associated with the risk screening re-assessment. However, it is believed that most inmates were speaking of the 30-day re-assessment rather than any re-assessment required as a result of referral, request, incident of sexual abuse, or upon receiving additional information.

The agency does have a policy that requires a re-assessment when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. Staff interviews confirmed knowledge of this requirement. Based on the above, the facility has demonstrated substantial compliance with provision 115.41(f).

115.41(h)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.A. states, in part “ Offenders may not be disciplined for refusing to answer or for failing to disclose information in regards to the assessment questions [§115.41(h)]. ” Division of Adult Institutions, Policy and Procedures 410.30.01 section I.A. states, “Inmates may not be disciplined for refusing to answer or for failing to disclose responses to the screening questions.” Collectively, these policies guide facility practice regarding screening for risk of victimization or abusiveness.

Staff who perform risk screening report that an inmate is not disciplined for refusing to respond or for not disclosing complete information. There was no documentation to refute agency policy or statements made by staff who perform risk screening. Based on the above, the facility has demonstrated substantial compliance with provision 115.41(h).

115.41(i)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.F. states, in part “Appropriate controls shall be placed on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders [§115.41(i), §115.341(e)].” This policy guides facility practice regarding screening for risk of victimization or abusiveness.

The agency PREA coordinator confirmed that measures have been taken to protect risk assessment information. There is a policy requirement stating that only certain staff may access this information. Hard copy risk assessment documentation is filed in the confidential section of the inmate's file. When accessing electronic information, a warning dialog box will appear advising that information is restricted, and access may be a violation of federal laws or rules. Furthermore, certain supervisory staff can query who has accessed this information.

The facility compliance manager reported that the PREA compliance manager, security director, intake unit manager, and medical and mental health staff are the only staff who have access to this information. Staff who perform risk screening indicated that risk assessment information is limited to supervisors, social workers, and medical and mental health practitioners.

Based on the above, the facility has demonstrated substantial compliance with provision 115.41(i).

Recommendations:

- None

Corrective Action:

- None

<b>115.42</b>	<b>Use of screening information</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 459 360">Documentation:</p> <ul data-bbox="252 416 1385 528" style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions, Policy and Procedures 306.00.72</li> <li>• PREA Screening Tool Adult Male Facility DOC-2781B</li> </ul> <p data-bbox="252 584 395 618">Interviews:</p> <ul data-bbox="252 674 1185 831" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• PREA Compliance Manager</li> <li>• Staff who Perform Screening for Risk of Victimization and Abusiveness</li> <li>• LGBTI Inmates</li> </ul> <p data-bbox="252 887 416 920">Site Review:</p> <ul data-bbox="252 976 451 1010" style="list-style-type: none"> <li>• Housing Units</li> </ul> <p data-bbox="252 1099 371 1133">Findings:</p> <p data-bbox="252 1189 379 1223">115.42(a)</p> <p data-bbox="252 1267 1481 1984">Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIII.A. states, in part “Information obtained from the initial or follow-up screening shall inform housing, bed, work, education and program 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. For the purposes of education, programming, work, and recreation activities, line-of-sight monitoring by DOC staff is sufficient to maintain separation [§115.42(a), §115.342(a)].” Division of Adult Institutions, Policy and Procedures 306.00.72 section II.A. states, “Screening information shall be used to inform staff making housing and bed assignments. The expectation is to keep inmates who score as a high risk of being sexually victimized separate from those scoring as a high risk for being sexually abusive.” Section II.B. states, Screening information shall be used to inform staff making work, education and program assignments. The expectation is to supervise or separate inmates who score as a high risk of being sexually victimized from those scoring as a high risk for being sexually abusive.” Collectively, these policies guide facility practice regarding use of screening information.</p> <p data-bbox="252 2040 1473 2152">The PREA compliance manager reported that risk screening information is utilized to keep inmates safe. If an inmate is determined to be at risk, the facility, will house that individual in a manner that considers the inmate’s vulnerability. For instance, incoming inmates may not be</p>

placed in the intake unit and may be placed elsewhere to ensure their safety.

Staff who perform screening reported that risk screening information is utilized to determine housing assignments in order to keep inmates at risk of victimization separated from inmates who are at risk of being abusive. Sample documentation of inmate housing assignments was provided. Upon review it was noted that those who are at risk of victimization are separated from those who are at risk of abusiveness according to risk assessment designations. The documentation demonstrates that inmates are separated by cell according to their risk assessment scores.

Agency policy requires the use of risk assessment information when considering housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Interviews indicate that those who are at risk of victimization are separated from those who are at risk of abusive behavior. Documentation verified that risk assessment information is considered when making housing, bed, work, education and program assignments.

Based on the above, the facility has demonstrated substantial compliance with provision 115.42(a).

115.42(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIII.A. states, "Individualized placement determinations shall be made for each offender [§115.42(b)]." Division of Adult Institutions, Policy and Procedures 306.00.72 section II.D. states, "Individualized determinations about how to ensure the safety of each inmate shall be made." Collectively, these policies guide facility practice regarding use of screening information.

Staff who perform screening reported that inmates at risk of victimization are separated from inmates at risk of abusiveness based the risk assessment score. Those who are at risk of victimization are housed in cells with compatible risk assessment scores. A review of facility documentation noted that the facility does make individualized determinations regarding the safety of each inmate.

Agency policy requires the facility to make an individualized determination about how to ensure the safety of each inmate. The facility did provide documentation that demonstrates information from the risk screening is utilized to make determinations to ensure the safety of each inmate. Based on the above, the facility has demonstrated substantial compliance with provision 115.42(b).

115.42(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section

XIII.E.2. states, in part “When making facility, cell/unit housing and programmatic assignments for transgender or intersex offenders the DOC shall consider on a case-by-case basis whether a placement would ensure the offender’s health and safety and whether the placement would present management or security problems [§115.42(c), §115.342(d)],” This policy guides facility practice with regard to use of screening information.

A review of the PREA Screening Tool Adult Male Facility DOC-2781B form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. However, at the time of the on-site audit there were no transgender or intersex inmates, identified through the screening process, currently housed at the facility. Additionally, the auditor did not discover through interviews or direct observation any inmates that were perceived to be transgender or intersex. Therefore, no transgender or intersex inmates were interviewed.

The PREA compliance manager reported that housing and programming assignments for transgender and intersex inmates are reviewed with program staff, and psychological services staff. Additionally, consideration is given to the inmate’s assessment of their own personal safety. The facility also takes into consideration whether the welfare of the individual and if the placement will present a management problem.

Based on the above, the facility has demonstrated substantial compliance with provision 115.42(c).

115.42(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIII.E.3. states, “Placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to the safety experienced by the offender [§115.42(d), §115.342(c)].” Division of Adult Institutions, Policy and Procedures 306.00.72 section II.E.4 states, “In accordance with DAI policy 500.70.27, placement and programming assignments for each transgender or intersex inmate shall be reviewed at a reclassification hearing a minimum of every six months to review any threats to safety experienced by the inmate.” Collectively, these policies guide facility practice regarding use of screening information.

A review of the PREA Intake Screening form noted that it does affirmatively inquire as to whether an inmate is transgender or intersex. However, at the time of the on-site audit there were no transgender or intersex inmates, identified through the screening process, currently housed at the facility. Additionally, the auditor did not discover through interviews or direct observation any inmates that were perceived to be transgender or intersex. Therefore, no transgender or intersex inmates were interviewed.

The PREA compliance manager indicated that placement and programming assignments for transgender and intersex inmates are reviewed with the case management team every thirty days. Staff who perform risk screening added that placement decisions are reviewed by case management at least bi-annually.

Based on the above, the facility has demonstrated substantial compliance with provision 115.42(d).

115.42(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIII.E.2 states, in part “to serious consideration of the offender's own views with respect to their own safety [§115.42(e), §115.342(f)].” Division of Adult Institutions, Policy and Procedures 306.00.72 section II.E.2 states, Housing and programming assignments are made on a case-by-case basis. Such placement decisions shall ensure the inmate’s health and safety, which includes giving serious consideration to the inmate’s own view of safety and any management or security problems.” Collectively, these policies guide facility practice regarding use of screening information.

A review of the PREA Screening Tool, Adult Male Facility DOC-2781B form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. However, at the time of the on-site audit there were no transgender or intersex inmates, identified through the screening process, currently housed at the facility. Additionally, the auditor did not discover through interviews or direct observation any inmates that were perceived to be transgender or intersex. Therefore, no transgender or intersex inmates were interviewed.

The PREA compliance manager reported that transgender and intersex inmate’s own views with respect the his or her own safety are seriously considered. Reassessments are completed on a regular basis and adjustments are made based on the inmate's safety needs. Staff who conduct risk screening also reported that transgender and intersex inmate’s own views with respect the his or her own safety are given serious consideration.

Based on the above, the facility has demonstrated substantial compliance with provision 115.42(e).

115.42(f)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIII.E.4. states, “Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders [§115.42(f)], [§115.342(g)].” Division of Adult Institutions, Policy and Procedures 306.00.72 section II.E.3 states, “Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates who are not transgender or intersex.” Collectively, these policies guide facility practice regarding use of screening information.

A review of the PREA Screening Tool, Adult Male Facility DOC-2781B form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. However, at the time of the on-site audit there were no transgender or intersex inmates, identified through the screening process, currently housed at the facility. Additionally, the auditor did not discover

through interviews or direct observation any inmates that were perceived to be transgender or intersex. Therefore, no transgender or intersex inmates were interviewed. It should be noted that two bisexual inmates were interviewed and reported that they are afforded the opportunity to shower separately.

The PREA compliance manager reported that the facility allows transgender and intersex inmates to shower after 9:30 PM. This allows the inmate to shower when there is no movement in the unit and ensures access to the handicapped shower for increased privacy. Staff who conduct risk screening also reported that transgender and intersex inmates are allowed shower separately from other inmates.

Based on the above, the facility has demonstrated substantial compliance with provision 115.42(f).

115.42(g)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIII.E.1. states, "Lesbian, gay, bisexual, transgender or intersex offenders shall not be placed in dedicated facilities, wings or units solely on the basis of such identification or status [§115.42(g), §115 342(c)]." This policy guides facility practice regarding use of screening information.

A review of the PREA Screening Tool Adult Male Facility DOC-2781B form revealed that it does affirmatively inquire as to whether an inmate is gay, transgender or intersex. However, at the time of the on-site audit there were no gay, transgender or intersex inmates, identified through the screening process, currently housed at the facility. Additionally, the auditor did not discover through interviews or direct observation any inmates that were perceived to be gay, transgender, or intersex. Therefore, no gay, transgender, or intersex inmates were interviewed. However, two inmates who identified as bisexual were interviewed. Bisexual inmates reported that RYOFC does not house lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units or wings based on their identification status. On-site observations support that inmates are housed according to their security and programming needs and are not housed according to their LGTBI status.

The PREA coordinator reported that the agency does not have specific units for any inmate demographic. Rather inmates are housed according to their respective security and programming needs (i.e. risk assessment and classification scores etc.). Therefore, a unit may house any gender identity or sexual orientation according to the security and programming needs of the inmate.

Per policy, RYOFC does not house lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units or wings based on their identification status. Rather the institution houses all inmates based on security and programming needs. Based on the above, the facility has demonstrated substantial compliance with provision 115.42(g).

Recommendations:

• None

Corrective Action:

• None

115.43	<b>Protective Custody</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions, Policy and Procedures 306.00.72</li> <li>• Active Special Handling Roster</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Warden or Designee</li> <li>• Staff who supervise inmate in segregated housing</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• Restrictive status housing unit.</li> </ul> <p>Findings:</p> <p>115.43(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIII.B.1. states, in part “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. 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 [§115.43(a)].” The Review of Inmate Restrictive Housing form is utilized to document the appropriate reviews in accordance with Standard 115.43. These documents guide facility practice regarding protective custody.</p> <p>The facility does have a 27-bed restrictive status housing unit. The PAQ indicated that zero inmates at high risk of sexual victimization were held in involuntary segregated housing during the past 12 months. The Active Special Handling Roster was reviewed. This roster identifies all inmates at risk of victimization by housing assignment. Upon review it was confirmed that no inmates at risk of victimization were currently housed in the restrictive status housing unit.</p> <p>The warden reported that the facility follows Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) regarding placing inmates at high risk of victimization in the restrictive status housing unit. The warden also reported that the restrictive housing unit could be utilized as a last resort. However, the facility is more likely to separate the victim and abuser through other means such as housing unit moves or institutional transfers.</p>	

Based on the above, the facility has demonstrated substantial compliance with provision 115.43(a).

115.43(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIII.B.4. states, "Offenders separated from the general population for this purpose shall have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities the facility shall document the opportunities limited, the reason for such limitations and the duration of the limitation [§115.43(b)]." This policy guides facility practice regarding protective custody.

The facility does have a 27-bed restrictive status housing unit. A review of the PAQ noted that zero inmates who were at high risk of sexual victimization were held in involuntary segregated housing in the past 12 months. The Active Special Handling Roster was reviewed. This roster identifies all inmates at risk of victimization by housing assignment. Upon review it was noted that no inmates at risk of victimization were currently housed in the restrictive status housing unit.

Staff who supervise inmate in segregated housing reported that inmates in the restrictive housing unit do have access to programs, privileges, education, and work opportunities. Staff reported that any limitations are documented on a form that lists all the of the activities for that inmate. Furthermore, staff who supervise inmates in segregated housing reported that they have never seen an inmate who is at high risk of sexual victimization assigned to restrictive housing.

Based on the above, the facility has demonstrated substantial compliance with provision 115.43(b).

115.43(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIII.B.3. states, "Involuntary separation from the general population shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days [§115.43(c)]." The Review of Inmate Restrictive Housing form is utilized to document the appropriate reviews in accordance with Standard 115.43. These documents guide facility practice regarding post allegation protective custody. These documents guide facility practice regarding protective custody.

The facility does have a 27-bed restrictive status housing unit. The PAQ indicated that zero inmates who were at of victimization were held in involuntary segregated housing in the past 12 months. The Active Special Handling Roster was reviewed. This roster identifies all inmates at risk of victimization by housing assignment. Upon review it was noted that no inmates at risk

of victimization were currently housed in the restrictive status housing unit.

The warden reported that the restrictive housing unit could be utilized as a last resort. However, placement would not be for more than 24 hours awaiting a review by the security director or other staff. The facility is more likely to separate the victim through housing unit moves or institutional transfers. Staff who supervise inmates in segregated housing reported that inmates are only placed in the restrictive housing unit for their safety, to keep them from being victimized, until an alternative placement can be made.

Based on the above, the facility has demonstrated substantial compliance with provision 115.43(c).

115.43(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIII.B.2. states, "If an offender is involuntarily separated from the general population the facility shall document the basis for the facility's concern for the offender's safety and the reason an alternate placement cannot be arranged [§115.43(d)]." This policy guides facility practice regarding protective custody.

The facility does have a 27-bed restrictive status housing unit. The PAQ noted that zero inmates who were at high risk of sexual victimization were held in involuntary segregated housing in the past 12 months. The Active Special Handling Roster was reviewed. This roster identifies all inmates at risk of victimization by housing assignment. Upon review it was noted that no inmates at risk of victimization were currently housed in the restrictive status housing unit.

Based on the above, the facility has demonstrated substantial compliance with provision 115.43(d).

115.43(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIII.B.3. states, in part "Every 30 days, the facility shall review the offender's circumstances to determine whether there is a continuing need for separation from the general population and document accordingly [§115.43(e)]." This policy guides facility practice regarding protective custody.

The facility does have a 27-bed restrictive status housing unit. The PAQ indicated that zero inmates were held in involuntary segregated housing in the past 12 months for high risk of sexual victimization. The Active Special Handling Roster was reviewed. This roster identifies all inmates at risk of victimization by housing assignment. Upon review it was noted that no inmates at risk of victimization were currently housed in the restrictive status housing unit. Staff who supervise inmates in segregated housing reported that they have never seen an

inmate who is at high risk of sexual victimization assigned to restrictive housing. Likewise, staff reported that they have never seen an inmate assigned to restrictive housing for 30 days for this purpose.

Based on the above, the facility has demonstrated substantial compliance with provision 115.43(e).

Recommendations:

- None

Corrective Action:

- None

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions, Policy and Procedures 306.00.72</li> <li>• Wisconsin Department of Corrections PREA Poster</li> <li>• Wisconsin Department of Corrections PREA Poster (Spanish)</li> <li>• Wisconsin Department of Corrections PREA 3rd Party PREA Poster</li> <li>• Investigation and Allegation Documents</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Random Inmates</li> <li>• PREA Compliance Manager</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• PREA signage throughout the facility</li> </ul> <p>Findings:</p> <p>115.51(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.A. states, in part “The DOC shall 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.” This policy guides facility practice regarding inmate reporting.</p> <p>The agency does provide multiple ways for inmates to report sexual abuse, sexual harassment, and retaliation. Inmates may report an allegation of sexual abuse or sexual harassment by telling any staff; calling the agency hotline; write a request; file a complaint; tell a family member, friend, or support person; or contact local law enforcement. The Wisconsin Department of Corrections PREA Poster contains all methods of reporting and is posted throughout the facility.</p> <p>A review of investigation and allegation documents noted that inmates are aware of multiple ways to report allegations of sexual abuse, sexual harassment, retaliation, and staff neglect. Documentation indicates that inmates have reported via the agency hotline and verbally to</p>

security staff.

Random inmate interviews indicate that most inmates are aware of the internal reporting mechanisms available to them. 96% of inmates indicated some way to report allegations of sexual abuse, sexual harassment, retaliation, and staff neglect internally. Reporting directly to staff and calling the agency hotline were noted as the most popular methods of reporting.

Random staff interviews indicate that staff are aware of the internal reporting mechanisms available to the inmate population. 100% of staff described some way for inmates to report allegations of sexual abuse, sexual harassment, retaliation, and staff neglect internally. Reporting directly to staff and calling the agency were noted as the most popular methods of reporting.

Based on the above, the facility has demonstrated substantial compliance with provision 115.51(a).

115.51(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.A. states, in part "In addition, the DOC shall 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 DOC [§115.51(a, b), §115.351(a, b)]." This policy guides facility practice regarding inmate reporting.

The Wisconsin Department of Corrections does provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The WIDOC has an agreement with a local law enforcement agency to accept inmate reports of abuse or harassment. Inmates can access this service by dialing 888. Pursuant to this agreement the agency will receive and immediately forward inmate reports of sexual abuse and sexual harassment to WIDOC officials. Additionally, inmates can remain anonymous when placing a call for this service. These services were checked on-site by using the inmate phone system and found to be in working order. The agency does not detain inmates solely for civil immigration purposes therefore this criterion does not apply.

65% of random inmates reported being aware of the external reporting mechanism. Inmates are apprised of this information during orientation and provided an inmate handbook containing the information. Posters containing this information were also noted throughout the facility. This information is also provided twenty-four hours a day, seven days a week, via the institutional closed-circuit television system.

The PREA compliance manager reported that the 888 line goes to a non-WIDOC local law enforcement agency. Upon receipt the local law enforcement agency will take the complaint and forward to the agency PREA office. The PREA office will then forward to the facility where the incident occurred.

Based on the above, the facility has demonstrated substantial compliance with provision

115.51(b).

115.51(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.C.1. states, in part “Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports [§115.51(c), §115.351(c)];” This policy guides facility practice regarding inmate reporting.

100% of random inmates interviewed reported that they could make a report of sexual abuse or sexual harassment verbally. 87% of inmates advised that they could make a report in writing. 78% of inmates indicate they could make a report through a third party. 70% of inmates reported being able to report sexual abuse or sexual harassment anonymously.

100% of random staff reported that inmates could report sexual abuse or sexual harassment verbally, in writing, anonymously, and through third parties. 85% of random staff reported that verbal reports of sexual abuse or sexual harassment would be documented. Most staff indicated that documenting an allegation would happen immediately or as soon as possible depending on the circumstances.

Based on the above, the facility has demonstrated substantial compliance with provision 115.51(c).

115.51(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.C.3. states, in part “The DOC shall provide a method for employees to privately report sexual abuse and sexual harassment of offenders [§115.51(d), §115.351(e)].” This policy guides facility practice regarding inmate reporting.

100% of random staff reported being knowledgeable in how to privately report sexual abuse or sexual harassment. 100% of staff reported notifying a supervisor is the primary means of making a private report. Some staff also noted that reports could be made in writing and via the agency hotline.

Based on the above, the facility has demonstrated substantial compliance with provision 115.51(d).

Recommendations:

- None

Corrective Action:

• None

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions, Policy and Procedures 310.00.01</li> <li>• Wisconsin Administrative Code DOC 310</li> <li>• Investigation Documents</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Random Inmates</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• PREA signage throughout the facility</li> </ul> <p>Findings:</p> <p>115.52(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XV regarding administrative complaints states, in part “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.” Wisconsin Administrative Code DOC 310.08 states, in part “Complaints filed under this section will be referred for a PREA investigation.” Collectively, these policies guide facility practice regarding exhaustion of administrative remedies.</p> <p>The agency does have an administrative procedure to address inmate Complaint Review System (ICRS) complaints regarding sexual abuse and sexual harassment. Inmates may report sexual abuse or sexual harassment through the ICRS process. However, ICRS complaints alleging sexual abuse or sexual harassment are routed to facility leadership for review and action; the administrative complaint process ends. Therefore, the ICRS process is not utilized as a grievance process. Rather the ICRS process serves as merely another mechanism to receive reports.</p> <p>Based on the above, the facility has demonstrated substantial compliance with provision 115.52(a).</p> <p>115.52(b)</p>

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XV.A. states, in part “A time limit shall not be imposed on when an offender may submit a complaint regarding an allegation of sexual abuse or sexual harassment though other applicable time limits may still apply to any portion of the complaint that does not allege an incident of sexual abuse or sexual harassment. All appeals shall be made in accordance with Wisconsin State statutory time limits and referred to the appropriate reviewing authority [§115.52(b), §115.352(b)].” Section XV.B. states, “The complaint process shall not include a mandatory informal resolution requirement [§115.52(b), §115.352(b)].”

Wisconsin Administrative Code DOC 310.08(1) states, in part, “Notwithstanding s. DOC 310.07 (2), an inmate may file a complaint regarding sexual abuse or sexual harassment at any time. If a portion of the complaint alleges an issue that does not relate to sexual abuse or sexual harassment, the time limits under s. DOC 310.07 apply.” Section (2) states, in part “The inmate may use an alternative method of filing, including submission of the complaint directly to the warden.” Collectively, these policies guide facility practice regarding exhaustion of administrative remedies.

Agency policy allows an inmate to submit an ICRS complaint regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Agency policy does not require an inmate to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. All ICRS complaints alleging sexual abuse or sexual harassment submitted through the ICRS process are routed to facility leadership for review and action; the administrative complaint process ends. Therefore, the ICRS process is not utilized as a grievance process. Rather the ICRS process serves as another reporting mechanism for making and receiving allegations of sexual abuse and sexual harassment.

Based on the above, the facility has demonstrated substantial compliance with provision 115.52(b).

115.52(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XV.C. states, “Each facility shall ensure that an offender who alleges 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. The offender may use an alternate method of filing [§115.52(c), §115.352(c)].”

Wisconsin Administrative Code DOC 310.08(2) states, “Notwithstanding s. DOC 310.07 (1) or (8), an inmate is not required to attempt to resolve the issue with the staff member who is the subject of the complaint or to file a complaint regarding sexual abuse or sexual harassment with the staff member who is the subject of the complaint.” Collectively, these policies guide facility practice regarding exhaustion of administrative remedies.

Based on the above, the facility has demonstrated substantial compliance with provision 115.52(c).

115.52(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XV states, in part, "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. See Investigations (section XVII.) for guidelines. Inmates shall be notified within 30 days of the initial complaint that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced and the Inmate Complaint Review process has concluded." Collectively, these policies guide facility practice regarding exhaustion of administrative remedies.

Agency policy requires inmates be notified within 30 days of an ICRS complaint that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced. Upon issuance of such notice the ICRS process is concluded. The ICRS process is not utilized as a grievance process. Rather the ICRS process serves as another reporting mechanism for receiving allegations. Therefore, sections (2), (3), and (4) of provision 115.52(d) are not applicable.

Based on the above, the facility has demonstrated substantial compliance with provision 115.52(d).

115.52(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XV.D. states, "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. Complaints filed shall be referred for sexual abuse and/or sexual harassment investigation [§115.52(e), §115.352(e)]."

Wisconsin Administrative Code DOC 310.08(4) states, in part, "Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist an inmate in filing a request for administrative remedies relating to allegations of sexual abuse or sexual harassment and shall also be permitted to file such requests on behalf of inmates. Requests for administrative remedies filed under this section will be referred for a PREA investigation." Collectively, these policies guide facility practice regarding exhaustion of administrative remedies.

Agency policy allows third parties to file ICRS complaints on behalf of an inmate. However, the ICRS process is not utilized as a grievance process. Rather the ICRS process serves as merely another reporting mechanism for receiving allegations. Third party complaints, when

received, are forwarded to facility leadership for processing and the ICRS process stops. The facility reported zero ICRS complaints of sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance; therefore, documentation containing the inmate's decision to decline was not reviewed.

Based on the above, the facility has demonstrated substantial compliance with provision 115.52(e).

115.52(f)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XV.E. states, "If an offender alleges that he or she is subject to a substantial risk of imminent sexual abuse, the offender may contact any employee who is not the subject of the allegation. Staff shall immediately forward the allegation to facility leadership for immediate corrective action. Facility leadership shall provide an initial response within 48 hours and issue a final decision within 5 calendar days. The initial response and final facility decision shall document the facility's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint. Further response shall be in accordance with Employee Reporting (section XIV.C.) [§115.52(f)]."

Wisconsin Administrative Code DOC 310.08(5) states, in part, "Emergency grievance procedures for complaints alleging a substantial risk of imminent sexual abuse or sexual harassment will be handled in the following manner: (a) The inmate may contact any staff member who is not the subject of the allegation for immediate corrective action. (b) The inmate may file a complaint. Complaints collected under s. DOC 310.08 shall be immediately forwarded to the warden to determine if immediate action is warranted. (c) Reports of substantial risk of imminent sexual abuse or sexual harassment outside of the complaint process under this chapter shall be immediately forwarded to the warden to determine if immediate action is warranted." Collectively, these policies guide facility practice regarding exhaustion of administrative remedies.

The agency does not have an emergency grievance procedure. However, if a report of imminent sexual abuse is made, inmates will receive a response within 48 hours. Furthermore, facility leadership will issue a final decision within 5 days. In the past 12 months, the facility received zero reports of substantial risk of imminent sexual abuse.

Based on the above, the facility has demonstrated substantial compliance with provision 115.52(f).

115.52(g)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XV.F. states, "The DOC may discipline an offender for a complaint filed alleging sexual abuse or sexual harassment only where the DOC demonstrates that the complaint was filed in bad

faith [§115.52(g), §115.352(g)].” Wisconsin Administrative Code DOC 310.08(6)The warden may discipline an inmate for filing a complaint related to alleged sexual abuse or sexual harassment only if the warden demonstrates that the inmate filed the complaint in bad faith. Collectively, these policies guide facility practice regarding exhaustion of administrative remedies.

The agency does not have an emergency grievance procedure. Therefore, the PAQ indicated zero inmate grievances alleging sexual abuse resulted in disciplinary action against the inmate for having filed the grievance in bad faith.

Based on the above, the facility has demonstrated substantial compliance with provision 115.52(g).

Recommendations:

- None

Corrective Action:

- None

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Sexual Abuse in Confinement a Resource for Offenders POC-41B</li> <li>• Sexual Assault Services Memorandum of Understanding</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Random Inmates</li> <li>• Inmates who reported sexual abuse</li> <li>• Sexual Assault Services Representative (SASP)</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• PREA signage throughout the facility</li> </ul> <p>Findings:</p> <p>115.53(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVI.B.5. states, in part, “Thereafter, the facility shall provide offenders with access to outside victim advocates, with whom the DOC shall maintain or attempt to enter into memoranda of understanding with, for emotional support services related to sexual abuse. Access includes giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to offenders of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws [§115.53, §115.353(a-c)].” This policy guides facility practice regarding inmate access to outside confidential support services.</p> <p>The facility has a qualified victim advocate from an external local rape crisis center available through Sexual Assault Services (SASP). This was confirmed via an interview with the SASP advocate and a review of the Sexual Assault Services Memorandum of Understanding. A copy of the Sexual Assault Services Memorandum of Understanding was obtained, reviewed, and retained for audit purposes. Section II.A.5. of the agreement states, in part “Offer victims of sexual abuse access to an advocate from the SASP for emotional support services by giving the victim the respective mailing address and telephone number(s). Provide unmonitored and unrecorded crisis hotline access to the facility’s local SASP. On behalf of the victim and with</p>

their permission, DOC (e.g. Victim Services Coordinators) may also facilitate an in-person, telephone or telecommunication meeting(s) between the victim and SASP advocate.”

Generally, inmates were aware that services were available. Some inmates were able to specifically identify that advocacy, crisis intervention, and emotional support services were available. A few inmates who could not readily recall the information, were able to articulate that the information was posted throughout the institution and located in the inmate handbook. Inmates reported that telephone was the primary means of contacting these services. Interview testimony coincides with the advocacy and emotional support information posted throughout the institution. This information is also provided to each inmate during orientation via the Sexual Abuse in Confinement a Resource for Offenders POC-41B handbook.

Based on the above, the facility has demonstrated substantial compliance with provision 115.53(a)

115.53(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVI.B.5. states, in part “The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to offenders of the extent to which such conversations will be monitored and the extent to which reports of abuse will be Page 15 of 19 forwarded to authorities in accordance with mandatory reporting laws [§115.53, §115.353(a,c)].”

The Sexual Abuse in Confinement a Resource for Offenders POC-41B disclaimer states, in part, “Every effort will be made to ensure that your communications with the local sexual assault service provider remain confidential. Your pin number is not needed to make this call. These calls are not recorded or monitored. Written correspondence may be opened or inspected and may be read with the written approval of the Security Director. In person communication will be arranged in as private and confidential manner as possible.” Collectively, these documents guide facility practice regarding confidential support services.

The facility has a qualified victim advocate from an external local rape crisis center available through Sexual Assault Services (SASP). This was confirmed via an interview with the SASP advocate and a review of the Sexual Assault Services Memorandum of Understanding. A copy of the Sexual Assault Services Memorandum of Understanding was obtained, reviewed, and retained for audit purposes. Section II.C. states, in part “1. Efforts to coordinate reasonable communication in as confidential a manner as possible between the SASP and victim shall be made by DOC. 2. Confidentiality between the SASP advocate and victim shall be directed by law. At the outset of services, and as needed thereafter, DOC and the SASP advocate shall consistently communicate to the victim that their communications with the SASP are confidential as directed by law. The SASP may elect to have the victim sign a services agreement form, which outlines confidentiality and its limits. 3. The SASP advocate and Victim Services Coordinator shall exchange only information necessary to determine the mode and length of services. 4. If confidentiality must be breached, DOC and the SASP shall not share any information beyond what is necessary to address the immediate safety concern. 5. At the

medical facility (during a medical forensic examination), any privacy and confidentiality concerns shall be discussed among security staff, the SASP advocate and the health care provider. Privacy shall be accommodated to the extent safely reasonable.”

75% of inmates who reported that services were available also indicated that information shared with these services is private. Some inmates reported that immediate danger (e.g. suicide) would be the only circumstance whereby information would be shared with the agency. This would coincide with the information posted throughout the facility and provided to inmates during orientation.

An SASP representative reported that limits to confidentiality are discussed with the inmate prior to accessing services. The representative discusses self-harm, criminal behavior, threat to riot or escape, and limitations to confidentiality related to these topics.

Based on the above, the facility has demonstrated substantial compliance with provision 115.53(b).

115.53(c)

The Sexual Assault Services Memorandum of Understanding is the agreement between the agency and Sexual Assault Services (SASP). This outlines the services to be provided by SASP to the WIDOC. Specific services provided to WIDOC through SASP include accompaniment, crisis intervention, information and referral, and emotional support services. A copy of the agreement was obtained, reviewed, and retained for audit purposes.

The agency does have an agreement in place pursuant to provision 115.53(c). Additionally, the agency does retain a copy of the agreement and subsequently provided a copy to the auditor for audit purposes. Based on the above, the facility has demonstrated substantial compliance with provision 115.53(c).

Recommendations:

- None

Corrective Action:

- None

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Random Inmates</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• PREA signage throughout the facility</li> </ul> <p>Findings:</p> <p>115.54(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.B. states, “The DOC shall provide a method for third-parties to report sexual abuse and sexual harassment on behalf of an offender. Information on how to report sexual abuse and sexual harassment on behalf on an offender shall be posted publicly [§115.54, §115.354].” This policy guides facility practice regarding third party reporting.</p> <p>The PAQ reported that the agency website contained all the necessary PREA contact information. Upon review, the agency’s website did indeed contain the necessary PREA contact information. The website includes an email address and phone number which are published and available to the public. Furthermore, the agency also has signage posted, within the facility, in areas accessible to the public. This signage contains the website information in both English and Spanish.</p> <p>Based on the above, the facility has demonstrated substantial compliance with provision 115.54(a).</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Corrective Action:</p> <ul style="list-style-type: none"> <li>• None</li> </ul>



115.61	<b>Staff and agency reporting duties</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Wisconsin Department of Children and Families Website</li> <li>• Wisconsin Law 48.981(2) Abused or Neglected Children and Abused Unborn Children</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Random Inmates</li> <li>• Warden or Designee</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.61(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.C.1. states, “Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports [§115.51(c), §115.351(c)]; and immediately report [§115.61(a), §115.361(a)]: a. Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC; b. Any incidents of retaliation against offenders or employees who reported such an incident; and/or c. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.” This policy guides facility practice regarding staff and agency reporting duties.</p> <p>100% of staff reported that the agency does require staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Staff indicated a responsibility to report any retaliation against inmates or staff for reporting sexual abuse or sexual harassment. Likewise, staff also indicated a duty to report any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment. The investigation documents demonstrate that staff are knowledgeable in how to report and do report behavior in accordance with provision 115.61(a).</p> <p>Based on the above, the facility has demonstrated substantial compliance with provision 115.61(a).</p>	

115.61(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.C.1. states, "1. Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports [§115.51(c), §115.351(c)]; and immediately report [§115.61(a), §115.361(a)]: a. Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC; b. Any incidents of retaliation against offenders or employees who reported such an incident; and/or c. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation." Section XIV.C.5 states, "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 shall be limited to information necessary to make treatment, investigation and other security and management decisions [§115.61(b), §115.61(c)]." This policy guides facility practice regarding staff and agency reporting duties.

100% of staff reported that agency policy does require staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Though staff recognize an immediate duty to report the information to a supervisor, staff are also cognizant of their responsibility to keep information related to an incident of sexual abuse confidential.

Based on the above, the facility has demonstrated substantial compliance with provision 115.61(b).

115.61(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.C.6 states, "Medical and mental health practitioners shall be required to report sexual abuse and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services [§115.61(c), §115.361(d)]." This policy guides facility practice regarding staff and agency reporting duties.

Medical and mental health practitioners indicate that they are mandatory reporters. Medical and mental health practitioners reported an obligation to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. Medical and mental health staff indicated that this information would be communicated to an immediate supervisor.

Based on the above, the facility has demonstrated substantial compliance with provision 115.61(c).

115.61(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.C.7. states, "If the alleged victim is under the age of 18 or considered a vulnerable adult in accordance with State or local statute, the DOC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws [§115.61(d), §115.361(b)]." This policy guides facility practice regarding staff and agency reporting duties.

Wisconsin law 48.981(2) states, in part "any mandated reporter who has reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected, or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur, make a report to county CPS or law enforcement." RYOCF houses only male inmates 18-24 years of age. Pre-audit and onsite discussions indicate that youthful inmates are not housed at RYOCF. On-site observations did not note the presence of youthful offenders. Furthermore, the warden reported that RYOCF does not have any inmates under the age of eighteen.

PREA coordinator reported that someone under the age of eighteen or a vulnerable adult would be handled in the same manner as an adult with a few additions. First the immediate needs whether medical or emotional would be addressed. SANE services would be sought if the time frame allowed. The agency would also involve child protective services or adult protective services and law enforcement to assist with these populations.

Based on the above, the facility has demonstrated substantial compliance with provision 115.61(d).

115.61(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.A. states, "The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigation [§115.22(a, d), §115.322(a, d), [§115.71(a), §115.371(a)]." This policy guides facility practice regarding staff and agency reporting duties.

Investigation documents suggest that all allegations of sexual abuse and sexual harassment, regardless of the origin, are forwarded for investigation. The warden reported that all allegations of sexual abuse and sexual harassment go through the Sensitive Information Network Communication (SINC) process which subsequently refers the allegation to the facility for investigation.

Based on the above, the facility has demonstrated substantial compliance with provision 115.61(e).

Recommendations:

- None

Corrective Action:

- None

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Agency Head Designee</li> <li>• Warden</li> <li>• Random Sample of Staff</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVI states, “When the department or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender [§115.62, §115.362].” This policy guides facility practice regarding agency protection duties.</p> <p>The agency head designee reported that any identified threat will be removed from the situation. Separation in the form of housing changes or facility transfers will be considered first. Other interventions will be considered before using protective confinement; however, voluntary segregated housing can be offered as a last resort.</p> <p>Per the warden, the facility uses risk assessments to ensure compatible housing assignments are made in order to prevent such situations. However, if such an issue were to arise, protection of the potential victim is priority. This would require communicating with staff, documenting and evaluating the issue, and removing the potential victim from the situation. This may include a housing change or transfer to another facility. Restrictive housing would be utilized as a last resort.</p> <p>92% of random staff reported that if an inmate was at risk of imminent sexual abuse, immediate action to protect the inmate would be taken. Most staff advised they would contact their immediate supervisor and report the situation. Only one staff member indicated that restrictive housing would be utilized to protect an inmate. However, this staff member also noted that use was limited and further instruction from a supervisor is required prior to placement.</p>

The PAQ noted zero instances where the facility determined an inmate was at substantial imminent risk of sexual abuse. The agency does train staff to take immediate action. Interviews suggest that if an imminent threat were discovered staff would respond appropriately. Based on the above, the facility has demonstrated substantial compliance with provision 115.62(a).

Recommendations:

- None

Corrective Action:

- None

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Investigation Documents</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Agency Head Designee</li> <li>• Warden</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.63(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.C.8. states, “Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred [§115.63(a, b), §115.363(a, b)]. In the event the alleged victim is a juvenile, facility employees shall also notify the appropriate investigative agency [§115.363(a)]. All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated [§115.63(c, d), §115.363(c, d)].” This policy guides facility practice regarding reporting to other confinement facilities.</p> <p>Upon speaking with the agency PREA coordinator these allegations are automatically routed through the Sensitive Information Network Communication (SINC). Upon being entered into the SINC system the allegation will be simultaneously routed to facility leadership where the alleged incident happened and the agency PREA office. Upon receipt facility leadership will process the allegation according to agency policy.</p> <p>Based on the above, the facility has demonstrated substantial compliance with provision 115.63(a).</p> <p>115.63(b)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards.</p>

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.C.8. states, in part, “Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred [§115.63(a, b), §115.363(a, b)].” This policy guides facility practice regarding reporting to other confinement facilities.

Per the PAQ, the facility received one allegation that an inmate was abused while confined at another facility in the past 12 months. Investigation documents and email correspondence indicate that the investigation was received and processed according to agency policy.

Based on the above, RYOCF has demonstrated compliance with provision 115.63(b).

115.63(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.C.8. states, in part, “All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated [§115.63(c, d), §115.363(c, d)].” This policy guides facility practice regarding reporting to other confinement facilities.

Per the PAQ, the facility received one allegation that an inmate was abused while confined at another facility in the past 12 months. Investigation documents and email correspondence indicate that the allegation was received and processed according to agency policy. Investigation documents demonstrate that upon being entered into the SINC system, allegations are simultaneously routed to facility leadership where the alleged incident happened and the agency PREA office. Upon receipt, facility leadership will process the allegation according to agency policy.

Based on the above, RYOCF has demonstrated compliance with provision 115.63(c).

115.63(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIV.C.8. states, in part “Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred [§115.63(a, b), §115.363(a, b)].” This policy guides facility practice regarding reporting to other confinement facilities.

The agency head designee reported there are two possible points for another agency or facility within another agency to refer an allegation of sexual abuse or sexual harassment that occurred within a WIDOC facility. The allegation can be referred to either the PREA director located in central office or the facility warden. Upon receipt, the PREA office will forward the allegation to the facility head for review and action. If the warden received the allegation, the warden will make the decision as to what course of action to take and notify

law enforcement if necessary.

Based on the above, RYOFC has demonstrated compliance with provision 115.63(d).

Recommendations:

- None

Corrective Action:

- None

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Investigation Documents</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Security Staff and Non-Security Staff First Responders</li> <li>• Inmates who Reported a Sexual Abuse</li> <li>• Random Sample of Staff</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.64(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVI.A.1 states, “Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to, at a minimum [§115.64(a), §115.364(a)]: a. Separate the alleged victim and abuser; b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; c. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and d. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.” This policy guides facility practice regarding staff first responder duties.</p> <p>Per the PAQ, the facility report two allegations of sexual abuse whereby a staff member acted in accordance with the agency’s first responder protocol. Only one of these allegations allowed for the collection of physical evidence. At the time of the audit, this investigation was ongoing; therefore, this investigation was not reviewed.</p> <p>Staff first responders reported that the alleged victim and abuser would be separated; a shift supervisor would be notified; the crime scene would be protected and preserved; staff would</p>

request that the victim not take any actions that would destroy physical evidence; staff would ensure that the alleged abuser does not take any actions that would destroy evidence; immediately notify medical and mental health care and the immediate supervisor.

Due to a lack of documentation, the auditor must rely on interview responses and policy in order to determine compliance. Based on the above, the facility has demonstrated substantial compliance with provision 115.64(a).

#### 115.64(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVI.A.2. states, "If the first employee responder is not a security staff member, the responder shall be required to requires that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff [§115.64(b), §115.364(b)]." This policy guides facility practice regarding staff first responder duties.

Per the PAQ there were zero instances where a non-security staff acted as a first responder in the past 12 months. Nonetheless, a non-security staff member was interviewed using the first responder protocol. Staff reported that the alleged victim and abuser would be separated; a security supervisor would be notified; the crime scene would be protected; staff would request that the victim not take any actions that would destroy physical evidence; ensure that the alleged abuser does not take any actions that would destroy evidence; and immediately notify medical and mental health care.

Random staff interviews demonstrated that staff are knowledgeable in first responder protocol. 92% of random staff were able to discuss separation, crime scene and evidence preservation and collection pursuant to standard 115.64. This includes requesting the victim and ensuring the abuser not take any actions that would destroy physical evidence. Random staff were generally able to articulate their responsibilities regarding responding to an incident of sexual abuse.

Based on the above, the facility has demonstrated substantial compliance with provision 115.64(b).

#### Recommendations:

- None

#### Corrective Action:

- None

115.65	<b>Coordinated response</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• RYOFC Coordinated Response Plan</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Warden</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.65(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVI states, in part, “Each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among employee first responders, medical and mental health practitioners, investigators and facility leadership [§115.65, §115.365].” This policy guides facility practice regarding coordinated response.</p> <p>Per the warden, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership. A copy of the facility specific coordinated response plan was obtained, reviewed, and retained for audit purposes. Upon review it was determined that the facility does have a written coordinated response plan. Upon review it was noted that the plan was comprehensive in scope, concise in its direction, and well thought out. The document is eight pages in length and contains specific instructions for first responders, medical and mental health practitioners, investigators, and facility leadership. Instructions throughout each step of the response process are explicit and guide staff actions. The response plan also contains relevant contact information and is accompanied by a flow chart to assist staff with the next steps in the response process.</p> <p>Based on the above, the facility has demonstrated substantial compliance with provision 115.65(a).</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• None</li> </ul>	

	<p>Corrective Action:</p> <ul style="list-style-type: none"> <li>• None</li> </ul>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• 2011 Wisconsin Act 10</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Agency Head Designee</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.66(a)</p> <p>The agency head designee reported that Wisconsin state statute, Act 10 prohibits collective bargaining for public employees. Therefore, State of Wisconsin public employees do not work under any collective bargaining agreements. Based on the above, RYOCF has demonstrated compliance with provision 115.66(a).</p> <p>115.66(b)</p> <p>The auditor is not required to audit this provision.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Corrective Action:</p> <ul style="list-style-type: none"> <li>• None</li> </ul>

115.67	<b>Agency protection against retaliation</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Sexual Abuse and Sexual Harassment Incident Victim Support Log</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Agency Head Designee</li> <li>• Warden Designee</li> <li>• Designated Staff Member Charge with Monitoring Retaliation</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.67(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVIII.A states, “Each facility shall designate an employee(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected [§115.67(a), §115.367(a)].” This policy guides facility practice regarding agency protection against retaliation.</p> <p>The PAQ noted that retaliation monitoring duties are split between one staff member who monitors inmates and another staff member who monitors staff. The facility has designated the victim services coordinator as the person who monitors inmates for possible retaliation. The facility PREA compliance manager is charged with monitoring staff for possible retaliation.</p> <p>The agency does have an established policy in place to protect inmates and staff from retaliation. Furthermore, the facility has designated who conducts retaliation monitoring. Based on the above, the facility has demonstrated substantial compliance with provision 115.67(a).</p> <p>115.67(b)</p> <p>The agency does not have policy that specifically outlines what protection measures shall be employed. Staff at all levels reported that multiple measures could be utilized to protect inmates and staff from retaliation. The specific measure taken would depend on the situation. However, such measures could include inmate housing changes, periodic status checks,</p>	

facility transfers, and referral to Psychological Services Unit (PSU). Other measures would include investigate possible retaliation, change staffing assignments, and possibly even place staff on leave were also noted as possibilities.

The agency does utilize multiple protection measures to protect inmates and staff from retaliation. Based on the above, the facility has demonstrated substantial compliance with provision 115.67(b).

#### 115.67(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVIII.B. states, "For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who were reported to have experienced sexual abuse to determine if retaliation occurred. For offenders, such monitoring shall include periodic status checks. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need [§115.67(c, d), §115.367(c, d)]." This policy guides facility practice regarding agency protection against retaliation.

The victim services coordinator (VSC) reported that contact with inmates who have reported sexual abuse occurs at 30, 60, and 90-day intervals. During the monitoring process the VSC will review changes in programming, misconducts, transfers, behavior reports, changes in appearance and performance evaluations. It was reported that many of these factors could be reviewed via the new computer system.

The PAQ indicates that there were zero instances of retaliation during the past 12 months. Monitoring documentation completed by the victim services coordinator was obtained, reviewed, and retained for audit purposes. A review of retaliation monitoring documentation confirms that retaliation monitoring is completed on the Sexual Abuse and Sexual Harassment Incident Victim Support Log in accordance with agency policy.

Based on the above, the facility has demonstrated substantial compliance with provision 115.67(c).

#### 115.67(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVIII.B. states, in part "For offenders, such monitoring shall include periodic status checks." This policy guides facility practice regarding agency protection against retaliation.

Monitoring documentation completed by the victim services coordinator (VSC) was obtained, reviewed, and retained for audit purposes. Retaliation monitoring, including periodic status checks, is completed on the Sexual Abuse and Sexual Harassment Incident Victim Support

Log. Documentation confirms that period status checks were conducted in accordance with agency policy.

Based on the above, the facility has demonstrated substantial compliance with provision 115.67(d).

115.67(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.A. states, "Each facility shall designate an employee(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected [§115.67(a), §115.367(a)]." This policy guides facility practice regarding agency protection against retaliation.

The agency head designee indicated that the retaliation monitoring process is very similar for all individuals being monitored. Similarly, the warden reported that protective measures are utilized to protect anyone who fears retaliation. Overall, interviews indicate protective measures are available to anyone who expresses fear of retaliation.

Agency policy regarding protection from retaliation does include all inmates and employees involved in the reporting or investigation of sexual conduct or sexual harassment. Investigation documents did not reveal any parties outside of the actual victim who had been monitored for retaliation in the past 12 months. Based on the above, the facility has demonstrated substantial compliance with provision 115.67(e).

115.67(f)

The auditor is not required to audit this provision.

Recommendations:

- None

Corrective Action:

- None

115.68	<b>Post-allegation protective custody</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Review of Inmate Restrictive Housing</li> <li>• Restrictive Housing Roster</li> <li>• Investigation Documents</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Agency Head Designee</li> <li>• Warden</li> <li>• Staff who Supervise Inmates in Segregated Housing</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVI.A.5. states, “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 §115.43 and §115.343 as found within Placement (section XIII.) [§115.68, §115.368].” The Review of Inmate Restrictive Housing form is utilized to document the appropriate reviews (24 hours and 30-day) in accordance with Standard 115.43. These documents guide facility practice regarding post allegation protective custody.</p> <p>The facility does have a 27-bed restrictive status housing unit. The PAQ noted that zero inmates who allege to have suffered sexual abuse were held in restrictive housing during the past 12 months. A review of investigation documents confirms that alleged victims of sexual abuse are not placed in restrictive housing. Furthermore, a review of the restrictive housing unit roster did not reveal any individuals who alleged to have suffered sexual abuse currently housed in the restrictive housing unit.</p> <p>Per the warden, the facility follows Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) with regard to use of restrictive housing for those who have alleged sexual abuse. The warden reported that the restrictive housing unit could be utilized as a last resort. However, if restrictive the housing unit is used, a review by the security director would be conducted within 24 hours. However, the facility is more likely to use other means such as housing unit moves, or institutional transfers.</p>	

Staff who supervise inmates in segregated housing report that they have never seen an inmate who is alleged to have suffered sexual abuse assigned to restrictive housing. Likewise, staff reported that they have never seen an inmate who has alleged to have suffered sexual abuse assigned to restrictive housing for 30 days.

Based on the above, RYOCF has demonstrated compliance with provision 115.68(a).

Recommendations:

- None

Corrective Action:

- None

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Public Records Board, Records Retention/Disposition Authorization PRB-001</li> <li>• Investigation Documents</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Warden</li> <li>• PREA Coordinator</li> <li>• PREA Compliance Manager</li> <li>• Investigative Staff</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.71(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section VXII paragraphs A through M, guides the conduct of administrative and criminal investigations of sexual abuse and sexual harassment.</p> <p>Investigation documents demonstrate that initial investigation procedures commenced within 48 hours of the incident being reported. This was verified by the dates and times documented in the investigation file. Investigation documents also demonstrate that thorough and objective investigations are conducted. This was verified via a review of the supporting documents (i.e. investigation narrative, medical documentation, and witness statements) included in the investigation. Supporting documents revealed that inmates had reported both verbally to security staff and via the agency hotline. Investigation documents also noted one staff report.</p> <p>Investigative staff reported that depending on the allegation, investigations can start immediately but usually no later than 72 hours after being received. Additionally, it was reported that regardless of origin all allegations of sexual abuse and sexual harassment are investigated in the same manner.</p> <p>Policy guides the conduct of investigations. Investigation documents indicate that investigations are conducted timely, thoroughly, and objectively. Investigator responses indicate that investigations are handled in accordance with provision 115.71(a). Based on the</p>

above, the facility has demonstrated substantial compliance with provision 115.71(a).

#### 115.71(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XI.A.4. states, "Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion [§115.34, §115.334, §115.71(b), §115.371(b), §115.371(b)]." This policy guides facility practice regarding criminal and administrative agency investigations.

Training records for the RYOCF based investigators were cross referenced with investigation documents. Overall the documentation demonstrates that facility investigators who have received specialized training conducted the investigations. Investigative staff reported that investigator training is 40 hours long; 16 hours is specifically dedicated to PREA investigations. Staff were able to demonstrate knowledge in techniques for interviewing victims, proper use of Miranda Garrity, and Oddsen rules, evidentiary standards, and incident response protocol. During the interview it was noted that investigative staff are well versed in evidence collection and processing procedures.

Based on the above, the facility has demonstrated substantial compliance with provision 115.71(b).

#### 115.71(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.D. states, "Investigators shall preserve and/or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator [§115.71(c), §115.371(c)]." This policy guides facility practice regarding criminal and administrative agency investigations.

Investigation documents were obtained, reviewed, and retained for audit purposes. These documents demonstrate that investigators do preserve and/or collect direct and circumstantial evidence. Upon review these documents contained such evidence as victim and witness interview statements, electronic case management information, physical evidence such as letters, photographs, and clothing. The facility did report one case where a forensic exam was conducted to collect DNA evidence; however, this investigation is still ongoing at the time of the audit.

Investigative staff reported that evidence collection and examination of evidence would begin

almost immediately. The investigation process includes notifying facility administration, interviews, review video, secure DNA evidence, gather other evidence (logbooks, round readers, misconduct reports), and contact local law enforcement if criminal behavior is suspected. Upon completion of the investigation report, the report is submitted to the Security Director. The security director will subsequently submit a report to central office.

Policy is in place regarding the collection and preservation of evidence. Likewise, there is also policy regarding the collection of physical and DNA evidence. Investigation documents do demonstrate that evidence is collected in accordance with the standard. Based on the above, the facility has demonstrated substantial compliance with provision 115.71(c).

#### 115.71(d)

The agency does not have a policy specifically addressing the conduct of compelled interviews. Facility investigators do not conduct compelled interviews. All allegations that involve potentially criminal behavior are referred to the Racine City Police Department for investigation. Furthermore, none of the investigation documents reviewed indicated the use of compelled interviews.

Based on the above, the facility has demonstrated substantial compliance with provision 115.71(d).

#### 115.71(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.E. states, "The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or employee. The DOC shall not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation [§115.71(e), §115.371(f)]." This policy guides facility practice regarding criminal and administrative agency investigations.

A total of eight investigations were completed during 12-month audit period. The auditor randomly selected three of these investigations for review. None of the investigation documents indicated the use of a polygraph or other truth-telling device or examination. Likewise, investigative staff did not indicate any circumstance when an inmate would be required to submit to a polygraph examination. Additionally, credibility assessments appeared to be appropriate given the information contained within the investigation report. Furthermore, investigators were able to articulate the main ideals of the standard, in that the credibility of an alleged victim, suspect, or witness is considered on an individual basis.

Based on the above, the facility has demonstrated substantial compliance with provision 115.71(e).

#### 115.71(f)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.E. states, “Administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse [§115.71(f), §115.371(g)].” This policy guides facility practice regarding criminal and administrative agency investigations.

A total of eight investigations were completed during the 12-month audit period. The auditor randomly selected three of these investigations for review. Investigation documents were reviewed and retained for audit purposes. Investigations are documented in written reports that include a description of the physical and testimonial evidence, investigative facts and findings, the rationale behind credibility assessments, and efforts to determine if staff negligence contributed to the abuse. Upon review, the agency does document investigations in accordance with the standard.

Investigative staff reported that that all aspects of an allegation such as interviews, physical evidence, and data are considered and documented during an investigation. This includes evaluating evidence to determine whether staff actions or in-actions were the possible cause of an incident. Investigation reports include complete descriptions of any physical evidence (where applicable) as well as testimonial evidence relied upon when making a final determination as to the merits of the investigation.

Based on the above, the facility has demonstrated substantial compliance with provision 115.71(f).

115.71(g)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.H. states, in part “Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years. Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings [§115.71(f, i), §115.371(g, j)].” This policy guides facility practice regarding criminal and administrative agency investigations.

All potentially criminal matters are forwarded to the Racine City Police Department for investigation. The facility has reported zero allegations of criminal conduct were referred for criminal prosecution in the past 12 months. However, the facility investigator reported that a copy of the administrative investigation is provided to the Racine City Police Department for review. A review of investigation reports completed by facility investigators did include complete descriptions of any physical evidence (where applicable) as well as the testimonial evidence relied upon when making a final determination as to the merits of the investigation. Documentary evidence such as logs, photo’s, and witness statements are also attached to the investigation report.

Based on the above, the facility has demonstrated substantial compliance with provision

115.71(g).

115.71(h)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.B. states, in part “Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement.” This policy guides facility practice regarding criminal and administrative agency investigations.

All potentially criminal matters are forwarded to the local law enforcement agency for investigation. Therefore, the local law enforcement agency is responsible for referring potentially criminal conduct for prosecution. The facility reported zero allegations of criminal conduct were referred for criminal prosecution since the last PREA audit.

Based on the above, the facility has demonstrated substantial compliance with provision 115.71(h).

115.71(i)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.H. states, in part “Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years. Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings [§115.71(f, i), §115.371(g, j)].” The Public Records Board, Records Retention/Disposition Authorization PRB-001 states, “Event Is defined as the date the alleged suspect Is terminated/discharged/death or other court ordered release from confinement that concludes his/her incarceration OR the date the alleged suspect ends (termination/resignation/retirement, etc.) his/her employment with the Department of Corrections Although the investigation is complete and closed the retention of PREA records mandate retention until event plus 5 years.” These documents guide facility practice regarding criminal and administrative agency investigations.

Investigation documents were reviewed. Upon review it was noted that some of these documents have been in retention since 2018. It is clear that the agency does retain this information pursuant to provision 115.71(i). Based on the above, the facility has demonstrated substantial compliance with provision 115.71(i).

115.71(j)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.I. states, in part “The departure of an alleged abuser or victim from the employment or

control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation [§115.71(j), §115.371(d, k)].” This policy guides facility practice regarding criminal and administrative agency investigations.

Investigative staff report that in all instances an administrative investigation will be completed. Whether or not a staff member terminates employment or the alleged victim or alleged abuser remain at the facility has no bearing on the completion of the investigation. A review of investigation documents noted one employee (alleged abuser) voluntarily resigned prior to completion of the investigation. The documentation clearly demonstrates that despite the departure of the employee (alleged abuser) the investigation continued to final disposition.

Based on the above, the facility has demonstrated substantial compliance with provision 115.71(j).

115.71(k)

The auditor is not required to audit this provision.

115.71(l)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.J. states, “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigation [§115.71(l), §115.371(m)].” This policy guides facility practice regarding criminal and administrative agency investigations.

The facility investigator reported that all potentially criminal matters are forwarded to the Racine City Police Department for investigation. Investigative staff will remain informed of the status of the investigation and support the investigating agency in the conduct of the investigation. This includes providing a copy of the administrative investigation and any other relevant information necessary to conduct a thorough investigation.

Interviews with the warden, PREA manager, and PREA coordinator indicate that the facility does work with the local law enforcement agency to support investigative efforts. Additionally, upper level administration (i.e. warden and/or PREA manager) will endeavor to remain informed about the status of an investigation through regular contact with the local law enforcement agency.

Based on the above, the facility has demonstrated substantial compliance with provision 115.71(l).

Recommendations:

- None

Corrective Action:

	• None
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115.72	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 459 360">Documentation:</p> <ul data-bbox="252 412 1390 488" style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Investigation documentation</li> </ul> <p data-bbox="252 539 392 573">Interviews:</p> <ul data-bbox="252 624 497 658" style="list-style-type: none"> <li>• Investigative staff</li> </ul> <p data-bbox="252 710 416 743">Site Review:</p> <ul data-bbox="252 795 341 828" style="list-style-type: none"> <li>• None</li> </ul> <p data-bbox="252 925 379 958">115.72(a)</p> <p data-bbox="252 1010 1469 1301">Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.G. states, “The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated [§115.72, §115.372].” This policy guides facility practice regarding evidentiary standards for administrative investigations.</p> <p data-bbox="252 1352 1417 1559">Investigation documents were reviewed. A review of these documents suggests 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. Investigative staff report that “preponderance of evidence” is the standard of evidence necessary to substantiate an allegation of sexual abuse or sexual harassment.</p> <p data-bbox="252 1610 1398 1686">Based on the above, the facility has demonstrated substantial compliance with provision 115.72(a).</p> <p data-bbox="252 1738 507 1771">Recommendations:</p> <ul data-bbox="252 1823 341 1856" style="list-style-type: none"> <li>• None</li> </ul> <p data-bbox="252 1908 485 1942">Corrective Action:</p> <ul data-bbox="252 1993 341 2027" style="list-style-type: none"> <li>• None</li> </ul>

115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Investigation Notification Forms</li> <li>• Investigation documentation</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Warden</li> <li>• Investigative staff</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>115.73(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.K. states, in part “Following an investigation of an allegation that an offender suffered sexual abuse in a DOC facility, the facility shall inform the alleged victim, and document such notification, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.” This policy guides facility practice regarding reporting to inmates.</p> <p>Notification documents were reviewed and retained for audit purposes. Notifications of investigation findings are provided by the agency PREA office following a sexual abuse and sexual harassment allegation investigation. These notifications are provided in letter form using a standard agency format. The form itself is a single sheet of paper containing a summary of the investigation. Contact information is included should the inmate have any questions. Interviews with the warden and investigative staff confirm that notifications are provided by the agency PREA office through the Sensitive Information Network Communication (SINC).</p> <p>Based on the above, the facility has demonstrated substantial compliance with provision 115.73(a).</p> <p>115.73(b)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards.</p>

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.K. states, in part “If the DOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the alleged victim.” This policy guides facility practice regarding reporting to inmates

The PAQ indicated that zero investigations of alleged inmate sexual abuse were completed by an outside agency in the past 12 months. There is one allegation of sexual abuse that was referred for investigation; however, that investigation was ongoing at the time of the audit. Therefore, the auditor must rely upon policy when making a compliance determination.

Based on the above, the facility has demonstrated substantial compliance with provision 115.73(b).

115.73(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.L. states, in part “Following an offender’s allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the DOC shall subsequently inform the alleged victim whenever the employee is no longer posted within the alleged victim’s unit; the employee is no longer employed at the facility; or the DOC learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse [§115.73(c), §115.373(c)].” This policy guides facility practice regarding reporting to inmates.

Notification documents were reviewed and retained for audit purposes. The facility reported zero instances whereby a staff member was no longer posted within the inmate's unit; the staff member was no longer employed at the facility; the agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility was required. There were zero substantiated allegations of sexual abuse committed by staff in the past 12 months. All unsubstantiated complaints of sexual abuse committed by staff did not meet the four requirements of provision 115.73(c). Therefore, the auditor must rely upon policy when making a compliance determination.

Based on the above, the facility has demonstrated substantial compliance with provision 115.73(c).

115.73(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.M. states, in part “Following an offender’s allegation that he or she has been sexually abused by another offender, the DOC shall subsequently inform the alleged victim whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse [§115.73(d), §115.373(d)].” This policy guides facility

practice regarding reporting to inmates.

Notification documents were reviewed and retained for audit purposes. The facility reported zero instances where an alleged abuser was indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. Therefore, notifications pursuant to this provision do not exist.

Based on the above, the facility has demonstrated substantial compliance with provision 115.73(d).

115.73(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XVII.K. states, in part "Following an investigation of an allegation that an offender suffered sexual abuse in a DOC facility, the facility shall inform the alleged victim, and document such notification, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded." This policy guides facility practice regarding reporting to inmates.

Notification documents were reviewed and retained for audit purposes. Notification of investigation findings is provided by the agency PREA office, in letter format, using boilerplate language. Interviews with the warden and investigative staff confirm that notifications are provided by the agency PREA office through Sensitive Information Network Communication (SINC). The form itself is a single sheet of paper containing a summary of the investigation decision. Contact information is included should the inmate have any questions. It should be noted that notification is provided following a sexual abuse and sexual harassment allegation.

Based on the above, the facility has demonstrated substantial compliance with provision 115.73(e).

115.73(f)

The auditor is not required to audit this provision.

Recommendations:

- None

Corrective Action:

- None

115.76	<b>Disciplinary sanctions for staff</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Investigation Documentation</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.76(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.A.1. states, “Staff members who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions up to and including termination [115.76(a), §115.376(a)]. ” This policy guides facility practice regarding disciplinary sanctions for staff.</p> <p>The facility did not have any substantiated cases of staff on inmate sexual abuse or sexual harassment in the past 12 months. However, the PAQ reported one instance where staff violated agency sexual abuse or sexual harassment policy were terminated or resigned for violating said policy. Upon further clarification, the employee resigned prior to completion of the investigation, and the investigation was ultimately determined to be unsubstantiated. As a result, there were no investigations related to substantiated allegations of sexual abuse or sexual harassment to review. Consequently, the auditor must rely on policy when making a determination of compliance.</p> <p>Based on the above, the facility has demonstrated substantial compliance with provision 115.76(a).</p> <p>115.76(b)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section</p>	

XIX.A.3. states, in part “Termination is the presumptive sanction for a staff member who engaged in sexual abuse.” This policy guides facility practice regarding disciplinary sanctions for staff.

The PAQ reported one instance where staff violated agency sexual abuse or sexual harassment policy were terminated or resigned for violating said policy. However, upon further clarification the facility did not have any substantiated cases of staff on inmate sexual abuse or sexual harassment in the past 12 months. There is one instance of alleged employee on inmate sexual abuse where the employee resigned prior to completion of the investigation. However, this investigation was ultimately determined to be unsubstantiated. As a result, there were no investigations related to substantiated allegations of sexual abuse or sexual harassment to review. Consequently, the auditor must rely on policy when making a determination of compliance.

Based on the above, the facility has demonstrated substantial compliance with provision 115.76(b).

115.76(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.A.2 states, “Sanctions shall be commensurate with the nature and circumstances of the violation, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories [§115.76(c),§115.376(c)].” This policy guides facility practice regarding disciplinary sanctions for staff.

The PAQ reported the zero staff from the facility were disciplined, short of termination, for violating agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). Given the facility did not have any substantiated cases of staff on inmate sexual abuse or sexual harassment in the past 12 months, there was no documentation related to disciplinary action to review. Consequently, the auditor must rely on policy when making a determination of compliance.

Based on the above, the facility has demonstrated substantial compliance with provision 115.76(c).

115.76(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.A.3. states “Termination is the presumptive sanction for a staff member who engaged in sexual abuse. All terminations for violations of the DOC 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 [§115.76(b, d), §115.376 (b, d)].” This policy guides facility practice regarding disciplinary sanctions for staff.

The PAQ reported zero staff from the facility have been reported to law enforcement or relevant licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. Investigation documents were reviewed and retained for audit purposes. Upon review it was determined there were no investigations related to substantiated allegations of sexual abuse or sexual harassment. Consequently, the auditor must rely on policy when making a determination of compliance.

Based on the above, the facility has demonstrated substantial compliance with provision 115.76(d).

Recommendations:

- None

Corrective Action:

- None

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Investigation Documentation</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Warden</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.77(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.A.4. states, in part “Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies.” This policy guides facility practice regarding disciplinary sanctions for staff.</p> <p>The PAQ indicated that zero contractors or volunteers were reported to law enforcement agencies or relevant licensing bodies during in the past 12 months. A review of investigation documents was conducted. There were no substantiated allegations of sexual abuse or sexual harassment of inmates committed by contractors or volunteers at the facility. Consequently, the auditor must rely on policy when making a determination of compliance.</p> <p>Based on the above, the facility has demonstrated substantial compliance with 115.77(a).</p> <p>115.77(b)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) serves as the authoritative document that guides agency compliance with the PREA standards. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.A.4. states, in part “Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors [§115.77, §115.377].” This policy guides facility practice regarding disciplinary sanctions for staff.</p>

The warden reported that if a contractor or volunteer violated department sexual abuse or sexual harassment policy it would be handled according to policy. Remedial measures taken to mitigate future abuse could include separation, suspension order, investigation and termination of services. Referral to local law enforcement depending on the allegation.

The PAQ indicated that zero contractors or volunteers were reported to law enforcement agencies or relevant licensing bodies during in the past 12 months. A review of investigation documents was conducted. There were no substantiated allegations of contractor or volunteer sexual abuse or sexual harassment of inmates at the facility. Consequently, the auditor must rely on policy and interview results when making a determination of compliance.

Based on the above, the facility has demonstrated substantial compliance with 115.77(b).

Recommendations:

- None

Corrective Action:

- None

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Administrative Code – DOC 303.14 Sexual Conduct</li> <li>• Administrative Code – DOC 303.15 Sexual Contact or Intercourse</li> <li>• Administrative Code – DOC 303.68 Review by Security Office</li> <li>• Investigation Documentation</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Warden</li> <li>• Medical and Mental Health Staff</li> <li>• PREA Compliance Manager</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.78(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.B.1. states, in part “Offender who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process [§115.78(a), §115.378(a)].” This policy guides facility practice regarding disciplinary sanctions for inmates.</p> <p>The PAQ reported zero administrative findings of inmate-on-inmate sexual abuse during the past 12-months. The PAQ also noted zero criminal findings of guilt for inmate-on-inmate sexual abuse in the past 12-months. A review of investigation documents revealed no substantiated allegations of inmate-on-inmate sexual abuse during the 12-month audit period. Consequently, the auditor must rely on policy when in order to determine compliance.</p> <p>Based on the above, the facility has demonstrated substantial compliance with provision 115.78(a).</p> <p>115.78(b)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.B.1. states, in part “Sanctions shall be commensurate with the nature and circumstances of the violation, the offender’s disciplinary history and the sanctions imposed for comparable offenses by offenders with similar histories [§115.78(a), §115.378(a)].” This policy guides</p>

facility practice regarding disciplinary sanctions for inmates.

The PAQ indicates zero administrative findings of inmate-on-inmate sexual abuse during the past 12-months. The PAQ also noted zero criminal findings of guilt for inmate-on-inmate sexual abuse in the past 12-months. A review of investigation documents also revealed no substantiated allegations of inmate-on-inmate sexual abuse during the 12-month audit period.

The agency has policy in place to ensure that sanctions imposed are commensurate with the nature and circumstances of the violation, the offender's disciplinary history, and sanctions imposed for comparable offenses by inmates with similar histories. The warden reported that sanctions are applied pursuant to DOC administrative code 303.

Based on the above, the facility has demonstrated substantial compliance with provision 115.78(b).

115.78(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.B.3. states, "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 [§115.78(c), §115.378(c)]." Administrative Code – DOC 303.68 Review by Security Office section (1)(e)7 states, in part that the security director shall consider psychological services input for seriously mentally ill inmates. These policies guide facility practice regarding disciplinary sanctions for inmates.

The PAQ reports zero substantiated allegations of inmate-on-inmate abuse. Therefore, no such sanctions were imposed in the past 12 months. The agency has policy in place to 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.

Per the warden, mental disability or mental illness is considered when determining sanctions for inmates who engaged in inmate-on-inmate sexual abuse. In these situations, inmates with mental health issues are paneled by psychological services staff (PSU). It was noted that interview results coincide with agency policy.

Due to the lack of substantiated incidents, the auditor must rely on policy and interview results in order to determine compliance. Based on the above, the facility has demonstrated substantial compliance with provision 115.78(c).

115.78(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.B.4. states, "The facility shall consider requiring perpetrating offenders to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse [§115.78(d)]." This policy guides facility practice regarding disciplinary sanctions for inmates.

Agency policy does require the facility to consider whether to requiring inmate abusers to

participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse. Mental and mental health staff reported that the facility does have sex offender treatment; therefore, therapy, counseling, and other services are available. The offending inmate would undergo a sex offender evaluation within 14 days. A treatment plan would be developed based upon the evaluation.

Based on the above, the facility has demonstrated substantial compliance with provision 115.78(d).

115.78(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.B.5. states, "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(e), §115.378(e)]." This policy guides facility practice regarding disciplinary sanctions for inmates.

The agency has policy in place to discipline inmates for sexual contact with an employee upon a finding that the employee did not consent to such contact. A review of investigation documents and discussion with employees did not indicate any occurrence of sexual contact between an inmate and a non-consenting employee.

Based on the above, the facility has demonstrated substantial compliance with provision 115.78(e).

115.78(f)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.B.6. states, "Reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence to substantiate the allegation [§115.78(f)]." This policy guides facility practice regarding disciplinary sanctions for inmates.

The agency has a policy to prevent inmates from being disciplined for making an allegation of sexual abuse or sexual harassment in good faith. None of the investigation reports indicated disciplinary action was taken against an inmate as a result of an allegation of sexual abuse or sexual harassment made in good faith. Furthermore, the facility PREA compliance manager indicated that no inmates were issued a misconduct for making an PREA allegation in good faith.

Based on the above, the facility has demonstrated substantial compliance with provision 115.78(f).

115.78(g)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XIX.B.7. states, "While consensual sexual activity between offender is prohibited in the DOC facilities, the DOC may not deem consensual sexual activities as sexual abuse if it is

determined that the activity is not coerced [§115.78(g), §115.378(g)].” Administrative Code – DOC 303.14 Sexual Conduct and Administrative Code – DOC 303.15 Sexual Contact or Intercourse indicates that consensual sexual activity is a violation of agency rules. Collectively, these policies guide facility practice regarding disciplinary sanctions for inmates.

Per policy, the agency does prohibit all sexual activity between inmates and does discipline inmates for such activity. Agency does not deem consensual sexual activity as sexual abuse. Rather consensual sexual activity is covered under the separate categories of sexual conduct and sexual contact or intercourse.

Based on the above, the facility has demonstrated substantial compliance with provision 115.78(g).

Recommendations:

- None

Corrective Action:

- None

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions Policy and Procedures 500.40.01 Mental Health Screening Assessment and Referral</li> <li>• Electronic Medical Record Documentation</li> <li>• Limits of Confidentiality of Health Information DOC-1923</li> <li>• Authorization for Disclosure of Non-Health Confidential Information DOC-1163</li> <li>• Authorization for Use and Disclosure of Protected Health information (PHI) DOC-1163A</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Inmates who Disclosed Victimization at Risk Screening</li> <li>• Staff Responsible for Risk Screening</li> <li>• Medical and Mental Health Staff</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• Records Office</li> </ul> <p>Findings:</p> <p>115.81(a) and (c)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.E. states, “If either the initial or follow-up screening indicates an offender has previously experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in a community setting, employees shall ensure the offender is offered a follow-up meeting with a mental health provider within 14 days of the initial or follow-up screening [§115.81(a-c), §115.381(a, b)].” Division of Adult Institutions Policy and Procedures 500.70.01 Mental Health Screening, Assessment and Referral section VI.A. states, “As per DAI Policy 410.30.01, staff who conduct PREA risk screening shall offer inmates a follow-up meeting with PSU staff when the screening indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse. For inmates who accept such referrals, the staff members shall contact PSU staff. PSU staff shall meet with the inmate within 14 calendar days of the PREA screening.” Collectively, these policies guide facility practice regarding disciplinary sanctions for inmates.</p> <p>Per the PAQ, 100% of inmates who disclosed prior victimization during risk screening were offered at follow-up meeting with a mental health practitioner. Upon evaluating the computerized risk screening tool, it was noted that the referral is built into the system. If the inmate answers “yes” to question 6 in section A, the system will prompt screening staff to ask the inmate to either accept or deny a medical or mental health referral. If the inmate accepts</p>

the referral. The date of acceptance is documented and the referral is submitted. Upon seeing an inmate medical or mental health staff will make a notation in the electronic medical record noting the date, time, reason, and mental health staff member who met with the inmate. A review of follow-up meeting documentation that inmates are seen on-site by psychological services unit staff (PSU) was performed by the auditor.

During interviews, staff responsible for risk screening reported that if risk screening indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, a referral to the Health Services Unit or Psychological Services Unit will follow. Upon acceptance, the inmate will be seen as soon as possible, but no more than 14 days following screening. An inmate who disclosed sexual victimization during risk screening confirmed that the follow-up meeting was completed within 14 days of referral.

Based on the above, the facility has demonstrated substantial compliance with provision 115.81(a) and (c).

115.81(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.E. states, "If either the initial or follow-up screening indicates an offender has previously experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in a community setting, employees shall ensure the offender is offered a follow-up meeting with a mental health provider within 14 days of the initial or follow-up screening [§115.81(a-c), §115.381(a, b)]." Division of Adult Institutions Policy and Procedures 500.70.01 Mental Health Screening, Assessment and Referral states, "As per DAI Policy 410.30.01, staff who conduct PREA risk screening shall offer inmates a follow-up meeting with PSU staff when the screening indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse. For inmates who accept such referrals, the staff members shall contact PSU staff. PSU staff shall meet with the inmate within 14 calendar days of the PREA screening." Collectively, these policies guide facility practice regarding medical and mental health screenings; history of sexual abuse.

The PAQ indicates that 100% of inmates who previously perpetrated sexual abuse, as indicated during screening, were offered at follow-up meeting with a mental health practitioner. Upon evaluating the computerized risk screening tool, it was noted that the referral process is built into the system. If the inmate answers "yes" to question 6 in section B, the system will prompt screening staff to ask the inmate to either accept or deny a medical or mental health referral. If the inmate accepts the referral, the date of acceptance is documented, and the referral is submitted. Upon seeing an inmate medical or mental health staff will make a notation in the electronic medical record noting the date, time, reason, and mental health staff member who met with the inmate. A review of follow-up meeting documentation noted that inmates were seen within 14 days of the intake screening.

During interviews, staff responsible for risk screening reported that if risk screening indicates that an inmate has previously perpetrated sexual abuse, a referral to the Health Services Unit or Psychological Services Unit will follow. Upon acceptance, the inmate will be seen as soon as possible, but no more than 14 days following screening.

Based on the above, the facility has demonstrated substantial compliance with provision 115.81(b).

115.81(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.F. states, in part “Appropriate controls shall be placed on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender’s detriment by employees or other offenders [§115.41(i), §115.341(e)]. Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law [§115.81(d), §115.381(c)].” This policy guides facility practice regarding medical and mental health screenings; history of sexual abuse.

The PAQ indicates that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. However, information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or where required by law.

On-site it was noted that information pursuant to 115.41, investigation documents, use of screening information pursuant to 115.42, and referral information pursuant to 115.81 have restricted access. In general, information is secured electronically by user profile password protection. Information not contained in electronic records is securely maintained in the inmate records file. Therefore, information regarding sexual victimization and sexual abuse is secured both physically and electronically pursuant to agency policy.

Based on the above, the facility has demonstrated substantial compliance with provision 115.81(d).

115.81(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) section XII.F. states, in part “Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18 [§115.81(e), §115.381(d)].” This policy guides facility practice regarding medical and mental health screenings; history of sexual abuse.

The PAQ indicates that medical and mental health practitioners do obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. The agency also provided several forms (Limits of Confidentiality of Health Information DOC-1923; Authorization for Disclosure of Non-Health Confidential Information DOC-1163; Authorization for Use and Disclosure of Protected Health Information (PHI)DOC-1163A) that require the inmate’s consent via signature prior to disclosure of such information.

Medical and mental health staff reported that upon receiving information that an inmate experienced prior sexual victimization that did not occur in an institutional setting, informed consent would be obtained. Medical staff indicated that there are forms for the inmate to sign, allowing staff, to disclose this type of information.

Based on the above, the facility has demonstrated substantial compliance with provision 115.81(e).

Recommendations:

- None

Corrective Action:

- None

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Division of Adult Institutions Policy and Procedures 500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse Assessment and Referral</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Security Staff and Non-Security Staff First Responders</li> <li>• Medical and Mental Health Staff</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• Health Care</li> </ul> <p>Findings:</p> <p>115.82(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI.B.1 states, “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment [§115.82(a), §115.382(a)].” Section XVI.B.2 states, “All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care [§115.82(d), §115.382(d), §115.83(c, g), §115.383(c, g)].” Division of Adult Institutions Policy and Procedures 500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse section F.1. states, “Timely and unimpeded access to emergency medical treatment without cost to the inmate patient.” Collectively, these policies guide facility practice regarding access to emergency medical and mental health services.</p> <p>The facility reported zero substantiated allegations of sexual abuse in the past 12 months. Medical staff and mental health staff reported that inmate victims of sexual abuse are referred to facility health care for stabilization services. Upon completion of stabilization services, the inmate will be referred to the local hospital for further evaluation and additional services as necessary. If health care services are not initially available, the victim will be transported to a local hospital for evaluation and treatment services. Crisis intervention services are available on-site via telephone. The nature and scope of treatment services is determined pursuant to the professional judgement of the medical or mental health practitioner. The medical area was observed during the tour. Based on conversations with employees and on-site observations</p>

facility medical staff provide general medical services and basic stabilization services. Any significant medical procedure would be performed off-site at a local hospital.

Agency policy requires timely and unimpeded access to emergency medical treatment without cost to the inmate. Additionally, interviews indicate that services are unimpeded, timely, without cost, and in accordance with medical staff's professional judgement. Based on the above, the facility has demonstrated substantial compliance with provision 115.82(a).

#### 115.82(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI.B.1 states, "In the event that no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health employee(s) [§115.82(b), §115.352(b)]." This policy guides facility practice regarding access to emergency medical and mental health services.

The facility reported zero substantiated allegations of sexual abuse. Security staff and non-security staff first responders reported that the alleged victim and abuser would be immediately separated. Medical and mental health care would be immediately notified of the situation. The crime scene would be protected, it would be requested that the victim not take any actions that would destroy physical evidence. Similarly, steps would be taken to ensure the alleged abuser did not take any actions that would destroy physical evidence.

Based on the above, the facility has demonstrated substantial compliance with provision 115.82(b).

#### 115.82(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI.B.2 states, "All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care [§115.82(d), §115.382(d), §115.83(c, g), §115.383(c, g)]." Section XVI.B.3 states, "The DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis [§115.82(c), §115.382(c)]." This policy guides facility practice regarding access to emergency medical and mental health services.

The facility reported zero substantiated allegations of sexual abuse in the past 12 months. Due to the lack of substantiated incidents, the auditor must rely upon policy and interviews to make a compliance determination. Agency policy does required access to emergency contraception and sexually transmitted infections prophylaxis. Medical staff reported that inmates are provided timely information about access to emergency contraception and sexually transmitted infections prophylaxis. Interviews and policy indicate that services are provided in accordance with the professional judgement medical staff and in accordance with professionally accepted standards of care.

Based on the above, the facility has demonstrated substantial compliance with provision 115.82(c).

115.82(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI.B.2 states, "All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care [§115.82(d), §115.382(d), §115.83(c, g), §115.383(c, g)]." This policy guides facility practice regarding access to emergency medical and mental health services.

The facility reported zero substantiated allegations of sexual abuse in the past 12 months. Due to the lack of substantiated allegations, the auditor must rely upon policy in order to make a compliance determination. Based on the above, the facility has demonstrated substantial compliance with provision 115.82(d).

Recommendations:

- None

Corrective Action:

- None

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Investigation documentation</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Medical and Mental Health Staff</li> <li>• Inmates who Reported Sexual Abuse</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• Health Care</li> </ul> <p>Findings:</p> <p>115.83(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI.B.6 states, in part “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.” This policy guides facility practice regarding access to emergency medical and mental health services.</p> <p>The facility reported zero substantiated allegations of sexual abuse in the past 12 months. Medical and mental health staff reported that inmate victims of sexual abuse will receive follow-up services upon return from a local hospital. Services are based on the needs of the inmate and include individualized trauma informed care treatment plans. Said treatment plans include sexually transmitted disease testing follow-up, crisis intervention, risk assessments, mental health follow up service, and possibly contact with family for ancillary support.</p> <p>Due to the lack of substantiated allegations, the auditor must rely upon policy and interviews in order to make a compliance determination. Agency policy requires a medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any confinement setting. Medical and mental health staff report that follow-up treatment services are available. Based on the above, the facility has demonstrated substantial compliance with provision 115.83(a).</p> <p>115.83(b)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI.B.6</p>

states, "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. 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 [§115.83(a, b), §115.383(a, b)]." This policy guides facility practice regarding access to emergency medical and mental health services.

The facility reported zero substantiated allegations of sexual abuse in the past 12 months. Medical and mental health staff reported that inmate victims of sexual abuse will receive follow-up services upon return from a local hospital. Services are based on the needs of the inmate and include individualized trauma informed care treatment plans. Said treatment plans include sexually transmitted disease testing follow-up, crisis intervention, risk assessments, mental health follow up service, and possibly contact with family for ancillary support. Per the agency PREA coordinator, prior to release inmates will meet with a designated social worker to develop an individualized release plan. Said release plans consider an inmates medical and mental health needs and the necessary community referrals to meet those needs.

Due to the lack of substantiated allegations, the auditor must rely upon policy and interviews in order to make a compliance determination. Agency policy requires a medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any confinement setting. Medical and mental health staff report that follow-up treatment services are available. Based on the above, the facility has demonstrated substantial compliance with provision 115.83(b).

#### 115.83(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI.B.2 states, "All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care [§115.82(d), §115.382(d), §115.83(c, g), §115.383(c, g)]." This policy guides facility practice regarding access to emergency medical and mental health services.

The facility reported zero substantiated allegations of sexual abuse in the past 12 months. Medical and mental health staff reported that decisions regarding patient care are made pursuant to professional clinical judgement and consistent with the community level of care. Treatment plans and the frequency of treatment is determined based on the needs of the inmate.

Due to the lack of substantiated allegations, the auditor must rely upon policy and interviews in order to make a compliance determination. Agency policy requires medical and mental health services to be provided in a manner that is consistent with the community level of care. Medical and mental health staff interviews also indicate that services are provided consistent with the community level of care. Based on the above, the facility has demonstrated substantial compliance with provision 115.83(c).

#### 115.83(d)

The PAQ indicates that the facility does not house female inmates; therefore, this provision was not audited. The onsite review performed by the auditor verified that RYOCF does not house female inmates. Therefore, this provision does not apply to RYOCF insofar as the facility does not house female inmates.

115.83(e)

The PAQ indicates that the facility does not house female inmates; therefore, this provision was not audited. The onsite review performed by the auditor verified that RYOCF does not house female inmates. Therefore, this provision does not apply to RYOCF insofar as the facility does not house female inmates.

115.83(f)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI.B.7 states, in part “Victims of sexual abuse shall be offered tests for sexually transmitted infections.” This policy guides facility practice regarding access to emergency medical and mental health services.

The facility reported zero substantiated allegations of sexual abuse in the past 12 months. Medical and mental health staff reported that inmate victims of sexual abuse will receive follow-up services upon return from a local hospital. Follow-up services may include sexually transmitted disease testing or follow-up if testing was performed at the local hospital.

Due to the lack of substantiated allegations, the auditor must rely upon policy and interviews in order to make a compliance determination. Based on the above, the facility has demonstrated substantial compliance with provision 115.83(f).

115.83(g)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI.B.2 states, “All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care [§115.82(d), §115.382(d), §115.83(c, g), §115.383(c, g)].” This policy guides facility practice regarding access to emergency medical and mental health services.

The facility reported zero substantiated allegations of sexual abuse in the past 12 months. Inmates who reported sexual abuse did not indicate a cost for services; however, this is to be expected given the lack of substantiated allegations. Additionally, none of the documentation examined throughout the course of the audit would indicate a cost for treatment services.

Due to the lack of substantiated allegations, the auditor must rely upon policy in order to make a compliance determination. Agency policy requires services to be provided without financial cost to the victim. Based on the above, the facility has demonstrated substantial compliance with provision 115.83(g)

115.83(h)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XVI.B.8 states, "Further, 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 [§115.83(h), §115.383(h)]." This policy guides facility practice regarding access to emergency medical and mental health services.

The facility reported zero substantiated allegations of sexual abuse in the past 12 months. Mental health services staff reported that efforts are made to meet with all known inmate-on-inmate abusers within 14-days (usually sooner) after learning about the abuse history of such an inmate. However, inmates cannot be forced to meet with mental health staff or engage in treatment. Due to the lack of substantiated allegations, the auditor must rely upon policy in order to make a compliance determination. Based on the above, the facility has demonstrated substantial compliance with provision 115.83(h).

Recommendations:

- None

Corrective Action:

- None

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Sexual Abuse Incident Review (SAIR) Form – PREA DOC-2863</li> <li>• Investigation documentation</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Warden</li> <li>• PREA Compliance Manager</li> <li>• Incident Review Team</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.86(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XX.A. states, in part “All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded.” This policy guides facility practice regarding sexual abuse incident reviews.</p> <p>Sexual abuse incident review documentation was obtained, reviewed, and retained for audit purposes. Reviews are documented on the Sexual Abuse Incident Review (SAIR) Form – PREA, DOC-2863. Upon review, the facility does conduct sexual abuse incident reviews.</p> <p>Agency policy requires that a sexual abuse incident review be concluded for any sex related offense that is not determined to be unfounded. Documentation demonstrates that the facility does conduct sexual abuse incident reviews. Based on the above, the facility has demonstrated substantial compliance with provision 115.86(a).</p> <p>115.86(b)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XX.A. states, in part “All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded.” This policy guides facility practice regarding sexual abuse incident reviews.</p> <p>Sexual abuse incident review documentation was obtained, reviewed, and retained for audit purposes. Reviews are documented on the Sexual Abuse Incident Review (SAIR) Form –</p>

PREA, DOC-2863. Upon review the facility does conduct sexual abuse incident reviews. However, the sample documentation provided does not reflect that the review was conducted within 30 days of the conclusion of the investigation. Agency policy requires that a sexual abuse incident review be concluded for any sex related offense that is not determined to be unfounded. Documentation demonstrates that the facility does not conduct sexual abuse incident reviews within 30 days of the conclusion of every sexual abuse investigation.

Based on the above, the facility has not demonstrated substantial compliance with provision 115.86(b).

115.86(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XX.A. states, in part “The team shall consist of upper level management officials with input from supervisors, investigators and medical and mental health practitioners [§115.86(a-c), §115.386(a-c)].” This policy guides facility practice regarding sexual abuse incident reviews.

Sexual abuse incident review documentation was obtained, reviewed, and retained for audit purposes. Reviews are documented on the Sexual Abuse Incident Review (SAIR) Form – PREA, DOC-2863. The form itself has an area to identify the members of the review team and an area for review team member signatures. A review of the incident review forms noted that the sexual abuse incident review team does consist of upper level management official with input from supervisors, and investigators as required. However, a review of the SAIR documentation noted that neither a medical nor mental health practitioner was part of the incident review team.

The warden reported that the incident review team consists of the warden, deputy warden, security director, PREA compliance manager, and staff from the health services unit. It should be noted that the warden and PREA compliance manager have received specialized training in the conduct of sexual abuse investigations. Furthermore, the PREA compliance manager also serves the facility as a line supervisor.

The facility did provide documentation that demonstrates sexual abuse incident review teams consist of upper level-management officials, with input from line supervisors, and investigators. However, there was no medical or mental health practitioners noted as part of the SAIR team.

Based on the above, the facility has not demonstrated substantial compliance with provision 115.86(c).

115.86(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XX.A. states, in part “The review team shall [§115.86(d), §115.386(d)]: 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 identity; lesbian, gay, bisexual, transgender or intersex 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 allegedly occurred to assess whether physical barriers 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 necessarily limited to determinations made in the above items, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.” This policy guides facility practice regarding sexual abuse incident reviews.

Sexual abuse incident review documentation was obtained, reviewed, and retained for audit purposes. Reviews are documented on the Sexual Abuse Incident Review (SAIR) Form – PREA, DOC-2863. The form itself contains an area for each of the required considerations pursuant to 115.86(d). Likewise, there is an area for staff to enter a narrative for each consideration. The documentation demonstrates consideration for each requirement.

Interviews indicate that the incident review team does take into consideration all the requirements of provision 115.86(d). Specific examples cited during the interview include reviewing policies and procedures for possible updates, determine the adequacy of staff training, deployment of staff, physical plant issues, and adequacy of technology deployment. The team will also assess other factors that may have contributed to the incident or allegation such as race; ethnicity; gender identity; LGTBI status (or perceived status); gang affiliation; or other group dynamics during the incident review process.

The Sexual Abuse Incident Review (SAIR) Form – PREA, DOC-2863 contains all the required considerations for conducting a sexual abuse incident review. Documentation and interviews demonstrate that incident reviews are being conducted in accordance with provision 115.86(d). Based on the above, the facility has demonstrated substantial compliance with provision 115.86(d).

#### 115.86(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XX.B. states, in part “The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so [§115.86(e), §115.386(e)].” This policy guides facility practice regarding sexual abuse incident reviews.

Sexual abuse incident review documentation was obtained, reviewed, and retained for audit purposes.

A review of the Sexual Abuse Incident Review (SAIR) Form – PREA, DOC-2863 noted that the form provides ample opportunity to incorporate observations and recommendations into the finished report. Several observations regarding staffing levels, physical barriers, and departmental policies were noted. There was a recommendation for monitoring technology; however, the form indicates that no changes were made as a response to this allegation.

Pursuant to provision 115.86(e) the facility did not implement recommendations for improvement or document the reasons for not implementing said recommendations. Based on the above, the facility has not demonstrated substantial compliance with provision 115.86(e).

Recommendations:

- None

Corrective Action:

- 115.86(b) The sample documentation does not reflect that the SAIR review was conducted within 30 days of the conclusion of the investigation. The facility shall provide documentation demonstrating that SAIR reviews are conducted within 30 days of conclusion of an investigation.
- 115.86(c) The facility did provide documentation that demonstrates the sexual abuse incident review team is comprised of upper level-management officials, with input from line supervisors, and investigators. However, there were no medical or mental health practitioners noted as part of the SAIR team. The facility shall provide documentation demonstrating that either medical or mental health practitioners are part of the SAIR review team.
- 115.86(e) the facility did not implement recommendations for improvement or document the reasons for not implementing said recommendations. The facility shall implement recommendations for improvement or document the reasons for not implementing recommendations pursuant to provision 115.86(e). The facility shall demonstrate implementation of recommendations for improvement or document the reasons for not implementing said recommendations.

Corrective Action Verification:

- 115.86(b) The sample documentation does reflect that SAIR reviews are conducted within 30 days of the conclusion of the investigation. The facility submitted several Sexual Abuse Incident Review (SAIR) – PREA forms. These forms clearly demonstrate that sexual assault incident reviews are completed in a timely manner and well within the 30-day timeline stated in the standard. This was determined by comparing the date the investigation was completed with the date of the SAIR review. Based on the above, the facility has demonstrated substantial compliance 115.86(b).
- 115.86(c) Additional SAIR documentation was provided by the facility. A review of the documentation noted that the sexual abuse incident review team consists of upper level-management officials, with input from line supervisors, and investigators. A review of the SAIR documentation noted that supervisory, upper level management, investigatory, health care and mental health care staff did participate in SAIR team reviews. The documentation clearly demonstrates medical and mental health practitioners are part of the SAIR team. Based on the above, the facility has demonstrated substantial compliance with provision 115.86(c).
- 115.86(e) The facility did implement recommendations for improvement or document the reasons for not implementing said recommendations. A review of the SAIR documentation noted recommendations for more timely responses to other institutions for re-screening, the implementation of a process to ensure the Victim Services Coordinator is notified in a timelier manner, and improvements to consistency in the SAIR process. To implement these changes monthly PREA meetings are held on the first Friday of every month. At a minimum, these

meetings include the personnel necessary to complete the SAIR. The documentation provided reflects this practice. The PREA Compliance Manager personally monitors all PREA reports to ensure the Victim Services Coordinator is notified in a timely fashion and ensure re-screening is completed. There were no documented reasons for not implementing recommendations pursuant to provision 115.86(e); therefore, documented reasons for not implementing these changes is not required. Based on the above, the facility has demonstrated substantial compliance with provision 115.86(e).

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Wisconsin Department of Corrections, Prison Rape Elimination Act 2017 Annual Report</li> <li>• Wisconsin Department of Corrections, Prison Rape Elimination Act 2016 Annual Report</li> <li>• Survey of Sexual Victimization (SSV) 2017</li> <li>• E-mail Documentation</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.87(a) and (c)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.1. states, in part “The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization.” This policy guides facility practice regarding data collection.</p> <p>The agency collects data via the agency wide Sensitive Investigation Network Communication (SINC) database. SINC allows for the collection of allegation data as the allegations are received. SINC collects sexual abuse and sexual harassment data for each facility within the agency pursuant to the definitions set forth in Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA). As allegations are received each allegation results in a specific data point within the system. The incident-based data extracted from SINC is subsequently utilized to complete the agency’s Survey of Sexual Victimization (SSV) 2017 and the Wisconsin Department of Corrections PREA annual report.</p> <p>The SINC database serves as the agency’s standardized instrument for collecting accurate and uniform allegation data. Data collection is driven by the definitions provided in Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA). A review of the agency’s most recent Survey of Sexual Victimization (SSV) 2017 submission noted that the data collected via SINC provided the information necessary to complete the SSV. Based on</p>

the above, the facility has demonstrated substantial compliance with provision 115.87(a) and (c).

#### 115.87(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.1. states, in part “This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually [§115.87, §115.387, §115.89(b, c), §115.389(b, c)].” This policy guides facility practice regarding data collection.

Annual reports dating back to 2010 are published online and can be found on the agency website (<https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx>). A review of the Wisconsin Department of Corrections, Prison Rape Elimination Act 2017 Annual Report and Wisconsin Department of Corrections, Prison Rape Elimination Act 2016 Annual Report 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 the entire agency. Based on the above, the facility has demonstrated substantial compliance with provision 115.87(a) and (c).

#### 115.87(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.1. states, in part “The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions.” This policy guides facility practice regarding data collection.

The SINC database serves as the agency’s standardized instrument for collecting accurate and uniform allegation data. SINC also serves a data maintenance function and warehouses agency incident-based documents, including reports, investigation files, and sexual abuse incident reviews. A review of the agency’s most recent Survey of Sexual Victimization (SSV) 2017 submission, Wisconsin Department of Corrections, Prison Rape Elimination Act 2017 Annual Report, and Wisconsin Department of Corrections, Prison Rape Elimination Act 2016 Annual Report demonstrates that the SINC database does collect and maintain data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Based on the above, the facility has demonstrated substantial compliance with provision 115.87(d).

#### 115.87(e)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.1. states, in part “The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions.” This policy guides facility

practice regarding data collection.

Every private facility that contracts with the agency submits a Survey of Sexual Victimization (SSV) 2017 to the agency. The agency then aggregates this information and incorporates these results into the agency's SSV submission to the Department of Justice. SSV documentation submitted by private facilities to the agency was obtained, reviewed, and retained for audit purposes. A review of SSV documentation for private facilities was conducted. Upon review it was determined that the agency does collect incident based and aggregated data from private facilities with which it contracts for the confinement of its inmates. Based on the above, the facility has demonstrated substantial compliance with provision 115.87(e).

115.87(f)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.1. states, in part "This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC's website annually [§115.87, §115.387, §115.89(b, c), §115.389(b, c)]." This policy guides facility practice regarding data collection.

The agency provided the most recent Survey of Sexual Victimization (SSV) 2017 and e-mail documentation. A review of these documents noted that the SSV had been completed as required. Documentation demonstrating the agency's submission of the SSV to the Department of Justice was reviewed. Based on the above, the facility has demonstrated substantial compliance with provision 115.87(f).

Recommendations:

- None

Corrective Action:

- None

115.88	<b>Data review for corrective action</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 459 360">Documentation:</p> <ul data-bbox="252 416 1407 528" style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> <li>• Wisconsin Department of Corrections, Prison Rape Elimination Act 2017 Annual Report</li> <li>• Wisconsin Department of Corrections, Prison Rape Elimination Act 2016 Annual Report</li> </ul> <p data-bbox="252 584 395 618">Interviews:</p> <ul data-bbox="252 674 635 786" style="list-style-type: none"> <li>• Agency Head Designee</li> <li>• PREA Coordinator</li> <li>• PREA Compliance Manager</li> </ul> <p data-bbox="252 842 416 875">Site Review:</p> <ul data-bbox="252 931 344 965" style="list-style-type: none"> <li>• None</li> </ul> <p data-bbox="252 1055 371 1088">Findings:</p> <p data-bbox="252 1144 379 1178">115.88(a)</p> <p data-bbox="252 1234 1487 1514">Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.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.” This policy guides facility practice regarding data review for corrective action.</p> <p data-bbox="252 1570 1455 1861">The agency does aggregate incident-based sexual abuse data at least annually. Annual reports are published online and can be found on the agency website. Annual reports dating back to 2010 are available for review. A review of the Wisconsin Department of Corrections, Prison Rape Elimination Act 2017 Annual Report and Wisconsin Department of Corrections, Prison Rape Elimination Act 2016 Annual Report noted aggregated incident-based sexual abuse and sexual harassment data for every facility under the jurisdiction of the Wisconsin Department of Corrections.</p> <p data-bbox="252 1917 1477 2119">The report itself noted corrective action measures taken by the agency. These measures are noted under the 2017 achievements section of the report. The report also noted 37 specific measures implemented to improve the effectiveness of the agency’s sexual abuse prevention, detection, response policies, practices, and training programs. Efforts to identify problem areas and resolve corrective action at the agency and facility were also noted.</p>

The agency head designee reported that the incident review team looks at a variety of factors when assessing and improving the sexual abuse, prevention, detection, and response policies, practices, and training. Data collected by the PREA office and corrective action plans are reviewed to determine best practices. Allegation based data is reviewed to by the incident review team to determine the adequacy of the physical plant, policy and procedure, evidence collection procedures, emotional support services, and retaliation prevention measures.

Interviews indicate that facility level information such as the number of sexual abuse incidents, and number of sexual harassment incidents are compiled annually. Corrective action is ongoing, relevant to the data collected, and noted in the annual report that is posted on the agency website.

Based on the above, the facility has demonstrated substantial compliance with provision 115.88(a).

115.88(b)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.2. states, in part “The report shall, additionally, include a comparison of the current year's data and corrective actions with those from previous years and shall provide an assessment of the DOC's progress in addressing sexual abuse.” This policy guides facility practice regarding data review for corrective action.

The agency does aggregate incident-based sexual abuse data at least annually. Annual reports dating back to 2010 are published and available for review through the agency website. A review of the Wisconsin Department of Corrections, Prison Rape Elimination Act 2017 Annual Report and Wisconsin Department of Corrections, Prison Rape Elimination Act 2016 Annual Report does compare current year data with those from prior years. A review of the agency's most recent annual report revealed several actions (e.g. enhanced training, physical plant changes, advocacy partnerships) that have been taken to enhance the agency's implementation and compliance efforts.

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

Agency policy requires the annual report to include a comparison of the current year's data and corrective actions with those from previous years and shall provide an assessment of the DOC's progress in addressing sexual abuse. A review of the agency's annual report demonstrates a year to year comparison of sexual abuse and sexual harassment data. Based on the above, the facility has demonstrated substantial compliance with provision 115.88(b).

115.88(c)

Annual reports dating back to 2010 are published and available for review through the agency's website. These reports are easily accessible and can be found through a basic internet search. A review of the Wisconsin Department of Corrections, Prison Rape Elimination Act 2017 Annual Report and Wisconsin Department of Corrections, Prison Rape Elimination Act 2016 was conducted. Both annual reports were noted as being signed by the agency head.

Based on the above, the facility has demonstrated substantial compliance with provision 115.88(c).

115.88(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.2. states, in part "The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted [§115.88, §115.388]." This policy guides facility practice regarding data review for corrective action.

The agency PREA coordinator reported 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. A review of the annual report verified that there is no personally identifiable information or sensitive information contained within the annual report.

Based on the above, the facility has demonstrated substantial compliance with provision 115.88(d).

Recommendations:

- None

Corrective Action:

- None

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA)</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul> <p>Site Review:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Findings:</p> <p>115.89(a)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.3. states, “All data shall be securely retained and maintained for at least 10 years after the date of the initial collection [§115.89(a, d), §115.389(a, d)]” This policy guides facility practice regarding data storage, publication, and destruction.</p> <p>The agency PREA coordinator advised that hard copy data pursuant to §115.87 is secured in a locked filing cabinet, behind a locked door, with access limited to those who have a need for the information. Electronic data is secured via user profile access and password protection. Based on the above, the facility has demonstrated substantial compliance with provision 115.89(a).</p> <p>115.89(b)</p> <p>Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.2. states, in part “Corrective action reports shall also be posted publicly to the DOC's website. The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted [§115.88, §115.388].” This policy guides facility practice regarding data storage, publication, and destruction.</p> <p>Annual reports dating back to 2010 are published and available for review through the agency website. A review of the Wisconsin Department of Corrections, Prison Rape Elimination Act 2017 Annual Report and Wisconsin Department of Corrections, Prison Rape Elimination Act 2016 Annual Report does compare current year data with those from prior years. These reports include aggregated sexual abuse data for all facilities.</p> <p>The agency does make all aggregated sexual abuse data from facilities under its direct</p>

control, and private facilities with which it contracts available via the annual report. The annual report is the published on the agency website and readily available to the public. Based on the above, the facility has demonstrated substantial compliance with provision 115.89(b).

#### 115.89(c)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.1. states, in part “This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC’s website annually [§115.87, §115.387, §115.89(b, c), §115.389(b, c)].” Additionally, XXI.A.2. states, in part “The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted [§115.88, §115.388].” Collectively, these policies guide facility practice regarding data storage, publication, and destruction.

The agency PREA coordinator reports 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. A review of the Wisconsin Department of Corrections, Prison Rape Elimination Act 2017 Annual Report and Wisconsin Department of Corrections, Prison Rape Elimination Act 2016 Annual Report did not reveal the presence of any personally identifying information.

Policy requires the removal of personally identifying information. Documentation demonstrates that no personally identifying information is contained within the report. Based on the above, the facility has demonstrated substantial compliance with provision 115.89(c).

#### 115.89(d)

Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA) XXI.A.3. states, “All data shall be securely retained and maintained for at least 10 years after the date of initial collection [§115.89(a, d), §115.389(a, d)].” Collectively, these policies guide facility practice regarding data storage, publication, and destruction.

Annual reports dating back to 2010 are published and available for review. A review of the Wisconsin Department of Corrections, Prison Rape Elimination Act 2017 Annual Report and Wisconsin Department of Corrections, Prison Rape Elimination Act 2016 was conducted. Documentation demonstrates that data obtained pursuant to 115.87, is absent all personal identifiers, and is maintained pursuant to provision 115.89(d).

Policy requires data maintenance for at least 10 years from the date received. Documentation demonstrates that data is maintained in accordance with policy and in accordance with provision 115.89(d). Based on the above, the facility has demonstrated substantial compliance with provision 115.89(d).

#### Recommendations:

- None

Corrective Action:

- None

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401(a)(b)(h)(i)(m) and (n)</p> <p>The agency is currently in the third year of the second audit cycle. There is a total of 38 facilities operated under the direct control of the Wisconsin Department of Corrections (WIDOC). As of this report, two-thirds of these facilities have been audited pursuant to provision 115.41(b). The agency contracts with 10 agencies for the confinement of its inmates. As of this report, two-thirds of all contracted agencies have not been audited. A review of the audit documentation noted that nine of the contracted facilities have signed letters of commitment with the agency to be audited by the end of the third audit cycle. One contracted facility has signed a letter of commitment citing that it was more feasible to be audited during the third audit cycle.</p> <p>During the on-site audit, the auditor was able to tour all areas of the facility. Additionally, the auditor was able to request and receive relevant documents. In this respect, the facility and agency have been very accommodating. Throughout the audit process, the auditor was able to request relevant documentation without issue.</p> <p>Interviews were generally conducted in a closed office setting. This allowed staff to maintain visual security and afforded adequate privacy to conduct the required interviews. Likewise, inmates were able to send confidential information or correspondence to the auditor as required. However, the auditor did not receive any correspondence from RYOFC inmates. Audit documentation is preserved in the Online Audit System (OAS). All hard copy documentation is secured with the auditor.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	A review of the agency's website noted that final reports have been posted.

## Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes

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

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

115.16 (a)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

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

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

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

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

<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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

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

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

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

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

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

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

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

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

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

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

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

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

115.21 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.21 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na

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

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

115.22 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes

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

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

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

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

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

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

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

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

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

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

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

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

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

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

115.34 (b)	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)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (b)	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes

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

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

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

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

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.53 (b)	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no

<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	no

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

115.86 (e)	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

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

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

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

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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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